General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Kevin Thomas Pharmacy, 45 - 46 St.Helens Road, SWANSEA, West Glamorgan, SA1 4BB

Pharmacy reference: 1043843

Type of pharmacy: Community

Date of inspection: 30/05/2019

Pharmacy context

This is a pharmacy on a busy high street. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions.The pharmacy provides an emergency hormonal contraception service and treatment for minor ailments.Substance misuse services are also available.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.2	Standard not met	Pharmacy services are not always managed safely and effectively: - Dispensing labels do not always include a complete audit trail and there is a risk that this might prevent a full analysis of dispensing incidents - Patient information leaflets are not routinely supplied with MDS trays and there is a risk that patients might not have access to all the information they need to make informed decisions about their own treatment. - Some prescriptions are delivered through letterboxes and there is a risk that this may compromise confidentiality and increase the risk of errors - Supplies of medicines are sometimes made against unsigned faxed prescriptions and there is a risk that these supplies are not made legally or in accordance with the directions of a prescriber
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. But its team members do not always record or review their mistakes. So it is likely that some chances to learn from them might be missed. 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. Its team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had some systems in place to identify and manage risk, although recording of dispensing errors and near misses was sporadic. The most recent records of dispensing errors had been made electronically and contained very little detail: the identity of staff members involved was not recorded and in one instance the details of the error itself were missing. The current near miss log could not be located and the most recent entries available to view were from 2017. There was no documentary evidence of review, but staff said that the pharmacist discussed near misses with them at the time of each occurrence.

Some action had been taken to reduce risk: methotrexate 2.5mg and 10mg tablets had been separated on dispensary shelves to help avoid picking errors. Sildenafil and sertraline tablets had also been separated for the same reason. However, atenolol 100mg tablets and allopurinol 100mg tablets were stored closely together. Staff said that this was a mistake and moved the atenolol tablets to their correct storage position as soon as this was pointed out.

A range of written Standard Operating Procedures (SOPs) underpinned the services provided. An appendix of the Staff Roles and Responsibilities SOP showing the tasks that each staff member was expected to perform was not up to date, although staff were able to clearly describe their roles and responsibilities when questioned. Two Responsible Pharmacist notices were visible from the retail area; the pharmacist removed the extraneous notice as soon as this was pointed out to him.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. Staff said that the results of a recent survey were mostly positive. A formal complaints procedure was in place although this was not advertised. A current certificate of professional indemnity insurance was on display.

All necessary records were kept and generally properly maintained, including Responsible Pharmacist (RP), private prescription, emergency supply, specials procurement and Controlled Drug (CD) records. However, emergency supply records were not always made in line with the legal requirements necessary to provide a clear audit trail in the event of queries or errors, as some did not include the nature of the emergency. In addition, it was not always clear whether an emergency supply had been made at the request of a patient or a prescriber. CD running balances were typically checked weekly, except for methadone balances which were checked monthly.

Staff had read and signed the company's confidentiality SOP. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately.

The pharmacist had undertaken formal safeguarding training and had access to guidance and local contact details that were available in a staff induction file in the dispensary. Most staff had not received any safeguarding training; the newest member of staff had received training from her previous employer. Staff who had not been trained were able to give examples of basic safeguarding concerns and said that they would refer these to the pharmacist. They said that they had previously spoken to a local surgery about a confused patient who was not managing her medicines properly. The surgery had arranged for her to receive a care package and she was now in a care home.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage the workload safely. Pharmacy team members are trained for the jobs they do and understand their roles and responsibilities. They can speak up about the way the pharmacy works.

Inspector's evidence

The regular pharmacist manager oversaw all professional activities. He was absent on the day of the inspection and his role was being covered by a relief pharmacist employed by the company. 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.

Targets were set for MURs but staff said that these were managed appropriately and did not affect the pharmacist's professional judgement or patient care. Staff worked well together and said that they were happy to make suggestions within the team. The newest member of staff said that she had suggested a weekly CD balance check which had since been implemented. Staff said that they felt comfortable raising concerns with the pharmacist, superintendent pharmacist or owner. A whistleblowing policy that included a confidential helpline for reporting concerns outside the organisation was available in the staff induction file in the dispensary.

A member of staff working on the medicines counter gave a coherent explanation of the WWHAM questioning technique and referred to the pharmacist on several occasions for further advice on how to deal with a transaction. They said that they would feel confident refusing a sale and had done so in the past when dealing with what they considered to be an inappropriate request for a product containing codeine.

Staff had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. They said that much of their learning was via informal discussions with the pharmacist, who had recently briefed them on the schedule change for gabapentin and pregabalin. However, there was a risk that the lack of a structured training programme might restrict the ability of individuals to keep up to date with current pharmacy practice.

There was no formal appraisal system in place but all staff could discuss performance and development issues informally with the pharmacist whenever the need arose. The newest member of staff said that she had had two informal one-to-one discussions with the pharmacist about her progress in the last few months. However, the lack of a structured performance and development programme increased the risk that opportunities to identify training needs could be missed.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was housed in an old building and the décor was in need of refreshment. The pharmacy was generally clean and there was enough space to allow safe working. However, it was clear that more storage and workbench space would be beneficial, as dispensary work surfaces were a little cluttered and large quantities of stock and prescriptions were temporarily stored on the floor. The sink had hot and cold running water and soap and cleaning materials were available.

