

Registered pharmacy inspection report

Pharmacy Name: Ysgol Pharmacy, 1 Ysgol Street, Port Tennant,
SWANSEA, West Glamorgan, SA1 8LE

Pharmacy reference: 1043911

Type of pharmacy: Community

Date of inspection: 09/09/2021

Pharmacy context

This is a pharmacy next door to a medical centre in a residential area. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides medicines in multi-compartment compliance aids to a large number of patients who live in the surrounding area. It offers a range of services including 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 their mistakes so they can learn from them. 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 its staff know how to keep 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 and near misses. There were no records of dispensing errors available but the pharmacist said that he could not remember any errors having been made in the past few years. Paper records of near misses were historic and the last one had been made in 2019. Since then, records of near misses had been made on the patient medication record (PMR) system. The pharmacist was unable to bring up a report to show patterns and trends and said that he tended to discuss near misses with relevant staff at the time of the occurrence rather than carry out regular reviews. Some action had been taken to reduce risk: for example, two shelf markers highlighted the risks of picking errors with different strengths of apixaban and different pack sizes of letrozole. Two others alerted staff to the risks of errors with doxazosin and detrusitol, and pregabalin and Phenergan, as these medicines came in similar strengths.

A range of written standard operating procedures (SOPs) underpinned the services provided. However, these had not been reviewed since 2014 and there was a risk that they did not accurately reflect the activities carried out in the pharmacy. Training records had not been signed by all members of the pharmacy team and there was a risk that some staff might not fully understand SOPs relevant to their role. However, staff members questioned were able to appropriately describe their roles and responsibilities. The responsible pharmacist notice displayed was incorrect and the superintendent pharmacist remedied this as soon as it was pointed out to him.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, but this process had been paused during the pandemic. Positive written feedback in the form of cards and letters was available. This demonstrated people's gratitude following the help, support and compassion that the pharmacy team had shown them over the last 18 months. A formal complaints procedure was in place and information about how to make complaints was included in a poster displayed near the consultation room, which also included details of the NHS complaints procedure 'Putting Things Right'.

Evidence of current indemnity insurance was available. Pharmacy records were generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. However, some private prescription records did not include relevant dates.

Evidence showed that staff 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. The pharmacist had undertaken formal safeguarding training and had access to local guidance and contact details in the SOP file. Staff had also undertaken basic formal training although

this had been some time ago. However, the team were able to give an example of how they had recently identified and supported a potentially vulnerable person. Information about support groups and services for carers was displayed in the consultation room.

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 superintendent pharmacist worked at the pharmacy on most days. The support team consisted of a pharmacy technician, a medicines counter assistant and a fourth-year pharmacy student. A dispensing assistant was 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. Certificates were displayed as evidence that staff members had the necessary training and qualifications for their roles.

There were no specific targets or incentives set for the services provided. Staff worked well together. The pharmacy served a small and close-knit community and staff had an obvious rapport with customers. They were happy to make suggestions within the team and felt comfortable raising concerns with the superintendent pharmacist. A whistleblowing procedure was displayed on the staff noticeboard and included details of how to raise a concern outside the organisation.

Staff members working on the medicines counter were 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 transactions. There was no formal training programme in place. Staff had access to informal training materials such as counter skills training modules, articles in trade magazines and information about new products from manufacturers. However, much of their learning was via informal discussions with the pharmacist. There was no formal appraisal system, but staff could discuss 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 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 clean, tidy and well-organised, with enough space to allow safe working. Some stock was being temporarily stored on the floor in the dispensary, but this did not pose a trip hazard. The sinks had hot and cold running water and soap and cleaning materials were available. A plastic screen had been installed at the medicines counter to reduce the risk of viral transmission between staff and customers. A one-way system had been marked on the floor in the retail area to encourage people to keep a safe distance from each other. A lockable consultation room was available for private consultations and counselling and its availability was clearly advertised. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. 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 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, some of which were advertised outside the pharmacy and at the medicines counter. There was wheelchair access into the pharmacy and consultation room. The pharmacy team said that they would signpost people requesting services they could not provide to other nearby pharmacies. Health promotional material was available in the retail area, along with information about coronavirus and related safety procedures. The pharmacist explained that he had recently attended an online meeting with other local healthcare professionals to discuss and promote services as part of a health board funded collaborative working initiative. It had involved discussions around the smoking cessation service and the possible implementation of a 'social prescribing' service for vulnerable and isolated people in the surrounding communities.

