

Registered pharmacy inspection report

Pharmacy Name: Well, Tynycoed Surgery, 20 Merfield Close, Sarn, BRIDGEND, Mid Glamorgan, CF32 9SW

Pharmacy reference: 1123108

Type of pharmacy: Community

Date of inspection: 18/08/2020

Pharmacy context

This is a busy health centre pharmacy in a village. 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 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. 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	1.2	Good practice	information about risk is reviewed and analysed to improve the safety and quality of pharmacy services
		1.3	Good practice	Staff roles and lines of accountability are very clearly defined
2. Staff	Good practice	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their roles and are supported to address their learning and development needs
		2.4	Good practice	A culture of continuous improvement through learning exists within the team
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.
		4.2	Good practice	The pharmacy has robust systems in place to ensure that patients prescribed high-risk medicines are appropriately counselled
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 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

The pharmacy had systems in place to identify and manage risk, including the recording and analysis of dispensing errors and near misses. Root cause analyses had been conducted following recent dispensing errors. Staff demonstrated that action had been taken to reduce risk: Solareze and Voltarol gels had been separated in the dispensary after similar packing had contributed to selection errors. Different forms of ropinirole tablets and different strengths of gliclazide tablets had also been separated to reduce the incidence of errors. Caution stickers had been used to reduce the risk of incorrect selection with some 'Look alike, Sound alike' or 'LASA' drugs, such as atenolol and amlodipine. The pharmacist said that 'huddle' meetings were held weekly to discuss current patient safety issues, including near miss trends. The team had recently discussed the risks of supplying valproate without written patient information following an incident that had occurred in another branch of the company.

A range of electronic standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. The accuracy checking technician (ACT) allocated daily tasks to each member of staff via a written rota that was displayed in the dispensary. The rota was changed weekly and allowed all staff members to spend time on the medicines counter as well as in the dispensary. The ACT said that she could check all prescription items that had been clinically checked by a pharmacist except for controlled drugs requiring safe custody and the high-risk drugs warfarin, methotrexate and lithium. She explained that the pharmacists marked each prescription to show it had been clinically checked.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. Staff said that there had recently been some positive verbal feedback from customers. Two cards displayed in the pharmacy office thanked staff for their kind service. A formal complaints procedure was in place and information about how to make complaints was included in a poster displayed in the retail 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, specials procurement 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 for accessing the pharmacy software system. The pharmacist and ACT had undertaken formal safeguarding training and had access to guidance and local contact details that were displayed in

the dispensary. 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. A summary of the chaperone policy was available in a poster displayed 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 regular pharmacist manager usually worked at the pharmacy, and was assisted by another pharmacist on Thursday and Friday each week. The support team consisted of an ACT and four dispensing assistants. Another dispensing assistant was absent. Staff members had the necessary training and qualifications for their roles. They were polite and helpful to customers. The pharmacist worked methodically, calmly and professionally throughout.

There were no specific targets or incentives set for the services provided. Staff said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist, senior managers or superintendent's office. A poster displayed in the staff area included a confidential helpline for reporting concerns outside the organisation.

Members of staff 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. A computer terminal was situated at the medicines counter. This allowed staff to access patient medication records to help them make decisions about sales of medicines or provision of advice. Staff undertook online training provided by the organisation on new products, clinical topics, operational procedures and services. The ACT said she understood the revalidation process. She said that she based her continuing professional development entries on situations she came across in her day-to-day working environment. All staff were subject to six-monthly performance and development reviews. They were able to discuss issues informally with the pharmacists or pharmacy manager 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 and well-organised. Large quantities of stock and prescriptions were being temporarily stored on the floor but did not pose a trip hazard. The sink had hot and cold running water and soap and cleaning materials were available. A poster describing hand washing techniques was displayed above the sink. Hand sanitiser was available for staff use.

A one-way system with floor markings at two-metre intervals had been implemented in the retail area to encourage customers to adhere to social distancing requirements. A plastic screen at the medicines counter had been installed to reduce the risk of viral transmission between staff and customers. The staff room was small and it was not possible for more than two people to use it whilst maintaining the required two-metre social distance. Staff said that they sat outside or in their cars to eat lunch or take a short break when necessary.

A consultation room was available for private consultations and counselling and its availability was clearly advertised. A semi-private screened area of the medicines counter was used by substance misuse clients and for quiet conversations and counselling. The lighting and temperature in the pharmacy were appropriate. However, the rear of the dispensary was quite warm, and fans were being used to keep this area cool.

