

Registered pharmacy inspection report

Pharmacy Name: Knights Castle Pharmacy, 1 Prince of Wales Drive,
NEATH, West Glamorgan, SA11 3EW

Pharmacy reference: 1043795

Type of pharmacy: Community

Date of inspection: 27/06/2022

Pharmacy context

This is a busy pharmacy inside a medical centre. It sells a small range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a range of services including emergency hormonal contraception, smoking cessation and treatment for minor ailments.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Its team members record some of their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. But they do not record all of their mistakes. So they may miss some opportunities to learn. The pharmacy keeps the records it needs to by law. And it keeps people's private information safe. The pharmacy's team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the recording of dispensing errors. A historic log of near misses was available but had not been used since the start of the pandemic. The pharmacist said that he tended to discuss near misses with relevant staff at the time of each occurrence rather than analyse all patient safety incidents on a regular basis to identify patterns and trends. Action had been taken to reduce risks that had been identified: for example, after a dispensing error involving pregabalin and gabapentin, a dedicated drawer was now used to house all pregabalin products. In addition, the areas in which both drugs were stored were highlighted with an alert message to reduce the risk of an incorrect selection. Following an error involving different strengths of eplerenone tablets, these had been separated in the dispensary to reduce the risk of a similar incident occurring in future.

A range of standard operating procedures (SOPs) underpinned the services provided. These were overdue for review, but the pharmacist explained that the pharmacy had recently changed ownership and the team were awaiting a new set of SOPs. Some newer members of staff had not signed to show that they had read and understood the SOPs. However, they were observed to follow SOPs relevant to their roles and could appropriately describe their roles and responsibilities. A poster displayed in the dispensary listed the tasks that could and could not be performed in the absence of the responsible pharmacist (RP). An accuracy checking technician (ACT) said that she was able to check all prescriptions that had been stamped to show that they had been clinically checked by the pharmacist. However, she could not check any prescription items that required a calculation to be made before a product was supplied, any controlled drugs, high-risk medicines such as warfarin, lithium and methotrexate nor any medicines for any child under the age of one. Two different RP notices were displayed, which was misleading. The pharmacist removed the incorrect notice as soon as this was pointed out.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, although these had been suspended during the pandemic. The pharmacist said that verbal feedback from people using the pharmacy was generally positive. A formal complaints procedure was in place although this was not advertised.

Evidence of current professional indemnity insurance was available. All necessary records were kept and were generally properly maintained, including responsible pharmacist (RP), private prescription, unlicensed specials and controlled drug (CD) records. The pharmacist explained that there were no recent emergency supply records, and that he could not remember the last time a supply had been made, as the local surgery in which the pharmacy was located was almost always able to issue a prescription in an emergency. CD running balances were typically checked by the pharmacist at the

time of dispensing or receipt. He and one of the ACTs jointly checked and recorded running balances for all CD stock each month.

Most staff had signed to say that they had read and understood the information governance SOP and all were aware of the basic principles of information governance. Staff had not signed confidentiality agreements, but they understood the importance of confidentiality and had received informal training on information governance and data protection. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. A privacy notice displayed at the pharmacy entrance explained the way in which data was used and managed by the pharmacy and gave details of the pharmacy's Data Protection Officer, although this information was out of date as the pharmacy had recently changed ownership.

The pharmacist and some staff had undertaken formal safeguarding training and had access to guidance and local contact details which were available in the SOP file. The pharmacy had a chaperone policy although this was not advertised. A dispensing assistant was able to give an example of how she had identified and supported a potentially vulnerable person, which had resulted in a positive outcome.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. They are properly trained for the jobs they do. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

A regular pharmacist manager worked at the pharmacy. His support team consisted of an accuracy checking technician (ACT), a dispensing assistant, two trainee dispensing assistants and a staff member who had not undergone any formal training but only carried out administrative work. Another ACT, a dispensing assistant and a pharmacy technician were absent. Staff members had the necessary training and qualifications for their roles or worked under the supervision of the pharmacist and other trained members of staff. One of the dispensing assistants explained that she had trained as a pharmacy technician but was not currently using this qualification as she was no longer a registrant. There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection and the staffing level appeared adequate for the services provided.

