

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: 12/08/2020

Pharmacy context

This is a pharmacy inside a health and well-being centre in the centre 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 for NHS patients. This inspection visit was carried out during the Covid-19 pandemic.

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	The pharmacy's team members are good at recognising and reporting concerns about vulnerable people to help keep them safe.
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 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 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 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 and these were regularly reviewed. Staff were only required to sign once on a cover sheet at the front of the file to indicate that they had read the 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 pharmacy had systems in place to identify and manage risk, including the recording of dispensing errors and near misses. The pharmacist said that these records were reviewed by an operations manager working at the company's main branch, although there was no documentary evidence available to confirm this. However, some action had been taken to reduce risks that had been identified: for example, different pack sizes of gliclazide tablets and different forms of quetiapine tablets had been separated in the dispensary storage system to help reduce the incidence of picking errors. A defibrillator was available in the dispensary and the pharmacist and accuracy checking technician (ACT) had been trained in its use. 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 by two staff members and all stock was subject to a balance check at least once a month.

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 he would report concerns via the appropriate channels where necessary. The ACT said that at the start of the pandemic the team had been approached by a profoundly deaf patient who had asked what they needed to do if they became symptomatic. The ACT had contacted a national support

group for deaf people to discuss the issue on the patient's behalf. A representative of the group had then contacted the patient to give advice and help on this and other coronavirus-related issues.

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 worked at the pharmacy on most days. 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. The support team consisted of a full-time accuracy checking technician (ACT) and two dispensing assistants, one of whom was covering the medicines counter. A part-time pharmacy student and a full-time pharmacy technician who was shielding were absent. Staff members had the necessary training and qualifications for their roles. One dispensing assistant had been declared competent under the grandparent clause. The pharmacy student worked under the supervision of the pharmacist and other trained members of staff. During the inspection, a student attended for a half-day's work experience and was supervised by the pharmacist. He was given safety instructions regarding coronavirus and wore a surgical mask.

There were no specific targets or incentives set for the services provided. 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. 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. Pharmacy surfaces were wiped down with disinfectant twice daily. Personal protective equipment (PPE) was available for staff use but was not routinely worn. 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 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 stores medicines appropriately and carries out checks to make sure they are in good condition. 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. Staff said that they would signpost patients requesting services they could not provide to other nearby pharmacies. A list of local sexual health clinics was displayed in the consultation room. Information about coronavirus and related safety procedures was displayed at the pharmacy entrance. An array of health promotional material was on display in the waiting area. Prior to the pandemic, the pharmacist and another staff member had visited local surgeries and a nearby optician to discuss and promote services as part of a health board-funded collaborative working initiative. These visits had involved discussions around the influenza vaccination service, the repeat dispensing service, the Discharge Medicines Review service and the Choose Pharmacy common ailments service. There was wheelchair access into the pharmacy and consultation room.

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. 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 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 a pharmacy technician wished to speak to the patient or their representative at the point of handout. The pharmacist said that stickers were usually 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. However, stickers were not always used in this way and there was a risk that some dispensed Schedule 3 and 4 CDs might be supplied against an invalid prescription.

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 ACT 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. Staff 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 demand for the delivery service had increased during the pandemic situation. Local volunteers had assisted the pharmacy team in providing the service, which was managed electronically. Each prescription to be delivered was scanned into a handheld device carried by the delivery driver. Before

the pandemic, the delivery driver had obtained signatures for prescription deliveries. However, to reduce the risk of viral transmission, this procedure had been changed. The driver now placed a package on the patient's doorstep, knocked or rang the doorbell and waited until it was collected. The collection was then recorded on the handheld device as an audit trail. 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. Staff said that all delivery patients had given consent for their prescriptions to be returned to another branch if necessary.

The pharmacy provided medicines in disposable multi-compartment compliance aids to a number of patients. The compliance aids were labelled with descriptions to enable identification of individual medicines. 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.

The pharmacy was not currently providing medicines use reviews, as this service had been suspended until April 2021 by Welsh Government in light of the Covid-19 pandemic. There had been a steady uptake of the Choose Pharmacy common ailments service and the All-Wales EHC service in recent months. The pharmacist conducted face-to-face consultations at the required two-metre distance or wore PPE where this was not possible. The pharmacist was an independent prescriber and was to begin providing an oral contraceptive prescribing service commissioned by the local health board in September 2020. There was also a plan to provide the influenza vaccination service during the 2020/21 season.

Medicines were obtained from licensed wholesalers and were 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. Controlled drugs requiring safe custody were stored in a large, well-organised CD cabinet 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 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 he 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, the pharmacist said that the software registration had not been successful and the pharmacy was not currently 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.