General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Sheppards Pharmacy, Unit 2, Broadlands Retail Centre, Gentle Way, BRIDGEND, Mid Glamorgan, CF31 5EJ

Pharmacy reference: 1091932

Type of pharmacy: Community

Date of inspection: 28/12/2023

Pharmacy context

This is a pharmacy in a small shopping centre on a housing estate. 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 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	1.8	Good practice	Safeguarding is an integral part of the culture within the pharmacy
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 effectively. 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 keeps people's private information safe. And its team members are good at recognising and reporting 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 electronic recording and monthly analysis of dispensing errors and near misses. Some action had been taken to reduce risks that had been identified: for example, highlight stickers had been used to alert staff to the risks of picking errors with edoxaban 30/60mg tablets and etoricoxib 30/60mg tablets following a dispensing error. Several 'look-alike, sound-alike' or 'LASA' drugs had been distinctly separated on dispensary shelves as a proactive measure to reduce the incidence of selection errors, for example: atenolol and allopurinol, quinine and quetiapine, olanzapine and omeprazole and rivaroxaban and rosuvastatin. Quarterly bulletins issued by the superintendent's office included clinical updates and information about company-wide patient safety issues and these were read by all staff members.

A range of written standard operating procedures (SOPs) underpinned the services provided, although these were overdue for review. The superintendent pharmacist had provided the pharmacy with written assurance that the SOPs were being reviewed and that while this was happening the current SOPs were still in force. This document was kept in the SOP folder. Members of the pharmacy team had signed training records to confirm they had read and understood the SOPs. Two members of the team had not signed the records, but confirmed they had read and signed relevant SOPS in another branch of the company. The pharmacist explained that the delivery drivers had been trained on relevant SOPs as part of their induction and that these SOP training records were kept centrally.

The branch employed an accuracy checking technician (ACT) who was able to perform a final accuracy check on any prescriptions that had been clinically screened by the pharmacist. The ACT did not use her checking qualification very often, but understood that she should only check prescriptions which had been stamped by the pharmacist to show that they had been clinically checked. Staff members present were able to describe which activities could and could not take place in the absence of the responsible pharmacist (RP).

The pharmacist said that verbal feedback from people using the pharmacy was mostly positive. A formal complaints procedure was advertised in the practice leaflet, which was displayed in the retail area. A poster displayed at the medicines counter advertised the NHS complaints procedure 'Putting Things Right'.

A current certificate of professional indemnity insurance was on display. All necessary records were kept and were properly maintained, including responsible pharmacist (RP), private prescription, emergency supply and controlled drug (CD) records. CD running balances were typically checked monthly.

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. A leaflet displayed in the retail area gave a comprehensive summary of the ways in which patient information was managed and safeguarded. The pharmacy's confidentiality policy was advertised in a poster displayed at the medicines counter. A privacy notice was also displayed at the medicines counter, and this explained the way in which data was used by the pharmacy and gave details of the pharmacy's Data Protection Officer.

The pharmacist and some pharmacy team members had undertaken formal safeguarding training. All members of the pharmacy team had received internal training. The team had access to safeguarding guidance and local contact details, which were displayed in the dispensary. They were able to give examples of how they had identified and supported potentially vulnerable people, which had resulted in positive outcomes. A summary of the pharmacy's chaperone policy was advertised in a poster displayed inside the consultation room. Information about support groups and services for carers was also 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 pharmacist manager worked at the pharmacy on most days. She had a regular day off once a fortnight and her absences were covered by locum pharmacists. The support team consisted of an accuracy checking technician (ACT), a pharmacy technician who was enrolled on an accuracy checking course, and four dispensing assistants (DAs). During the inspection there were enough suitably qualified and skilled staff present to safely manage the workload. One of the DAs was due to begin training as a pharmacy technician and her induction was planned for a few weeks' time.

The pharmacist said that the company set targets relating to the provision of certain services, but she was careful to ensure that this did not affect her professional judgement or compromise patient care. The pharmacy team worked very well together. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist or the regional manager. A whistleblowing policy that included details for reporting concerns outside the organisation was available in the SOP file. The policy included internal details that were no longer correct, following a recent change of ownership, but a review was in progress and staff members expected details to be updated soon. They understood how to raise a concern internally via the senior management team.

Members of staff 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 a transaction. Staff had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. They also had access to an online training programme that had recently been introduced by the company. Some members of staff had completed training modules on skincare, footcare and hay fever, as well as mandatory health and safety training. The pharmacy technician understood the revalidation process and based her continuing professional development entries on issues she came across in her day-to-day working environment. There was no formal performance and development system in place, which meant some opportunities to identify training needs could be missed. However, staff understood that they could discuss issues with the pharmacist informally whenever the need arose.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, tidy and well-organised. It is secure and has enough space to allow safe working. Its layout protects people’s privacy.

Inspector's evidence

The pharmacy was clean and generally tidy. Some stock and prescriptions that were being temporarily stored on the floor posed a potential trip hazard. The pharmacy team moved these as soon as this was pointed out. The dispensary was well-organised, with enough space to allow safe working. The sinks had hot and cold running water and soap and cleaning materials were available. Hand sanitiser was available for staff use. A consultation room was available for private consultations and counselling, and this 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 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 be able to 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. There was wheelchair access into the pharmacy and consultation room. Pharmacy team members signposted people requesting services that could not be provided to nearby pharmacies or other healthcare providers such as the local council, which offered a waste sharps collection service. A signposting file provided by the local health board was available in the dispensary. A list of local sexual health service providers was displayed in the consultation room. Signposting details for local mental health organisations were displayed near the medicines counter, as were details for emergency dental services. Some health promotional material was on display in the retail area and the consultation room.