There were no specific targets or incentives set for the services provided. Staff worked well together and had an obvious rapport with customers. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist or area manager. The staff handbook gave details of the internal process to be followed if a staff member wished to raise a concern and provided details of the company's Freedom to Speak Up Guardian, who could be contacted confidentially. A whistleblowing policy available in the SOP file gave details of organisations that could be contacted if staff wished to raise a concern externally.

The pharmacy had no retail area and staff said that they were very rarely asked for over the counter medicines. Very little stock of these medicines was kept and no sales of medicines were observed during the inspection. A poster describing the WWHAM questioning technique was displayed in the dispensary near the front counter for reference. Another poster listed high risk patient groups, warning signs and symptoms and products liable to abuse, to remind staff that these should always be referred to the pharmacist.

Staff had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. Staff enrolled on the formal dispensing assistant training course were allowed protected time each week to complete this. The ACT and pharmacist said that they understood the revalidation process and based their continuing professional development entries on situations they came across in their day-to-day working environment. The pharmacist explained that although the company had a formal appraisal system in place, the team had not yet been subject to any performance and development reviews, as the pharmacy had only recently changed ownership. Staff could discuss issues informally with the pharmacist whenever the need arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was situated in the waiting area of a medical centre. There was no retail area but a small counter at the entrance to the dispensary was used to provide services. There was always a member of staff near the counter to prevent unauthorised access. People could access services via an external window hatch if they did not wish to enter the building: a bell at the window could be pressed to alert staff to their presence.

The dispensary was fairly clean and tidy. It was small, but well-organised and there was enough clear bench space for safe working. Some stock and dispensed prescriptions awaiting collection were being temporarily stored on the floor and posed a possible trip hazard. However, staff tidied the area and made it safe as soon as this was pointed out. The sink had hot and cold running water and soap and cleaning materials were available. A poster describing hand washing techniques was displayed above the sink.

A consultation room was available for private consultations and counselling. The room was located some way from the dispensary but had been registered as part of the pharmacy premises. It was kept locked when not in use and was only accessible by pharmacy staff. The door of the room was clearly signed but this was not visible from the main pharmacy area and the availability of the room was not advertised. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes the services it provides so that people know about them and can access them easily. If it can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are generally safe and effective. It generally stores medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. Staff said that they would signpost people requesting services they could not provide to nearby pharmacies or other providers such as the local GP surgery or the local council, which offered a sharps collection service. Some health promotional material was on display near the entrance to the pharmacy. The pharmacist manager had visited the local surgery on several occasions to discuss and promote services as part of a health board funded collaborative working initiative. These visits had included discussions around the discharge medicines review service and the Choose Pharmacy common ailments service.

Dispensing staff used a colour-coded basket system to help ensure that medicines did not get mixed up during dispensing and to differentiate between different prescriptions. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Supplies had recently been made against several private prescriptions and one NHS prescription that had not been signed by the prescriber. The pharmacist admitted that this was an oversight. The failure to identify unsigned prescriptions calls the pharmacy's checking procedures into question and there is a risk that any supplies made are not in accordance with the directions of a prescriber.

Dispensed prescriptions that included controlled drugs (CDs) requiring safe custody were kept in a dedicated area of the dispensary and the CD was not added until the patient or their representative came to collect the prescription. Stickers were used on prescriptions awaiting collection to alert staff to the fact that a fridge item was outstanding. There was no strategy in place to ensure that Schedule 3 or 4 CDs were not supplied to the patient or their representative more than 28 days after the date on the prescription.