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 safe and effective. Its team members take extra care with high-risk medicines to help make sure that people use these safely. It stores medicines appropriately and carries out 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 wheelchair access into the pharmacy and consultation room and a hearing aid loop was available. A signposting file provided by the local health board was available which included details of local services and support groups. Staff said that they would signpost patients requesting services they could not provide to nearby pharmacies or other providers where appropriate. They had recently referred several people to a local optician for the treatment of eye injuries. Some health promotional material was on display in the retail area. Information about coronavirus and related safety procedures was displayed on the pharmacy entrance door and at the medicines counter. A pharmacist had recently visited local surgeries to discuss and promote services as part of a health board-funded collaborative working initiative. Visits had involved discussions around high-risk medicines and the common ailments service.

The dispensary had a logical workflow and the atmosphere in the pharmacy was calm and professional. The pharmacist and ACT had separate checking areas. The pharmacy software system allowed about 65% of the pharmacy's prescription items to be assembled at the company's hub pharmacy. The hub pharmacy could not assemble split packs, most controlled drugs or fridge lines and these continued to be dispensed at the branch. Prescription items scanned to the hub before the pharmacy closed at 6pm were usually returned to the branch within 48 hours.

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 and fridge lines 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 prescription awaiting collection could be 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 the patient's 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. Stickers were also used to identify dispensed Schedule 3 and 4 CDs awaiting collection and were marked with the date after which the prescription was invalid and could no longer be supplied. This practice helped ensure that prescriptions were checked for validity before handout to the patient.

Pre-printed slips were used to routinely identify prescriptions for patients prescribed warfarin. They included prompt questions to ensure that the member of staff handing out the prescription obtained all

necessary information from the recipient. This information was recorded on the patient medication record (PMR) using the anticoagulation tool on the pharmacy's software system. People receiving high-risk medicines as part of the repeat prescription service were asked for information about blood tests and dose changes when they were telephoned by staff for their prescription order. Staff demonstrated that 'therapy check' stickers were used to identify other high-risk medicines such as lithium and methotrexate. The pharmacy team were aware of the risks of valproate use during pregnancy. Patients prescribed valproate who met the risk criteria had been counselled and provided with appropriate information. In addition, each patient's GP had been contacted to make them aware of the prescribing risk. Valproate patient information was stored 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.

There had been a huge increase in demand for the prescription delivery service from people who were shielding or self-isolating. The delivery driver had been assisted by volunteers provided by the local council. Other volunteer groups had arranged to collect prescriptions on behalf of local residents. Prior to the pandemic, signatures had been obtained for prescription deliveries. However, to reduce the risk of viral transmission, this procedure had been changed. The driver now placed a package on the patients' doorstep, knocked or rang the doorbell and waited until it was collected. They then made a note of a successful collection on a handheld electronic device as an audit trail. Pharmacy staff were able to view this record in real time. 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.

Patients supplied substance misuse treatments against instalment prescriptions had a section in a dedicated file which included their prescription and signed contract if supervised. It also included their personal and medication details, emergency contact details, details of their prescriber and keyworker and any other relevant documents.

There was a steady uptake of most enhanced and advanced services. 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. Most consultations for services had been carried out over the telephone where appropriate, in line with recommendations from Welsh Government. The pharmacist had also conducted some face-to-face consultations at the required two-metre distance or had worn PPE where this was not possible. The pharmacy team were planning to provide the influenza vaccination service during the 2020/21 season.

Medicines were obtained from licensed wholesalers and stored appropriately. Stock ordered for that day's repeat prescription collection service had been laid out on a section of the dispensary bench. It was stored tidily in alphabetical order. Medicines requiring cold storage were stored in two well-organised drug fridges. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in two large, well-organised CD cabinets. There were large quantities of obsolete CDs but these were segregated from usable stock.

Stock was subject to regular documented date checks. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. A scheme run in association with GSK allowed the pharmacy to recycle returned inhalers. Staff were able to describe how they dealt with drug recalls by quarantining affected stock and returning this to the supplier. They 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 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. Liquid volumes below 10ml were measured using disposable oral syringes. Triangles and capsule counters were used to count tablets and capsules. A separate triangle was available for use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources.

Personal protective equipment was available and most of the pharmacy team were wearing face masks, except for the delivery driver. Equipment was clean and appropriately managed. It was in good working order and 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 computer was password protected 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.