

Registered pharmacy inspection report

Pharmacy Name: Boots, Withybush Retail Estate, Fishguard Road,
HAVERFORDWEST, Dyfed, SA61 2PY

Pharmacy reference: 1103867

Type of pharmacy: Community

Date of inspection: 15/04/2019

Pharmacy context

This is a pharmacy situated on a retail park next to a hospital. It is part of a larger store that also sells gifts and health and beauty products. The pharmacy sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides dispensing services to a large number of care homes. The pharmacy provides a wide range of services including emergency hormonal contraception, smoking cessation, treatment for minor ailments, pneumonia and meningitis vaccination services 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	Good practice	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their role and are supported to address their learning and development needs
		2.4	Good practice	A culture of continuous improvement through learning exists within the team
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures for preparing medicines to help make sure the team works safely. Its team members record and review their mistakes so they can learn from them. And they take action to help stop the same sorts of mistakes from happening again. 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. The pharmacy's 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 recording and monthly analysis of dispensing errors and near misses. Staff were able to describe recent action that had been taken to reduce risk: for example, gliclazide and quetiapine tablets had been removed from the alphabetical medicines retrieval system and stored separately to reduce the incidence of picking errors with similarly-named products. They demonstrated that following a recent direction from the superintendent's office to put extra safety measures in place for 'Look-Alike, Sound-Alike' or 'LASA' drugs that were repeatedly the subject of patient safety incidents (for example: atenolol, allopurinol, amlodipine, amitriptyline and azithromycin) they had used caution stickers to reduce the risk of incorrect selection and also marked prescriptions to further alert staff to the risk of errors with these drugs. A list of 'LASA' drugs was displayed at each workstation for reference.

The risks associated with the influenza vaccination service had been assessed and posters describing the process to follow in the event of needlestick injury, fainting, anaphylaxis and seizures were displayed in the consultation room.

A range of written Standard Operating Procedures (SOPs) underpinned the services provided; these were regularly reviewed. The accuracy checking technician (ACT) present explained that she was able to carry out accuracy checks on any prescriptions marked as clinically checked by the pharmacist.

The pharmacy received regular customer feedback from annual patient satisfaction surveys; the results of the most recent survey displayed in the consultation room showed that this was mostly positive. However, staff said that some customers had made negative comments about the position of the waiting area, which was situated next to a hatch into the dispensary used by substance misuse and needle exchange clients. A formal complaints procedure was in place and information about how to make complaints was included in the practice leaflet displayed in the retail area and another leaflet advertising a local complaints advocacy service.

Evidence of current professional indemnity insurance was available. 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 they did not include the nature of the emergency. CD running balances were typically checked weekly.

Staff received annual training on the information governance policy and had signed confidentiality agreements as part of this training. Staff had a good understanding of the need to protect confidential information and described ways in which this could be achieved, for example by being able to identify confidential waste and dispose of it appropriately. Posters at the medicines counter directed customers to the company website for information on how their personal data was used and managed. Another poster displayed at the medicines counter explained how NHS Wales used prescription information to help them make better informed decisions about medicines and patient services.

The pharmacist and staff had undertaken formal safeguarding training and had also received a Bronze award from the Investors in Carers scheme. They had access to guidance and local contact details that were available in the dispensary. A summary of the chaperone policy was displayed on the consultation room door. Notices at the medicines counter advertised local carer support groups, although these were partially obscured by an empty display stand.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage the workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. They can speak up about the way the pharmacy works.

Inspector's evidence

Two pharmacists oversaw all professional activities as part of a job-share and were assisted in the day-to-day operation of the pharmacy by the branch manager, a qualified dispensing assistant. Neither pharmacist was present during the inspection and the role was covered by a relief pharmacist. 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. Most staff members had the necessary training and qualifications for their roles; a trainee technician worked under the pharmacist's supervision.

Targets were set for MURs but these were managed appropriately and did not affect the pharmacist's professional judgement or patient care. Staff worked well together and had an obvious rapport with customers. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacists, Area Manager or Professional Standards Manager. A poster advertising a confidential helpline for reporting concerns outside the organisation was displayed in the staff area.

A member of staff working on the medicines counter was 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 undertook online training provided by the organisation on new products, clinical topics, operational procedures and services; they had recently completed modules on diversity and inclusion and patient safety. The technician said that she had recently received training provided by Health Education and Improvement Wales on the Choose Pharmacy services platform.

The technicians said that they understood the revalidation process and based their continuing professional development (CPD) entries on situations they came across in their day-to-day working environment as well as on internal and external training. All staff were subject to twice-yearly performance and development reviews and could discuss issues informally with the pharmacists or pharmacy manager whenever the need arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working.

Inspector's evidence

The pharmacy was clean, tidy and well-organised, with sufficient space to allow safe working. A second dispensary on the first floor of the pharmacy was used for the assembly of community MDS trays and supplies to care home residents. The sinks had hot and cold running water and soap and cleaning materials were available.

A lockable 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 and needle exchange clients. However, seats situated near the hatch increased the risk that privacy could be compromised. The pharmacist said that he offered clients use of the consultation room if there were customers seated near the hatch.

