

Registered pharmacy inspection report

Pharmacy Name: City Pharmacy, Cardiff Royal Infirmary, Newport Road, CARDIFF, CF24 0SZ

Pharmacy reference: 1121459

Type of pharmacy: Community

Date of inspection: 19/08/2019

Pharmacy context

This is a pharmacy inside a health and wellbeing centre in the middle of Cardiff. 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 patients.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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	N/A	N/A	N/A
2. Staff	Standards met	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.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
		4.3	Standard not met	The way medicines are stored does not always comply with legal requirements
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 the same sorts of mistakes from happening again. But it is unclear if they regularly review all mistakes. So it is possible that some chances to learn from them might be missed. 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 know how to recognise and report 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 pharmacy technician said that the pharmacist reviewed all patient safety incidents and that the results of these reviews were sent to the company's main branch for information. However, there was no documentary evidence available to confirm this. Some action had been taken to reduce risks that had been identified: for example, different pack sizes of gliclazide tablets that looked very similar had been separated in the dispensary storage system to help reduce the incidence of picking errors. A defibrillator was available in the dispensary and all staff had been trained in its use.

A range of written standard operating procedures (SOPs) underpinned the services provided and were regularly reviewed. The newly-recruited pre-registration pharmacist had not yet signed to show she had read and accepted the procedures. However, she was observed to follow SOPs relevant to her role and could describe her responsibilities. Staff were only required to sign once on a cover sheet at the front of the file to indicate they had read all SOPs. This meant that if new versions or procedures were added in the future it might not be clear if staff had been trained to follow them. The Responsible Pharmacist notice displayed was incorrect and the locum pharmacist remedied this as soon as it was pointed out to her.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of the most recent survey showed that this was mostly positive. 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. A poster behind 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 generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, specials procurement and controlled drug (CD) records. However, there were occasions on which the pharmacist in charge had not signed out of the RP record to show the time at which they had relinquished responsibility for the safe and effective running of the pharmacy. CD running balances were typically checked at the time of dispensing, although some items that were not frequently dispensed had not been subject to a balance check for about two months. There was a risk that infrequent balance checks might lead to concerns such as dispensing errors or diversion being missed.

Staff said they had read the information governance SOP and had signed confidentiality agreements as part of their contracts. 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 behind the medicines counter advertised the way in which data was used by the pharmacy and gave details of the pharmacy's Data Protection Officer.

The pharmacist and technician had undertaken formal safeguarding training and had access to guidance and local contact details that were available via the internet and in the safeguarding SOP. Staff 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.

Principle 2 - Staffing ✓ Standards met

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. They feel comfortable speaking up about any concerns they have.

Inspector's evidence

The regular pharmacist manager oversaw all professional activities. He was absent during the inspection and his role was being covered by a locum 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. Staff members had the necessary training and qualifications for their roles. A pre-registration pharmacist worked under the pharmacist's supervision.

Targets were set for MURs but these were managed appropriately and the pharmacy technician said that they did not affect the pharmacist manager's professional judgement or patient care. Staff worked well together. 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 SOP file included details of external organisations that staff could contact if they wished to report concerns outside the organisation.

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 completed regular training on counter skills using modules provided by a supplier. They also had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. All staff had recently completed training provided by NHS Wales on improving the quality of services provided. The pharmacy technician had completed the National Enhanced Services Accreditation programme (NESA) and was able to provide the smoking cessation level three service. She said she understood the revalidation process and based her continuing professional development entries on training modules and situations she came across in her day-to-day working environment. All staff were subject to annual performance and development reviews. They could informally discuss issues with the pharmacist 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 very clean, tidy and well-organised. It had recently been refitted to a high standard. The dispensary was small but there was enough space to allow safe working, although some stock and prescriptions were temporarily stored on the floor. The sinks had hot and cold running water and soap and cleaning materials were available. A consultation room was available for private consultations and counselling. However, it was not advertised and could not be seen from the main waiting area. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services Standards not all 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. 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. The pharmacy manages most medicines appropriately but some are not stored in line with legal requirements.

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 said that they would signpost patients requesting services they could not provide to nearby pharmacies or other providers such as the local council, which offered a sharps collection service. A list of local sexual health clinics was displayed in the consultation room. An array of health promotional material was on display in the waiting area. The pharmacy technician explained that she and the pharmacist manager had recently visited local surgeries and a nearby optician to discuss and promote services as part of a health board-funded collaborative working initiative. Recent visits had involved discussions around the influenza vaccination, the repeat dispensing service, the MUR and DMR services and the common ailments service.

Dispensing staff used a colour-coded basket system to 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 were usually 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.

Stickers were used on prescriptions awaiting collection to identify patients eligible for an MUR and to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. Notes were attached to prescriptions if the pharmacist or pharmacy technician wished to speak to the patient or their representative at the point of handout. The pharmacy technician said that stickers were also used to identify dispensed Schedule 3 and 4 CDs awaiting collection to ensure these were not supplied to the patient or their representative more than 28 days after the date on the prescription. However, one prescription for pregabalin and another for tramadol were not marked in this way.

Patients prescribed high-risk medicines such as warfarin, lithium and methotrexate were not routinely identified and there was a risk that opportunities for counselling might be missed. However, the pharmacy technician said that the pharmacist usually asked patients for relevant information about blood tests and dosage changes if he knew a high-risk medicine was being handed out. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacy technician said that any patients prescribed valproate who met the risk criteria would be counselled and provided with appropriate information. A valproate information pack was available in the consultation room.

The delivery service was managed using the Prodelivery Manager App system: each prescription was

scanned into a smartphone and patients or their representatives signed the smartphone to acknowledge receipt of the delivery as an audit trail. Separate signatures were obtained for controlled drugs. In the event of a missed delivery, the delivery driver put a notification card through the door and took the prescription back to the company's main branch nearby. The pharmacy technician said that all delivery patients had given consent for their prescriptions to be returned to another branch if necessary.

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. Staff said that patient information leaflets were supplied monthly. Each patient had a section in a dedicated file that included their personal and medication details, collection or delivery arrangements and details of any messages or queries.

Medicines were obtained from licensed wholesalers. Most were stored appropriately including those requiring cold storage, but some were not stored in line with legal requirements. Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacy received drug alerts and recalls via its NHS email account. Some alerts and recalls were also printed on wholesaler delivery notes. The pharmacist was able to describe how she 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. The pharmacy had the necessary hardware and software to work in accordance with the Falsified Medicines Directive. However, staff did not know how to use these to decommission medicines so the pharmacy was not compliant 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. 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, 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.