

# Registered pharmacy inspection report

**Pharmacy Name:** Well, Unit 2B Bute Place, Quayside, CARDIFF, CF10 5AB

**Pharmacy reference:** 1116818

**Type of pharmacy:** Community

**Date of inspection:** 23/01/2020

## Pharmacy context

This is a pharmacy in a mixed commercial and residential area near a city centre. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. Some NHS prescriptions are assembled off-site at another pharmacy owned by the company. It offers a range of services including emergency hormonal contraception, 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   |
|--|-------------------|------------------------------|------------------|---|
| <b>1. Governance</b>                               | Standards met     | 1.2                          | Good practice    | Information about risk is reviewed and analysed to improve the safety and quality of pharmacy services  |
| <b>2. Staff</b>                                    | Good practice     | 2.2                          | Good practice    | Staff have the appropriate skills, qualification and competence for their roles and are supported to address their learning and development needs |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A   |
| <b>4. Services, including medicines management</b> | 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.                      |
|  |                   | 4.2                          | Good practice    | The pharmacy has robust systems in place to ensure that patients prescribed high-risk medicines are appropriately counselled.                     |
| <b>5. Equipment and facilities</b>                 | 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 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 asks people to give their views about the services it provides. And it keeps people's private information safe. The pharmacy's team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

### Inspector's evidence

A range of electronic standard operating procedures (SOPs) underpinned the services provided. These were regularly reviewed. The pharmacy had systems in place to identify and manage risk, including the recording and monthly analysis of dispensing errors and near misses. Root cause analyses had been conducted following recent dispensing errors. The pharmacy team demonstrated that action had been taken to reduce risks that had been identified as a result of near miss reviews. For example, a note had been added to dispensary shelves instructing staff to take care when selecting quetiapine tablets following a selection error with these and quinine tablets. A similar note had been used to alert staff to the risks of picking errors with pregabalin and gabapentin.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. Results of the most recent survey available in the dispensary showed that this was overwhelmingly positive. A formal complaints procedure was in place and information about how to make complaints was included in posters displayed on the consultation room door and in the waiting area.

Evidence of current professional indemnity insurance was available. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. CD running balances were typically checked weekly.

Staff received annual training on the information governance policy and 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. Individual staff members had unique passwords to access the pharmacy computer system. Privacy notices displayed inside the consultation room and in the retail area signposted people to the company's website for more information on the way in which personal data was used and managed by the company.

The pharmacist had undertaken level two safeguarding training and had access to guidance and local contact details that were available in the dispensary and on the pharmacy's intranet system. Staff members had received in-house training and were able to identify different types of safeguarding concerns. They said that they would refer these to the pharmacist, who confirmed that she would report concerns via the appropriate channels where necessary. All staff were trained Dementia Friends. A summary of the chaperone policy was advertised in posters displayed on the consultation room door and in the retail area.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. And they feel comfortable speaking up about any concerns they have.

### Inspector's evidence

The pharmacist manager worked at the pharmacy from Monday to Wednesday and a regular relief pharmacist worked on Thursdays and Fridays. The support team consisted of a pharmacy technician and a trainee pharmacy technician. The trainee was absent during the inspection and her role was being covered by a pharmacy graduate who was working as a relief dispensing assistant. 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. Staff members had the necessary training and qualifications for their roles. The pharmacist said that the trainee pharmacy technician would soon be leaving to work at another branch. She was to be replaced by two newly-recruited members of staff, who would work under the pharmacists' supervision.

Targets were set for MURs, but these were managed appropriately, and the pharmacist said that they did not affect her professional judgement or compromise patient care. She said that she felt no pressure to complete MURs if other issues took priority. Staff worked well together and had an obvious rapport with regular customers. They were happy to make suggestions within the team and said that they felt comfortable raising concerns with the pharmacists or regional development 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 on new products, clinical topics, operational procedures and services. They had recently completed training on the company's new patient medication record (PMR) system. The pharmacy technician had also completed refresher training on coughs and colds, pet medicines and lower back pain. All staff had recently completed training provided by NHS Wales on improving the quality of services provided. The pharmacy technician said that she understood the revalidation process and based her entries on situations she came across in her day-to-day working environment. All staff were subject to annual performance and development reviews and could discuss issues informally with the pharmacists 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 and its layout protects people's privacy.

### Inspector's evidence

The pharmacy was clean, tidy and well-organised, with enough space to allow safe working. The sink had hot and cold running water and soap and cleaning materials were available. A poster describing hand washing techniques was displayed at the sink. A consultation room was available for private consultations and counselling and this was clearly advertised. The lighting and temperature in the pharmacy were appropriate. The pharmacy team said that the air conditioning unit was not working and so they were using portable radiators to keep the dispensary warm. They said that the problem had been reported to head office.

