

Registered pharmacy inspection report

Pharmacy Name: A & J M Sheppard Ltd, 44 Gelligaled Road, Ystrad, PENTRE, Mid Glamorgan, CF41 7RQ

Pharmacy reference: 1109996

Type of pharmacy: Community

Date of inspection: 12/06/2023

Pharmacy context

This is a village pharmacy. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. 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

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 | 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 to help make sure the team works safely. Its team members record their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. But they do not always review everything that goes wrong. So they may miss some opportunities to learn. The pharmacy generally keeps the records it needs to by law. But some details are missing, so it may not always be able to show exactly what has happened if any problems arise. 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 recording of dispensing errors and near misses. The pharmacist explained that he discussed near misses with relevant staff at the time of the occurrence and said that if he identified any patterns or trends he would discuss these with the entire team. Some action had been taken to reduce risks that had been identified: for example, the 'look-alike, sound-alike' drugs sildenafil and sumatriptan had been distinctly separated in the dispensary following some near misses with these items. Rivaroxaban and rosuvastatin had also been separated in this way and highlight stickers had been used to alert staff to the risks of selection errors. Regular 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 poster describing the process to follow in the event of anaphylaxis was displayed in the dispensary near the consultation room.

A range of written standard operating procedures (SOPs) underpinned the services provided, although these were due for review. The delivery driver had not signed the delivery SOPs, but the branch manager, who was an accuracy checking technician (ACT), explained that all delivery drivers were trained on relevant SOPs as part of their induction and that these training records were kept centrally. The ACT was able to check all prescriptions that had been marked as clinically checked by the pharmacist, apart from prescriptions for controlled drugs. Staff members present understood which activities could and could not take place in the absence of the responsible pharmacist (RP).

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, but these had been suspended during the pandemic and had not yet resumed. The pharmacist said that feedback from people using the pharmacy was mostly positive. Thank you cards displayed near the dispensary expressed gratitude to the pharmacy team for their help, advice and support. A formal complaints procedure was in place. Information about how to provide feedback or make complaints was included in a poster displayed at the medicines counter. Another poster advertised the NHS complaints procedure 'Putting Things Right'.

Current professional indemnity insurance arrangements were in place. All necessary records were kept and were generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply and controlled drug (CD) records. However, electronic private prescription records did not always include prescriber details, and emergency supply records did not always include the nature of the emergency. This meant that there might not be enough information available to allow the pharmacy team to fully resolve queries or deal with errors effectively. CD running balances were

typically checked at the time of each transaction, although some items that were not frequently dispensed had not been checked for several months. This increased the risk that concerns such as dispensing errors or diversion might be missed.

Staff had signed confidentiality agreements and had completed information governance training. 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 privacy notice displayed at the medicines counter explained the way in which data was used by the pharmacy and gave details of the pharmacy's Data Protection Officer.

The pharmacist, the ACT and one of the dispensing assistants had undertaken formal safeguarding training. Other 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 on the consultation room door.

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

A regular locum pharmacist worked at the pharmacy every Monday and Tuesday and on alternate Wednesdays. His absences were covered by other locum pharmacists. He was assisted in the day-to-day operation of the pharmacy by the branch manager, who was an accuracy checking technician (ACT). The support team consisted of a full-time trainee dispensing assistant (DA) who worked under the supervision of the pharmacist and other trained staff, and a part-time DA, who was absent. Another full-time DA was currently absent on long-term leave but was expected to return to work the next week. There were enough suitably qualified and skilled staff present to safely manage the workload during the inspection. The ACT explained that there had been significant staff shortages for the last few months and there was sometimes only one member of staff working with a relief or locum pharmacist. This meant that the pharmacy team often had to work under pressure, although the situation was steadily improving with the return of key members of staff and the appointment of the regular locum pharmacist. She said that the recent staff shortages meant that she was not always able to use her checking qualification. This was because she was often required to assist with the dispensing workload, and the company's SOP for accuracy checking did not permit her to check a prescription if she had also been involved in the dispensing process.

