

Registered pharmacy inspection report

Pharmacy Name: Presteigne Pharmacy, 2 High Street, PRESTEIGNE,
Powys, LD8 2BA

Pharmacy reference: 1044017

Type of pharmacy: Community

Date of inspection: 25/07/2022

Pharmacy context

The pharmacy is situated amongst other retail shops in the town of Presteigne, mid Wales. The pharmacy premises are easily accessible for people, with adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	All members of the pharmacy team receive regular training and assessment to make sure they know how to protect confidential information.
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 manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again. The pharmacy keeps the records required by law.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with sign off records showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. The pharmacy team members adhered to social distancing measures when possible. For example, they maintained a minimum of a two-metre distance from colleagues during the dispensing process. Team members wore facial masks throughout the day and had access to alcohol hand gel. A pharmacist had carried out a covid-19 risk assessment for the pharmacy, and risk assessments for individual team members.

Dispensing errors were reported online and learning points were included. Near miss incidents were recorded on a log and were discussed with the pharmacy team member at the time they occurred. Near miss incidents were reviewed each month for trends and patterns, with the outcome fed back to the pharmacy team. The dispenser provided an example of how they had learnt from near misses. For example, pregabalin and gabapentin stock had been highlighted because of several near miss incidents with these medicines.

A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose, but he would refer to the area manager or head office if necessary. A customer satisfaction survey was carried out annually. The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The responsible pharmacist (RP) record, emergency supply record, private prescription record and unlicensed medicines (specials) record were in order. The CD register had CD headers missing from some pages, which could increase the risk of records being entered in the wrong place. CD running balances were kept and had been audited regularly since August 2020, but not prior to this. A balance check of a random CD was carried out and was found to be correct. Patient returned CDs were recorded appropriately.

The pharmacy team shredded confidential waste and confidential information was kept out of sight of the public. The pharmacy team completed information governance training when they commenced their employment and then received refresher training and assessment on an annual basis. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was displayed, explaining how the pharmacy used patient's personal data. The pharmacy team had read the safeguarding policy and completed in-house safeguarding training relevant to their roles. The pharmacist had completed level 2 safeguarding training. There were details of local safeguarding contacts available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team has access to ongoing training.

Inspector's evidence

There was a regular part-time pharmacist, three dispensers, and a trainee dispenser on duty. This was the usual staffing level. The pharmacy team worked well together in a busy environment and managed the workload adequately. The pharmacy team participated in ongoing training using an e-learning platform and the team members had completed an online training module in June 2022. A member of the pharmacy team explained that training was completed when the workload permitted.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns about a member of the team if needed. Details outlining the policy were available for the team to refer to. The pharmacy team members said that the regular pharmacists were approachable, supportive and they were more than happy to ask them questions when needed.

The trainee dispenser was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as Nurofen Plus which she would refer to the pharmacist for advice. The pharmacist explained that no professional service targets were in place in his role as a locum.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It had a waiting area. The temperature in the pharmacy was controlled by the air conditioning units. Lighting was adequate. The pharmacy team cleaned the floor, dispensing benches and sinks regularly.

The premises were maintained in an adequate state of repair. Maintenance problems were reported to head office and dealt with. The pharmacy team had use of a staff area and WC with wash hand basin and antibacterial hand wash. The consultation room was uncluttered and clean in appearance. This was kept locked until access was required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it generally manages and provides them safely. The pharmacy stores and sources its medicines safely and carries out checks to help make sure that they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours were displayed on the entrance. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily in containers. Schedule 2 CD prescriptions were highlighted with a CD sticker attached to the assembled prescription bag, to act as a prompt for team members to add the CD and to check the date on the prescription before handing out. Schedule 3 or 4 CD prescriptions were supposed to have the prescription highlighted, but a prescription awaiting collection for tramadol had not been highlighted. This meant there was an increased possibility of supplying a CD on an expired prescription.

The pharmacy team explained that prescriptions for warfarin, methotrexate and lithium were usually highlighted to allow the pharmacist to counsel the patient upon collection, but there were no prescriptions for these medicines present, to demonstrate this. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. The pharmacy had carried out a valproate audit and had not identified any patients who met the risk criteria. The pharmacy had patient information resources to supply with valproate.

The workflow in the pharmacy was organised into separate areas with dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. Multi-compartment compliance aids included individual medicine descriptions, patient information leaflets and a dispensing audit trail. Hospital discharge prescriptions were kept for the pharmacist to review and liaise with the GP if needed, regarding medication changes. A dispenser explained how the prescription delivery service was provided. A delivery record was kept as an audit trail for deliveries, and if a patient was not at home when a delivery was attempted, the medicines were returned to the pharmacy.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was being recorded daily. Patient returned medicines were stored tidily in clinical DOOP bins.

The medication stock was date checked periodically and a record was kept. Short-dated medicines were highlighted. No out-of-date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via email from the NHS and head office. These were read, acted on by a member of the pharmacy team, and a record of these was present.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete. Copies of the BNF and BNFc were present. Any problems with equipment were reported to the head office. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, the electrical equipment had been PAT tested in February 2022.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people when needed.

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.