

Registered pharmacy inspection report

Pharmacy Name: Tycoch Pharmacy, 36 Carnglas Road, Sketty, SWANSEA, West Glamorgan, SA2 9BW

Pharmacy reference: 1106240

Type of pharmacy: Community

Date of inspection: 17/09/2019

Pharmacy context

This is a village pharmacy on the outskirts of Swansea. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a range of services including emergency hormonal contraception and treatment for minor ailments. Substance misuse services are also available. The pharmacy has recently changed ownership.

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	1.8	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 safely. Its team members record mistakes. And they take some action to stop them from happening again. But they do not record and 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. The pharmacy's team members are good at recognising and reporting concerns about vulnerable people to help keep them safe.

Inspector's evidence

A range of written standard operating procedures (SOPs) underpinned the services provided. These were overdue for review, but the pharmacist explained that up-to-date versions of SOPs were soon to be provided by the pharmacy's new owners. The pharmacy had systems in place to identify and manage risk, including the recording of dispensing errors and near misses. A root cause analysis had been conducted following a recent dispensing error. However, the most recent near miss records had been made in 2018. The pharmacist said that she 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. Some action had been taken to reduce risks that had been identified: for example, a caution sticker had been used to highlight the risks of picking errors with lorazepam and loperamide. The pharmacist demonstrated that different strengths of furosemide tablets had been separated on dispensary shelves following a spate of near misses.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of the most recent survey displayed in retail area showed that this was mostly positive. 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, unlicensed specials and controlled drug (CD) records. However, the RP register was not always signed out to show the time at which the RP had relinquished the safe and effective running of the pharmacy and emergency supply records did not include the nature of the emergency. There was a risk that there would not be enough information available in these records to provide a complete audit trail in the event of an error or incident. CD running balances were typically checked once a fortnight. However, running balances for methadone tended to be checked every two months and records sometimes showed high volumes of overage. There was a risk that this might lead to concerns such as dispensing errors or diversion being missed.

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 poster displayed in the retail area explained how NHS Wales used prescription information to help them make better-informed decisions about medicines and patient services.

The pharmacist had undertaken level two safeguarding training and had access to guidance and local contact details that were available in the SOP file. Staff were able to identify different types of safeguarding concerns and gave examples of concerns that they had referred to the pharmacist. They

had told the pharmacist they were worried about an elderly customer with no family who visited the pharmacy very often, asking for information she had been told many times and purchasing the same product on a regular basis. They felt that she was displaying symptoms of memory loss and the pharmacist contacted social services and her GP. Arrangements were subsequently made for the customer to be admitted to a nursing home. The pharmacist said that she had a very good relationship with the local medicines management team and had regular two-way conversations with them about clients who might benefit from compliance aids or the MAR chart service.

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 regular pharmacist manager oversaw all professional activities. She was assisted by two dispensers. Another dispensing assistant was absent. Staff members worked well together and had the necessary training and qualifications for their roles. 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.

There were no specific targets or incentives set for the services provided. The pharmacy served a small and close-knit community and staff 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 pharmacist or superintendent pharmacist. A whistleblowing policy in the front of the SOP file included a confidential helpline for reporting concerns outside the organisation.

A member of staff working on the medicines counter gave a coherent explanation of the WWHAM questioning technique and gave appropriate examples of situations she would refer to the pharmacist. She said that she would feel confident refusing a sale and had done so in the past when dealing with what she considered to be an inappropriate request for a product containing codeine. 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 discussions with the pharmacist. All staff had recently completed training provided by NHS Wales on improving the quality of services provided. There was no formal appraisal system in place but all staff could informally discuss performance and development issues 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 and tidy. It is small but well-organised to make the best use of the space available. It is secure and its layout protects people's privacy.

Inspector's evidence

The pharmacy was clean, tidy and well-organised. It was small, but there was enough space to allow safe working. Some stock was being temporarily stored on the floor but did not pose a trip hazard. The dispensary 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. The lighting and temperature in the pharmacy were generally appropriate. The consultation room felt very warm but it was an unusually warm day. The team said that fans had to be used to cool the room during longer spells of warm weather.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that are easy for most people to access. If it can't provide a service it directs people to somewhere that can help. Its working practices are generally safe and effective. It sources and stores medicines safely and carries out some checks to help make sure that they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was a small step up to the pharmacy entrance, but a portable ramp was available to allow wheelchair access. The entrance to the consultation room was too narrow to accommodate a wheelchair. However, the pharmacist said that she could arrange out-of-hours appointments for people who could not access the room and could also conduct private consultations over the telephone if necessary. Staff said that they would signpost patients requesting services they could not provide to nearby pharmacies or other providers such as the local surgery, or the local health board, which offered a sharps collection service. A list of local sexual health clinics was displayed in the consultation room. Some health promotional material and details of local community services were on display near the pharmacy entrance

Dispensing staff used baskets 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. Dispensed prescriptions awaiting collection were stored in a designated retrieval area. Four prescriptions in the retrieval area were over six months old, so no longer valid. The pharmacist removed the prescriptions from the retrieval area immediately.

Stickers were used on prescriptions awaiting collection to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. The pharmacist said that prescriptions for Schedule 3 and 4 CDs that did not require safe custody were also marked with stickers. This was to ensure that the medicines would not be supplied after the prescription had expired. However, one prescription for gabapentin had not been marked in this way. All staff 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 said that she annotated prescriptions for warfarin with the words 'INR check' so that these patients could be identified and counselled. She said that two patients were regularly prescribed lithium and she asked to see their monitoring booklets at the point of handout. Information about blood tests and dose changes was recorded on the patient medication record (PMR). There was no evidence that patients prescribed methotrexate were always identified and there was a risk that opportunities for counselling might be missed. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that two patients prescribed valproate met the criteria for risk and had been provided with patient information explaining the risks of use during pregnancy. This patient information 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.

The pharmacy provided medicines in disposable multi-compartment compliance aids to a number of patients. The pharmacist said that she always checked with a person's GP before initiating the service to make sure they would be a suitable candidate. Trays were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. A dispensary whiteboard displayed a list of patients due to be supplied compliance aids over the next two weeks for reference. A patient's name was flagged if the pharmacy team were aware they were currently in hospital. Each patient had a section in an alphabetical file that included their personal and medication details, details of any messages or queries and any relevant documentation, such as repeat prescription order forms.

Signatures were obtained for prescription deliveries and separate signatures were obtained for CDs. If a patient or their representative was not at home to receive a delivery, the delivery driver put a notification card through the door and brought the prescription back to the pharmacy.

Medicines were obtained from licensed wholesalers and stored appropriately. Medicines requiring cold storage were stored in a well-organised drug fridge. 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. One dispensed prescription for Zomorph capsules stored in the CD cabinet was over 28 days old and therefore invalid.

Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns. The pharmacy received drug alerts and recalls via its NHS email account. The pharmacist was able to describe how she had dealt with Neupro patches that had been recalled as unfit for purpose by returning affected stock 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 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 these would be washed after use with loose cytotoxics. 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. 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.