Prescriptions for high-risk medicines such as warfarin, lithium and methotrexate were not highlighted and there was a risk that counselling opportunities could be missed. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacy supplied valproate to about three patients who met the risk criteria. The pharmacist explained that he counselled each person or their representative appropriately and provided them with information at each time of dispensing. The pharmacy carried out regular audits of high-risk medicines, which were commissioned by the local health board. These audits were used to collect data about the prescribing, supply and record-keeping associated with high-risk medicines to flag up areas where risk reduction could be improved within primary care.

The pharmacy provided a prescription collection service from the medical centre in which it was located. It also offered a prescription delivery service. Signatures were obtained for deliveries of controlled drugs. In the event of a missed delivery, the driver put a notification card through the door

and brought the prescription back to the pharmacy. The pharmacist explained that although the pharmacy was accredited to provide a range of services, uptake of most of these was quite low, as the GP surgery in which it was situated provided similar services, such as the influenza vaccination service. People often attended the surgery rather than the pharmacy for a consultation for EHC or treatment for a minor ailment, or to obtain an emergency prescription.

The pharmacy currently provided medicines in disposable multi-compartment compliance aids to a number of people. Compliance aids were assembled and stored in the consultation room. A dispensing assistant explained that if the room was needed by the pharmacist for counselling or service provision, he would call her on her mobile phone in advance and she would ensure there was no confidential information visible before a person entered the room. Medicines were dispensed monthly against a batch of four post-dated weekly prescriptions. Some compliance aids seen were not adequately labelled either as pre-packed or dispensed medicines. The staff member responsible for assembling the compliance aids had written the name and a description of the medicine together with the prescribed dosage instructions very clearly on the backing sheet. However, she had not included the patient's name and any precautions relating to the use of the medicine as required for a dispensed medicine, nor had she included the medicine's batch number and expiry date as required for a pre-packed medicine. She and the pharmacist agreed to label these compliance aids as soon as possible. Compliance aids were labelled with descriptions to enable identification of individual medicines. Patient information leaflets were not routinely supplied and there was a risk that people would not have all the information they might require for them to make informed decisions about their own treatment. Each person had a labelled basket that contained their personal and medication details, collection or delivery arrangements and any dispensed compliance aids. A list of patients was available for reference inside a cupboard containing compliance aid stock. Staff explained that they only initiated people on compliance aids if they were referred to the pharmacy by the local medicines management team, or the pharmacist or pharmacy technician employed by the local GP surgery. A member of the pharmacy team would either visit the person at home or ask them to come to the pharmacy so that they could demonstrate the compliance aid to them before they received their first supply. Staff said that the pharmacy had a good relationship with the medicines management team and would frequently liaise with them if they had any concerns or queries about people receiving their medicines in compliance aids.

Medicines were obtained from licensed wholesalers and were generally stored appropriately, although some loose blisters that had been removed from their original packaging were not adequately labelled as either named-patient medication or stock. Medicines requiring cold storage were stored in two well-organised drug fridges. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored in two large, well-organised CD cabinets. One bottle of date-expired temazepam liquid was being stored with usable stock, which might increase the risk of errors.

Stock was subject to regular expiry date checks. These were usually documented, although this was not the case for expiry date checks of stock stored in the compliance aid cupboard. There was a risk that out-of-date medicines stored here might be overlooked, although none were found. The pharmacist agreed to add the compliance aid stock cupboard to the date-checking matrix. Short-dated items were highlighted using stickers. Date-expired medicines were disposed of appropriately, as were patient returns. The pharmacy received drug alerts and recalls via its NHS email account which was checked at the beginning and end of each day. The pharmacist was able to describe how he would normally deal with drug recalls by contacting patients and returning quarantined stock to the relevant supplier.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Triangles, a tablet counter and capsule counters were used to count tablets and capsules. A separate triangle was available for use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources. All equipment was in good working order, clean and appropriately managed. Evidence showed that it had been tested in the past, although the date of testing was unclear. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the pharmacy software system was protected with a password and the consultation room was used for private consultations and counselling.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.