The pharmacy offered a repeat prescription collection service from local surgeries. Dispensing staff used a basket system for assembling prescriptions to help ensure that medicines did not get mixed up during dispensing. Dispensing labels were initialled by the pharmacist to provide an audit trail. However, dispensers did not routinely initial labels to show that they had been involved in the dispensing process. This might prevent a full analysis of dispensing incidents.

Prescriptions were not always retained for dispensed items awaiting collection. This meant 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. Most prescriptions were scanned and the image remained available for reference. However, this was not the case for all prescriptions. There was a risk that an accurate and complete record of prescription details might not be available for reference at the time of supply.

Prescriptions that included controlled drugs requiring safe custody and fridge lines were stored in a dedicated area of the dispensary and not dispensed until the point of handout. There was no strategy in place to ensure that Schedule 3 or 4 CDs were still valid at the handout stage. Patients on 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 walk-in patients about relevant blood tests and dose changes but did not record these conversations. The pharmacy team were aware of the risks of valproate use during pregnancy. Two patients prescribed valproate who met the risk criteria were counselled appropriately and provided with information. 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.

During the pandemic there had been a significant increase in demand for the prescription delivery service and two delivery drivers shared the workload. Signatures were not obtained for prescription deliveries and there was no record to show who had received the delivery. This might make it difficult to resolve queries or deal with errors effectively. 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 large number of patients. Backing sheets for compliance aids were labelled with descriptions to enable identification of individual medicines. There were no dispensed compliance aids available to view during the inspection, but the pharmacist gave assurances that patient information leaflets were routinely supplied. A dedicated module on the computer software system was used to record information about each patient and their medicines. A labelled bag for each patient who received compliance aids each week contained packs of their stock medicines. Many of these packs appeared to be out-of-date, but the pharmacist explained that the team refilled each box or bottle from another in-date pack each time it ran out. This meant that there was no robust system in place to identify expiry dates and batch numbers of these medicines, and so out-of-date medicines or medicines subject to drug alerts or recalls might not be identified. There was a concern that this might delay or prohibit any action required to reduce risk to patients.

The pharmacy was not currently providing medicines use reviews, as this service had been suspended by Welsh Government in light of the COVID-19 pandemic. The pharmacist was accredited to provide the discharge medicines review service but had not carried out any recent consultations. The pharmacy continued to provide the level two (supply only) smoking cessation service and the Choose Pharmacy common ailments service. It had recently begun to offer the Welsh Government's COVID-19 lateral flow test supply service. The pharmacist was hoping to start providing the influenza vaccination service in 2021 but had not yet completed the necessary annual training and did not currently have any stock of vaccines. A repeat prescription ordering and collection service was available from the pharmacy and people were able to order their repeat prescription medicines via an electronic app as well as in person or over the telephone. The pharmacy had previously provided a pilot service commissioned by the local health board that involved a medication and lifestyle review for people prescribed proton pump inhibitors for heartburn. This had resulted in some good outcomes for people who were able to stop their medication after implementing lifestyle changes. The service had since been decommissioned.

Stock medicines were obtained from licensed wholesalers and were stored appropriately. 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 appropriately in a well-organised CD cabinet and obsolete CDs were segregated from usable stock.

There was some evidence to show that regular expiry date checks were carried out, but the frequency and scope of these checks were not documented. This created a risk that out-of-date medicines might be overlooked. Four opened bottles of date-sensitive internal liquids had not been marked with the date of opening. The pharmacy team said that this was an oversight and removed the liquids from dispensary shelves. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacy received drug alerts and recalls via NHS email and communications from suppliers. The pharmacist was able to describe how he had dealt with recalls for medicines by contacting patients where necessary 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 these in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. A tablet counter was used to count tablets and the pharmacy team understood how to calibrate it. Loose cytotoxic tablets were counted by tipping them into a designated tray or disposable plastic pot, before they were counted into a bottle using tweezers. The pharmacy had a range of up-to-date reference sources. Personal protective equipment was available for staff use. The pharmacy team had access to hand sanitiser and were wearing face masks. All equipment was clean and in good working order. Evidence showed that some electronic equipment had been tested in 2018. 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.