The ACT said that the company offered a bonus scheme 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 locum pharmacist said that he was not subject to any targets or incentives. The pharmacy team worked very well together. 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 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 due in June 2023 and staff expected details to be updated. 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, although they had not yet completed any training modules. 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 increased the risk that opportunities to identify training needs could be missed. However, staff understood that they could discuss issues with the pharmacist or branch manager 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 were being temporarily stored on the floor but these did not pose a trip hazard. 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 lockable consultation room was available for private consultations and counselling and this was clearly advertised at the pharmacy entrance. A semi-private hatch that opened into the dispensary from a quiet part of the retail area near the consultation room was used by substance misuse and needle exchange clients. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy effectively promotes the services it provides so that people know about them and can access them easily. 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 most 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 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. Staff signposted people requesting services they could not provide to nearby pharmacies or other healthcare providers such as the local surgery. A list of blood borne virus screening service providers was displayed near the consultation room. Some health promotional material was available in the retail area. The ACT had visited local surgeries, dentists and opticians to discuss and promote services as part of a health board funded collaborative working initiative. Visits had involved discussions around the common ailments service and the sore throat test and treat service.

Dispensing staff generally 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 there were very few of these and they 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 and fridge items were not dispensed until the patient or their representative arrived to collect them. Prescriptions for Schedule 3 or 4 CDs were not routinely identified and there was a risk that these might be supplied when they were no longer valid.

Prescriptions for high-risk medicines such as warfarin, lithium and methotrexate were not routinely highlighted and there was a risk that counselling opportunities could be missed. The pharmacy team were aware of the risks of valproate use during pregnancy. The ACT confirmed that the pharmacy currently had one patient prescribed valproate who met the risk criteria, and that they were counselled appropriately and provided with information at each time of dispensing. A valproate information pack 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. Compliance aids were labelled 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 as well as details of any messages or queries for communication purposes.

The pharmacy provided a wide range of services. The regular locum pharmacist had completed an

independent prescribing qualification and on the day of the inspection he had received a personalised prescription pad which meant he could provide health board-commissioned prescribing services going forward. There was a steady uptake of the pharmacy's discharge medicines review (DMR) service, with about 15 consultations taking place each month. The service was technician-led: an ACT from another branch visited regularly to conduct reviews. Uptake of the common ailments service was also steady, with about 40 consultations taking place each month. Uptake of the influenza vaccination service was high and the pharmacy had vaccinated over 200 people during the 2022/23 season, most of whom were eligible for the free NHS service. The pharmacy provided a supervised consumption service and a needle exchange service. It also provided a blood borne virus screening service, although there had been no uptake of this since before the pandemic. Each substance misuse client had a designated section in a file that included their personal and medication details as well as their current prescription. The pharmacy provided supply and monitoring smoking cessation services and currently had about seven registered clients. It also provided an EHC service. A free blood pressure measurement service was available on request. Uptake of the emergency supply of prescribed medicines service was steady: the ACT explained that demand would probably decrease from now on, as the pharmacy had just begun to close on Saturdays. The pharmacy offered a sore throat test and treat service and the pharmacist carried out a consultation during the inspection.

The pharmacy provided a prescription collection service from six local surgeries. It also offered a free prescription delivery service. Signatures were not obtained for prescription deliveries as an audit trail, but the pharmacist gave assurances that the delivery driver confirmed the identity of the recipient before each prescription was supplied. A separate sheet was given to the driver if the prescription contained a controlled drug, which alerted them to notify the patient that a CD was being delivered. 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.

Medicines were obtained from licensed wholesalers and were generally stored appropriately. Some loose tablets that had been removed from their original packaging were not adequately labelled either as stock or named-patient medication, which increased the risk of errors. Medicines requiring cold storage were stored in a well-organised drug fridge. Maximum and minimum temperatures recorded for the fridge were consistently within the required range. However, there were some gaps in the records. The ACT said that this was an oversight and gave assurances that temperatures were checked daily. CDs were stored appropriately in a large, well-organised CD cabinet. Obsolete CDs were segregated from usable stock.

Stock was subject to regular documented expiry date checks, although the team had fallen behind with these over the past few months as they had been short-staffed. One out-of-date product was found on dispensary shelves. Stickers were used to highlight short-dated stock and 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. The pharmacy received drug alerts and recalls via its NHS email account. The pharmacy team had recently dealt appropriately with a drug recall for Emerade injections 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. Separate measures were used for methadone. 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 equipment was in good working order and appropriately managed. Evidence showed that it had recently been tested. The pharmacy team had access to personal protective equipment, including gloves and masks. 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. |