Dispensing staff used a basket system for repeat prescriptions to help ensure that medicines did not get mixed up during dispensing. Baskets were not always used for walk-in prescriptions, but these were dispensed and bagged in the order that they were presented to avoid the risk of transposition of medicines. 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 dispensed medicines against some faxed prescriptions from local surgeries. The pharmacist gave assurances that medicines were not supplied against unsigned faxes and that Schedule 2 or 3 CDs were only ever supplied against the original prescription.

Stickers were used on prescriptions awaiting collection to alert staff to the fact that a CD requiring safe custody or a fridge item was outstanding. Prescriptions for schedule 3 or 4 CDs awaiting collection were not routinely identified so there was a risk that these might be supplied when they were no longer valid. However, all pharmacy team members were dispensary trained and those present said that they would recognise prescriptions for Schedule 3 or 4 CDs and check that they were still valid before handing them out. The pharmacist explained that the prescription storage area was checked every month and that any invalid prescriptions would be removed and dealt with appropriately at this point.

Prescriptions for high-risk medicines such as warfarin, lithium and methotrexate were not routinely highlighted so there was a risk that counselling opportunities could be missed. Methotrexate and warfarin monitoring booklets and steroid cards were available to provide to patients. The pharmacy team were aware of the risks of valproate use during pregnancy. They were also aware of the requirement to supply valproate products in original packs wherever possible. The pharmacist confirmed that any patients prescribed valproate who met the risk criteria would be counselled

appropriately and provided with information at each time of dispensing. A valproate information pack was available in the consultation room.

The pharmacy provided medicines in disposable multi-compartment compliance aids to a large number of people. Most compliance aids were assembled on the first floor of the premises, in one of two rooms that were designated for this purpose. The pharmacy had recently begun to supply compliance aids to many new patients whose previous pharmacy had stopped providing the service. The pharmacist explained that the team only accepted new patients referred by the local health board's community resource team, which assessed each patient for suitability. Compliance aids were marked with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. Each patient had a section in a dedicated file that included their personal and medication details, collection and delivery arrangements, any relevant documents such as hospital discharge letters and repeat prescription order forms, and details of any messages or queries for communication purposes. Some individual sheets listing medication details were quite untidy. For example, some dosage changes had been altered by obliteration and were difficult to read, which might increase the risk of errors. Some people were supplied medicines via a timed compliance aid system under the health board-commissioned automated medication dispenser enhanced service. Others were supplied medicines using the Yourmeds compliance aid system, which used sensors in the compliance aids to send signals to software operated by the community resource team, allowing them to check compliance. The pharmacy had a good relationship with the local health board's medicines management team and would frequently work collaboratively with them to manage patients who were supplied medicines in all types of compliance aids. This ensured that any problems or queries were dealt with efficiently and effectively.

The pharmacy offered a wide range of services. There was a steady uptake of the pharmacy's discharge medicines review (DMR) service. Uptake of the common ailments service was also steady, with frequent referrals from local surgeries and opticians. The influenza vaccination service was technician-led and available on two days each week. The pharmacy provided some substance misuse serves, including a needle exchange service. It also provided a supervised consumption service, although the pharmacy currently had no clients. The pharmacy provided supply and monitoring smoking cessation services, a sore throat test and treat service and an EHC service. Uptake of the emergency supply of prescribed medicines service was low, as the pharmacy kept similar opening hours to local surgeries, so people were usually able to obtain a valid prescription from a GP in an emergency. The pharmacy was shortly to begin providing an original pack and MAR chart service as part of a pilot commissioned by the local health board.

The pharmacy provided a prescription collection service from four local surgeries. It also offered a free prescription delivery service. Signatures were obtained for prescription deliveries as an audit trail. Separate signatures were obtained for deliveries of controlled drugs. In the event of a missed delivery, the driver put a notification card though the door and brought the prescription back to the pharmacy.

Medicines were obtained from licensed wholesalers and were generally stored appropriately. However, some medicines that had been removed from their original packaging and added to compliance aids were not labelled either as stock, or as named-patient medication. The pharmacist said that this was an oversight, and the pharmacy team labelled these items as soon as this was pointed out. Medicines requiring cold storage were stored in two drug fridges. One fridge was very full and different products were stored closely together, increasing the risk of picking errors. Maximum and minimum temperatures recorded for the fridge were consistently within the required range. CDs were stored appropriately in two CD cabinets. These were tidy and well-organised, but it was clear that more storage space would be desirable. Obsolete CDs were segregated from usable stock.

There was some evidence to show that regular expiry date checks were carried out, although the frequency and scope of these checks were not currently documented. This created a risk that out-of-date medicines might be overlooked. However, pharmacy team members explained that they included a date check as part of their dispensing and checking procedures. Date-expired medicines were disposed of appropriately, as were patient returns, waste sharps and clinical waste. A scheme run in association with Novo Nordisk allowed the pharmacy to recycle returned pre-filled insulin pens and was advertised at the medicines counter. The pharmacy received drug alerts and recalls via its NHS email account. These were printed, signed when actioned and filed for reference. The pharmacist was able to describe how the team would deal appropriately with a drug recall by contacting patients where necessary, quarantining affected stock and returning this 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. It makes sure these are safe and suitable for use. The pharmacy's 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. One measure was unsafe as it was badly cracked. The pharmacist ordered a replacement measure as soon as this was pointed out. Triangles were used to count tablets and a separate triangle was available for use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources. All electronic equipment was in good working order and 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.

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.