## 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 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 supports people taking higher-risk medicines by making extra checks and providing counselling where necessary. It stores medicines appropriately and carries out some checks to make sure 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 wheelchair access into the pharmacy and consultation room. Hearing aid loops were available in the consultation room and at the medicines counter. A signposting directory provided by the local health board was available in the dispensary and staff said that they would signpost people requesting services they could not provide to other nearby pharmacies. Some health promotional material was on display in the retail area. The pharmacist explained that she and her pharmacist colleague had recently visited local surgeries to discuss and promote services as part of a health board funded collaborative working initiative. Recent visits had involved discussions around the influenza vaccination service, the repeat dispensing service and the Choose Pharmacy common ailments service.

Dispensing staff used a colour-coded basket system to help ensure that medicines did not get mixed up during dispensing and to differentiate between different prescriptions. 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. Each bag label attached to a prescription awaiting collection included a barcode that was scanned at the handout stage to provide an audit trail.

The pharmacy team said that a new pharmacy software system had recently been installed which allowed about 57% of their prescription items to be assembled at the company's hub pharmacy. The hub pharmacy could not assemble split packs, fridge lines, compliance aids, or most controlled drugs and these continued to be dispensed at the branch. Prescription items scanned to the hub before 3pm were generally returned to the branch within 48 hours, although there were occasional delays. A text messaging service was available to let patients know their medicines were ready for collection. The pharmacist said that the prescription storage area was checked weekly. Any patient who had not collected their prescription after four weeks was contacted as a reminder. After a further two weeks, the medicines were returned to stock if not collected and the prescription was returned to the surgery.

Each prescription awaiting collection was assigned to a specific storage location in the dispensary. When staff needed to locate a prescription, the patient's name was typed into a handheld device and this brought up a list of locations in which their items were being stored, including the drug fridge or CD cabinet where applicable. In addition, stickers were placed on bags to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. CD stickers were also used to identify dispensed Schedule 3 and 4 CDs awaiting collection. This practice helped ensure that prescriptions were checked for validity before handout to the patient. Stickers were used on prescriptions awaiting collection to identify patients eligible for an MUR.

Stickers marked 'Therapy Check' were used to routinely identify prescriptions for patients prescribed high-risk medicines such as warfarin, lithium and methotrexate. Information about blood tests and dosage changes was recorded on the PMR. Steroid cards and warfarin, lithium and methotrexate monitoring booklets were available for provision to patients. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that patients prescribed valproate who met the risk criteria would be counselled appropriately and provided with patient information. This information was stored in the dispensary with valproate stock. 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.

Signatures were obtained for prescription deliveries. Separate signatures were not obtained for controlled drugs. However, the delivery sheet was marked with a CD sticker, which alerted the driver to notify the patient they were receiving a controlled drug. 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.

Disposable compliance aid trays were used to supply medicines to a number of patients. Trays were labelled with descriptions to enable identification of individual medicines. Patient information leaflets were routinely supplied. A progress log for all patients was displayed and showed the status of each patient's tray at any given time. Each patient had a section in one of four dedicated files that included their personal and medication details, collection or delivery arrangements, details of any messages or changes and relevant documents, such as repeat prescription order forms. A separate file was available for patients known to be in hospital.

Medicines were obtained from licensed wholesalers and generally stored appropriately. Some boxes containing blister strips that had been removed from their original packaging were not adequately labelled either as stock or as named-patient medication. This increased the risk of error and did not comply with legislative requirements.

Medicines requiring cold storage were stored in a large, well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in a large, well-organised CD cabinet and obsolete CDs were segregated from usable stock.

Stock was subject to regular documented expiry date checks. An out-of-date box of Paramax tablets was found, but this was marked with a sticker highlighting its expiry date. The pharmacist disposed of the box immediately. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. An unsealed sharps bin containing used sharps was situated in the unlocked consultation room, which could be accessed from the retail area. The pharmacist moved this as soon as it was pointed out. She was able to describe how she would deal with medicines or medical devices that had been recalled as unfit for purpose by quarantining affected stock and returning it to the supplier. She explained that the PMR software flashed up a real-time alert on the screen when a recall was received. Drug recalls were printed, filed and signed to show that they had been actioned. The pharmacy had the necessary hardware and software to work in accordance with the Falsified Medicines Directive, but the team said that they were not currently compliant due to some problems with the software that needed to be resolved.

## 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. A triangle was used to count loose tablets and staff said that this was washed after use with 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. 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.  |