

Registered pharmacy inspection report

Pharmacy Name: Well, 127 Station Road, PORT TALBOT, West Glamorgan, SA13 1NR

Pharmacy reference: 1043809

Type of pharmacy: Community

Date of inspection: 17/08/2020

Pharmacy context

This is a high street pharmacy in a small town. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. Some NHS prescriptions are assembled off-site at another pharmacy owned by the company. It provides medicines in multi-compartment compliance aids to a large number of patients who live in the surrounding area. It offers a wide range of services including smoking cessation, treatment for minor ailments and a seasonal 'flu vaccination service. Substance misuse services are also available. This inspection visit was carried out during the Covid-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their role and are supported to address their learning and development needs
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public
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 and review their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law. It asks people to give their views about the services it provides. 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

A range of electronic standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. The pharmacy had systems in place to identify and manage risk, including the recording and analysis of dispensing errors and near misses. Action had been taken to reduce risks that had been identified. For example, sumatriptan and sildenafil had been separated on dispensary shelves and caution stickers had been used to alert staff to the risks of picking errors with these items following a recent dispensing error. Caution stickers had also been used to highlight the risks of picking errors with different strengths and forms of sodium valproate tablets, and different strengths of rivaroxaban and olanzapine tablets. A responsible pharmacist notice was in place but was not conspicuously displayed. The pharmacist remedied this as soon as it was pointed out.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of these surveys were mostly positive. A formal complaints procedure was in place and information about how to make complaints was included in a poster displayed near the medicines counter.

Evidence of current professional indemnity insurance was available. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. CD running balances were typically checked weekly. However, running balances for methadone sometimes showed high volumes of overage and there was a risk that these might mask instances of dispensing errors or diversion.

Staff received annual training on the information governance policy and had signed confidentiality agreements. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. Individual staff members had unique passwords to access the pharmacy computer system. A privacy notice displayed at the medicines counter signposted people to the company website for information on the way in which personal data was used and managed by the company. Leaflets displayed in the retail area explained how NHS Wales used prescription information to help them make better informed decisions about medicines and patient services.

The pharmacists and pharmacy technician had undertaken level two safeguarding training and had access to guidance and local contact details that were filed in the dispensary. Staff had received in-house training and were able to identify different types of safeguarding concerns. They said that they would refer these to the pharmacist, who confirmed that she would report concerns via the appropriate channels where necessary. Staff said that the pharmacy had a good relationship with the local medicines management team and often contacted them if they had any concerns about people

who received their medicines in compliance aids. A summary of the chaperone policy was advertised in a poster displayed near the medicines counter. Leaflets that included information for people affected by dementia were also displayed at the medicines counter

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

A regular pharmacist worked on most days. He was absent during the inspection and his role was being covered by a provisionally registered relief pharmacist. She was supported by two dispensing assistants who worked well together. The pharmacy team also included a dispensing assistant who had qualified as an accuracy checker, a full-time pharmacy technician and a part-time dispensing assistant, who were absent. 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. Staff members had the necessary training and qualifications for their roles.

There were no specific targets or incentives set for the services provided. The pharmacy served a close-knit community and staff had an obvious rapport with customers. They were happy to make suggestions within the team and said that they felt comfortable raising concerns with the pharmacist or senior managers. Staff said that a whistleblowing policy was available on the company's intranet site and that it included a confidential helpline for reporting concerns.

A member of staff working on the medicines counter was observed to use appropriate questions when selling over-the-counter medicines to patients and referred to the pharmacist on several occasions for further advice on how to deal with a transaction. Staff undertook online training on new products, clinical topics, operational procedures and services. All staff were subject to six-monthly performance and development reviews and could discuss issues informally with the manager or 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 dispensary was clean, tidy and well-organised, with enough space to allow safe working. Some stock and dispensed prescriptions awaiting collection were being temporarily stored on the floor but did not pose a trip hazard. 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. Pharmacy surfaces were wiped down daily and staff cleaned the consultation room with disinfectant after each use. A plastic screen at the medicines counter had been installed to reduce the risk of viral transmission between staff and customers. A notice at the till informed customers that contactless payments were preferred. Hand sanitiser and personal protective equipment (PPE) were available for staff use. Most of the pharmacy team wore face masks and the pharmacist put a face mask on as soon as the inspection began. A one-way system with floor markings at two-metre intervals had been implemented in the retail area to encourage customers to adhere to social distancing requirements. A consultation room was available for private consultations and counselling and its availability was clearly advertised. The lighting and temperature in the pharmacy were generally appropriate. The dispensary was warm, but it was a hot day and a fan was being used to keep the pharmacy team cool.

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. Its working practices are generally safe and effective. It stores medicines appropriately and carries out some 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 and hearing aid loops were available. A signposting directory provided by the local health board was available and a list of local sexual health clinics was displayed in the consultation room. Staff said that they would signpost people requesting services they could not provide to other nearby pharmacies.

