

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: 20/01/2020

Pharmacy context

This is a town centre pharmacy. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a wide range of services including emergency hormonal contraception, smoking cessation, treatment for minor ailments and a seasonal 'flu vaccination service for NHS and private patients. Substance misuse services are also available.

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	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. But they do not always review everything that goes wrong. So they may miss some opportunities to learn. 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, including the recording of dispensing errors and near misses. However, no near misses had been documented since October 2019. 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. Some action had been taken to reduce risk: the 'Look-Alike, Sound-Alike' or 'LASA' drugs amlodipine and amitriptyline had been separated on dispensary shelves after a dispensing error. A range of written Standard Operating Procedures (SOPs) underpinned the services provided. Some of these were overdue for review and there was a risk that they might not accurately reflect the activities carried out in the pharmacy.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The pharmacist said that the results of a recent survey were mostly positive. However, he and the staff said that the most common complaint was that the entrance door to the pharmacy was difficult to open. The pharmacist owner said that he was aware of the complaints and planned to replace the entire shopfront, including the entrance door, in the next few months. A formal complaints procedure was in place although this was not advertised in the retail area.

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, although 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. A notice provided by the local health board displayed at the medicines counter encouraged people to scan a QR code with their mobile phone. This allowed them to receive information about local services for carers and local mental health

services.

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

The pharmacist manager worked at the pharmacy on most days. The support team consisted of three dispensing assistants. Another dispensing assistant and a medicines counter assistant were absent. The pharmacist said that the company was currently in the process of recruiting another full-time member of staff to replace a pharmacy technician who had recently left. There were enough suitably qualified and skilled staff present to 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 the pharmacist said that these were managed appropriately and did not affect his professional judgement or patient care. Staff worked well together and said that they were happy to make suggestions within the team. They said that they felt comfortable raising concerns with the pharmacist, superintendent pharmacist or pharmacist 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. 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. 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 lack of a structured training and development programme increased the risk that individuals might not keep up to date with current pharmacy practice and that opportunities to identify training needs could be missed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally 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 housed in an old building and the décor was in need of refreshment. Chairs in the consultation room and waiting area had some tears in their upholstery. Some ceiling tiles were stained, and some were missing entirely. The pharmacist said that this was the result of roof leaks and there was evidence that receptacles had been placed under some missing tiles to catch water during heavy rainstorms. He said that the superintendent pharmacist and owner were aware of the problem. 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. Some stock and prescriptions were temporarily stored on the floor, posing a potential trip hazard. 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. No confidential information was visible from the hatch. 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 met

Summary findings

The pharmacy's services are accessible to most people, but some may have difficulty entering the building. 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. 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. But members of the pharmacy team do not always know when higher-risk medicines are being handed out. So they might not always check that medicines are still suitable, or give people advice about taking them.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. Access to the pharmacy was not flat but the pharmacist said that the team would go out to patients in wheelchairs and help them into the pharmacy if necessary. There was wheelchair access into the consultation room. During the inspection, two elderly customers complained that the pharmacy entrance door was heavy and hard to open. They said that this made it difficult for them to access the pharmacy. 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. Visits had involved discussions around the influenza vaccination service and the sore throat test and treat service. A notice provided by the local health board displayed at the medicines counter encouraged people to scan a QR code with their mobile phone. This allowed them to receive information about local health services.

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 usually initialled by the dispenser and checker to provide an audit trail. However, this was not the case for daily doses of methadone prepared for substance misuse clients, which might prevent a full analysis of dispensing incidents. Stickers were used on prescriptions awaiting collection to alert staff to the fact that a CD or fridge item was outstanding. The pharmacist said that he marked prescriptions for Schedule 3 or 4 CDs with the date after which they were no longer valid. However, there were no prescriptions available to confirm this.

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. The pharmacist said that he 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 were aware of the risks of valproate use during pregnancy. Staff said that any patients prescribed valproate who met the risk criteria would be counselled and provided with appropriate information. They demonstrated that information for valproate patients 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.

Signatures were obtained for prescription deliveries and separate signatures were obtained for controlled drugs. 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.

The pharmacy provided medicines in disposable multi-compartment compliance aids to a number of patients. Staff said that any new patients requesting the service were assessed for suitability. Patient information leaflets were routinely supplied. Trays were labelled with descriptions, although these needed more detail to enable identification of individual medicines: several medicines in the same compliance aid were labelled simply as 'round white tablet'. This practice meant 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 one of three dedicated files that included their personal and medication details, collection or delivery arrangements, details of any messages or changes 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.

The pharmacy had carried out approximately 20 influenza vaccinations during the 2019/20 season. The pharmacist said that most of these had been as part of the private service. He said that there was currently a high demand for the health board's newly-implemented sore throat test and treat service, with many people being referred by their GP.

Medicines were obtained from licensed wholesalers and generally stored appropriately. 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. Medicines requiring cold storage were stored in a large, well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in two well-organised CD cabinets. 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. One bottle of Imodium liquid marked with a sticker was found to be out of date. The pharmacist removed it from stock immediately. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacist said that he was in the process of obtaining a disposal bin for clinical waste generated by the sore throat test and treat service. He demonstrated that he was currently segregating clinical waste until it could be disposed of appropriately. The pharmacy received drug alerts and recalls via its NHS email account. The pharmacist was able to describe how he had recently dealt with a recall for Zantac tablets by quarantining affected stock and returning it 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 its 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. A separate 100ml measure was used for methadone. A 10ml measure was used for all liquids but the pharmacist said that this was always washed after use. 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.