The pharmacy was lockable and protected by CCTV, a security alarm and a barred gate that covered the back door. Screens covered the Pharmacy medicines section in the retail area when the pharmacist was at lunch. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes the services it provides so that people know about them and can access them easily. If the pharmacy can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are safe. It has good systems in place for managing services to care homes. And it generally manages medicines appropriately.

Inspector's evidence

The pharmacy offered a range of services that were clearly and appropriately advertised. There was wheelchair access into the pharmacy and consultation room. Staff said that they would signpost patients requesting services they could not provide to other nearby pharmacies. An array of health promotional material was displayed in the retail area. A machine positioned near the consultation room measured customers' weight, height, BMI and body fat for a small charge.

The pharmacists had recently met with local surgeries and the out-of-hours GP service 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, DMR service, smoking cessation services and the common ailments service.

The pharmacy dispensed an average of 10,000 prescription items each month. It supplied medicines in monitored dosage system trays for about 140 community patients and approximately 330 residents of 44 care home sites; a further 120 care home residents received original packs of medicines accompanied by MAR charts.

Dispensing staff used a basket system to ensure that medicines did not get mixed up during dispensing. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. The endorsing machine or a quad stamp marked each prescription with a four-way grid that was initialled by all members of staff who had been involved in the dispensing process. Controlled drugs and insulin 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 received some faxed prescriptions from local surgeries due to its rural location; 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.

Patient information forms (PIFs) were added to each prescription to highlight any issues that needed to be brought to the pharmacist's attention before checking or at the point of handout such as patient eligibility for an MUR, counselling opportunities or prescriptions for 'Look-Alike, Sound-Alike' items. Stickers were used to identify dispensed Schedule 3 and 4 CDs awaiting collection and were marked with the date after which the prescription was invalid and could no longer be supplied.

Coloured cards were used to flag up prescriptions for high-risk drugs such as warfarin, methotrexate and lithium; they included prompt questions to ensure that the member of staff handing out the prescriptions obtained all necessary information from the recipient. The technician said that this information was added to the patient medication record (PMR); however, the only evidence of this

available at the time of the inspection was from 2017. Cards were also attached to prescriptions to highlight the fact that a CD or fridge line needed to be added before the prescription was handed out.

A high-risk medicines audit had been carried out during April 2019 and results showed that one patient prescribed valproate who had met the eligibility criteria had been counselled and had received patient information explaining the risks involved. The information pack for valproate patients was available in the dispensary.

Prescriptions awaiting collection were marked with five different coloured stickers that corresponded to specific weeks; prescriptions remained on the shelf for five weeks before the patient was contacted and the medicines returned to stock if not collected or required.

The delivery service was managed electronically: patients or their representatives signed a handheld electronic device to acknowledge receipt of delivery as an audit trail. Separate signatures on paper forms were obtained for deliveries of controlled drugs and deliveries to care homes. 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

MDS trays were used to supply medicines to about 470 patients who had compliance difficulties and these were assembled in a spacious dispensary on the first floor. The dispensary had its own telephone line to allow community patients and care homes to contact the MDS team directly. There were different workstations for community MDS trays, interim items and nursing home MDS trays as well a separate digitally-locked stock room. A whiteboard in the dispensary was used to communicate messages to the MDS team. Progress logs for each home and for community patients were displayed in the dispensary.

A dedicated file had been created for each care home and communications sheets with details of telephone conversations were inserted into these files for reference. Each community patient had a section in one of four dedicated files that included their personal and medication details. Lists of patients and their delivery or collection arrangements were available at the front of each file for reference. MDS trays were labelled with descriptions, although these needed more detail to enable patients to identify individual medicines. Patient information leaflets were routinely supplied. Each prescription included a care services PIF which detailed any prescription changes, drug allergies or further information for reference.

The pharmacy provided substance misuse services to five clients; at weekends it also provided temporary substance misuse services to patients referred from the out-of-hours GP service. Medicines were obtained from licensed wholesalers. They were generally stored appropriately, although storage space was limited and some different products and different strengths of the same product were stored very closely together, increasing the risk of picking errors.

Medicines requiring cold storage were stored in two drug fridges; maximum and minimum temperatures for the main dispensary fridge were recorded daily and were consistently within the required range. There were gaps in the temperature records for the MDS dispensary fridge and some discrepancies had been recorded; it was unclear whether these had been monitored appropriately by the regular pharmacists. The temperature reading for the MDS dispensary fridge at the time of the inspection was within required limits.

CDs were stored appropriately in two tidy, well-organised CD cabinets and 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. The pharmacist and staff were able to

describe how they 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 or manufacturer. Evidence showed that drug recalls were printed, filed and signed to show that they had been actioned where appropriate.

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 needed to provide services. It makes sure these are always 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; separate measures were used for methadone. Triangles and a capsule counter were used to count tablets and capsules. Staff said that a separate triangle was available for use with loose cytotoxics, although it could not be found during the inspection; they said that if necessary they would use another triangle and wash this after use.

The pharmacy had a range of up-to-date reference sources. All equipment was in good working order, clean and appropriately managed; evidence showed that it had recently been tested. Equipment and facilities were used to protect the privacy and dignity of patients and the public: the computer was password-protected 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.