Some health promotional material was on display in the retail area. Information about coronavirus and related safety procedures was displayed on the pharmacy entrance door and at the medicines counter. The regular pharmacist had visited local surgeries and a nearby optician to discuss and promote services as part of a health board funded collaborative working initiative. These visits had involved discussions around high risk medicines, the influenza vaccination service, the smoking cessation 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.

Controlled drugs requiring safe custody, fridge lines and compliance aids were dispensed in clear bags to allow staff members to check these items at all points of the dispensing process and reduce the risk of a patient receiving the wrong medicine. The pharmacy team said that their pharmacy software system allowed most repeat prescription items to be assembled at the company's hub pharmacy. A notice at the medicines counter advertised this arrangement to customers. The hub pharmacy could not assemble split packs, fridge lines, compliance aids or some controlled drugs, and these continued to be dispensed at the branch. Prescription items scanned to the hub before 3pm were usually returned to the branch within 48 hours. A text messaging service was available to let patients know their medicines were ready for collection. The prescription storage area was regularly checked and any patient who had not collected their prescription after four weeks was contacted as a reminder. After a further two weeks, the medicines were returned to stock if not collected. Each prescription awaiting collection was assigned to a specific storage location in the dispensary. When staff needed to locate a prescription, the patient's name was typed into a handheld device and this brought up a list of locations in which their items were being stored, including the drug fridge or CD cabinet where applicable. In addition, stickers were placed on bags to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. CD stickers were also used to identify dispensed Schedule 3 and 4 CDs awaiting collection. This practice helped ensure that prescriptions were checked for validity before handout to the patient.

Staff said that stickers marked 'Therapy Check' were used to routinely identify prescriptions for patients prescribed high-risk medicines such as warfarin, lithium and methotrexate. Information about blood tests and dosage changes was recorded on the PMR.

The pharmacy team were aware of the risks of valproate use during pregnancy. They said that any patients prescribed valproate who met the risk criteria would be counselled appropriately and provided with patient information. A valproate patient information pack was available in the dispensary. The pharmacy carried out regular high-risk medicines audits 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. Prior to the pandemic, signatures had been obtained for prescription deliveries. However, to reduce the risk of viral transmission, this procedure had been changed. The driver now placed a package on the patients' doorstep, knocked or rang the doorbell and waited until it was collected. They then verbally confirmed the person's identity and made a note of this as an audit trail. In the event of a missed delivery, the delivery driver put a notification card through the door and brought the prescription back to the pharmacy.

Disposable compliance aid trays were used to supply medicines to a number of patients. The compliance aids were labelled with descriptions. However, these did not always include enough detail to enable identification of individual medicines. This created a risk that people might not always have all the information they needed for them to make informed decisions about their own treatment. Patient information leaflets were routinely supplied. Each patient had a section in one of four dedicated files that included their personal and medication details and arrangements for collection or delivery. Some individual sheets listing medication details were quite untidy. For example, some dosage changes had been altered by obliteration and were difficult to read, increasing the risk of errors. Staff said that they had previously included controlled drugs requiring safe custody in compliance aids, but since the new PMR system had been installed they were unable to do so and instead supplied them in a separate box. The reasoning for this was unclear and there was a risk that this might lead to people being less able to manage their medicines. Staff said that they would only supply new clients with medicines in compliance aids if requested by their GP or if an assessment showed that they would benefit from the service.

There was a steady uptake of most enhanced and advanced services. The pharmacy was not currently providing medicines use reviews, as this service had been suspended until April 2021 by Welsh Government in light of the Covid-19 pandemic. The pharmacy was planning to provide the influenza vaccination service during the 2020/21 season. Clients of the substance misuse services were allocated a section in a dedicated file which included their prescription, details of any messages or changes, their claim form if supervised and any other relevant documents such as their signed contract. The pharmacist conducted face-to-face consultations at the required two-metre distance or wore PPE where this was not possible.

Medicines were obtained from licensed wholesalers and generally stored appropriately. However, different products and different strengths of the same product were stored closely together on shelves used for compliance aid stock medicines. There is a risk that this may contribute to the risk of picking errors. Medicines requiring cold storage were stored in two drug fridges. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in two well-organised CD cabinets and obsolete CDs were segregated from usable stock.

Stock was subject to regular expiry date checks. These were documented and short-dated items were highlighted with stickers. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. A scheme run in association with GSK allowed the pharmacy to recycle returned inhalers. The pharmacy received drug alerts and recalls via the pharmacy software system. Staff explained that the PMR software flashed up real-time alerts on the computer screen. They were able to describe how they would deal with a drug recall by contacting patients where necessary, quarantining affected stock and returning it to the supplier. Drug recalls were printed, filed and signed

to show that they had been actioned.

The pharmacy had the necessary hardware and software to work in accordance with the Falsified Medicines Directive, but the team said that they were not currently compliant due to some problems with the software that needed to be resolved.

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 these in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures were used for methadone. Triangles were used to count tablets and staff said that they would wash these after 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 recently been tested. 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. Dispensed prescriptions could be seen from the retail area but no confidential information was visible.

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.