A consultation room was available for private consultations and counselling and its availability was clearly advertised. A semi-private hatch that opened into the dispensary from a quiet part of the retail area was used by substance misuse clients. The pharmacy had a large gift and photographic section that was clearly separated from the area in which pharmaceutical services were provided. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy promotes the services it provides so that people know about them. If it can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are generally safe. But sometimes medicines are supplied against faxed prescriptions that are not lawful. It doesn't always keep prescription forms for the dispensed medicines waiting to be collected. This means that the pharmacy's team members will not always have all the information they may need when the medicines are handed out. The pharmacy's team members don't always get signatures for prescription deliveries. This increases the risk of errors. And it means they may find it difficult to deal with queries or complaints. The pharmacy generally manages medicines appropriately.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. Access to the pharmacy was not flat but staff said that they would go out to patients in wheelchairs and help them into the pharmacy if necessary. There was wheelchair access into the consultation room. Staff said that they would signpost patients requesting services they could not provide to other nearby pharmacies. A list of local sexual health clinics was displayed in the consultation room. Some health promotional material was on display in the retail area. The pharmacist manager had recently visited local GP practices to discuss and promote services as part of a health board-funded collaborative working initiative. Recent visits had involved discussions around the repeat dispensing service and the common ailments service.

Dispensing staff used a basket system to ensure that medicines did not get mixed up during dispensing. Separate areas of the dispensary were used to assemble walk-in and repeat prescriptions. Dispensing labels were initialled by the checking pharmacist to provide an audit trail. However, many labels did not bear the dispenser's initial and there was a risk that this might prevent a full analysis of dispensing incidents.

Prescriptions were not always retained for dispensed items owed to patients. The majority of prescriptions were scanned and the image remained available for reference. However, this was not the case for all prescriptions and there was a risk that prescriptions for some Schedule 3 CDs might not be marked with the date of supply at the time the supply was made, as required by legislation.

The pharmacy received some faxed prescriptions from local surgeries. A note on an unsigned faxed prescription for tramadol stated that a supply had been made against the fax, which was in breach of legislation. There was no record of the reason behind the decision. Staff said they were not aware the supply had been made and understood that they should not dispense a Schedule 2 or 3 CD from a fax. However, they confirmed that supplies of other medicines had been made to patients against unsigned faxed prescriptions, even though these did not constitute evidence that a legally valid prescription was in existence.

Staff said that stickers were used on prescriptions awaiting collection to identify patients eligible for an MUR and to alert staff to the fact that a CD or fridge item was outstanding, although no evidence was available. 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.

Patients prescribed high-risk medicines such as warfarin, lithium and methotrexate were not routinely identified and there was a risk that opportunities for counselling might be missed. Staff said that they asked patients presenting walk-in prescriptions for warfarin about blood test results and demonstrated that this information was entered on the patient medication record (PMR). The pharmacy team carried out regular high-risk medicines audits. They were aware of the risks of valproate use during pregnancy but said that the pharmacy did not currently have any patients who met the risk criteria. They said that any such patients would be counselled appropriately and provided with appropriate information, which they demonstrated was available in the dispensary.

Signatures were obtained for prescription deliveries and separate signatures were obtained for controlled drugs. In the event of a missed delivery, the delivery driver usually put a notification card though the door and brought the prescription back to the pharmacy. However, records showed that prescriptions were sometimes posted through letterboxes at the patient's request, contrary to the pharmacy's delivery SOP. There was no evidence that any risks associated with this practice had been identified and assessed to make sure it was safe.

Disposable MDS trays were used to supply medicines to a number of patients. Trays were labelled with descriptions, although these needed more detail to enable identification of individual medicines: several medicines in the same tray were labelled simply as 'round white tablet'. Patient information leaflets were not routinely supplied, contrary to legal requirements. There was a risk that patients might not have access to all the information they needed to make informed decisions about their own treatment.

Each patient had a section in a dedicated file that included their personal and medication details, collection or delivery arrangements and any relevant documentation, such as their current prescription or repeat order form. A list of patients was available at the front of each file.

Medicines were obtained from licensed wholesalers and generally stored appropriately, including those requiring cold storage. Some medicines that had been removed from their original packaging were not adequately labelled either as stock or named-patient medication. This increased the risk of error and did not comply with legislative requirements. Some opened bottles of date-sensitive internal liquids had not been marked with the date of opening, which increased the risk that out-of-date medicines might be supplied. CDs were stored appropriately in two fairly tidy and well-organised CD cabinets. Obsolete CDs were segregated from usable stock.

Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. An unsealed sharps bin containing used sharps was situated in the unlocked consultation room, which could be accessed from the retail area. Staff moved this as soon as it was pointed out. The pharmacy received drug alerts and recalls via its NHS email account. The pharmacist was able to describe how he would deal with medicines or medical devices that had been recalled as unfit for purpose by contacting patients where necessary and returning quarantined stock to the relevant supplier. The pharmacy had the necessary hardware to work in accordance with the Falsified Medicines Directive but the software had not been installed and so the pharmacy was not yet in a position to comply with legal requirements.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services. Its 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. 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 clean and in good working order. However, there was no evidence of regular testing. Equipment and facilities were used to protect the privacy and dignity of patients and the public: for example, the computer was password-protected 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.