

Registered pharmacy inspection report

Pharmacy Name: Evans Pharmacy – Aneurin, West Quay Medical Centre, Hood Road, BARRY, South Glamorgan, CF62 5QN

Pharmacy reference: 1124825

Type of pharmacy: Community

Date of inspection: 22/06/2023

Pharmacy context

This is a pharmacy situated next door to a medical centre. 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.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	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. 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 keeps the records it needs to by law. 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 risks, including the recording of dispensing errors and near misses. There was no evidence available to show that near misses were regularly reviewed, but an accuracy checking technician (ACT) explained that she and the other checkers discussed near misses with relevant staff at the time. She said that if any patterns or trends were identified then these would be discussed with the entire team during regular staff meetings. Some action had been taken to reduce risks that had been identified. For example, the 'look-alike, sound-alike' medicines gabapentin and pregabalin had been distinctly separated at opposite ends of the dispensary to help reduce the incidence of selection errors.

A range of standard operating procedures (SOPs) underpinned the services provided. These were overdue for review. The superintendent pharmacist explained that he would shortly be implementing an updated set of SOPs. A grid displayed in the dispensary matched daily tasks to a member of the pharmacy team. The pharmacy manager said that all trained staff were able to perform the listed tasks, which gave the pharmacy team flexibility if any members of staff were absent. The ACTs were able to accuracy check all prescriptions that had been clinically checked by a pharmacist.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, although these had been suspended during the pandemic. The pharmacy manager said that verbal feedback from people using the pharmacy 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 current certificate of professional indemnity insurance was on display. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and electronic controlled drug (CD) records. CD running balances were typically checked weekly or fortnightly. Two technicians checked the balances independently and added their initials and registration number as an audit trail.

Staff had signed confidentiality agreements and were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. A pharmacy privacy notice and leaflets displayed in the retail area gave a comprehensive summary of the ways in which patient information was managed and safeguarded. They also gave details of the pharmacy's Data Protection Officer, although these were incorrect. The superintendent pharmacist explained that he was in the process of updating the literature to include the correct details.

The pharmacists and ACTs had undertaken formal safeguarding training. Other staff members had received internal training. The pharmacy team had access to local guidance that was available in the SOP file and local contact details were available via the internet. A bilingual poster that included contact details for a domestic abuse helpline was displayed on the consultation room door and inside the room itself. The service was also advertised at the medicines counter. The pharmacy team had been trained to provide the 'Safe Spaces' domestic abuse service, although they had not yet had a request for this. The pharmacy had a chaperone policy which was available in the SOP file.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Pharmacy team members are properly trained for the jobs they do, and they understand their roles and responsibilities. They feel comfortable speaking up about any concerns they have.

Inspector's evidence

Four regular part-time locum pharmacists worked at the pharmacy, with two pharmacists present in the branch about twice a week. A recently recruited full-time pharmacist was due to start work in the next couple of weeks. An accuracy checking technician (ACT) was employed as the branch manager. The support team consisted of another ACT, a pharmacy technician, five dispensing assistants (DAs), two trainee DAs, two trainee medicines counter assistants (MCAs) and a pharmacy student. A temporary member of staff was employed to assist with stock control and was due to leave the branch in two weeks' time to work in the company's stock warehouse. Another DA, two MCAs and a trainee MCA were absent. The pharmacy student and other trainees worked under the supervision of the pharmacists or other trained members of staff. 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.

Members of staff working on the medicines counter were observed to use appropriate questions when selling over-the-counter medicines to patients. They referred to the pharmacist on several occasions for further advice on how to deal with transactions. All pharmacy team members had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. They said that much of their learning was via informal discussions with the pharmacists. The pharmacy technicians had access to training programmes for clinical services provided by the local health board. All staff were allowed protected learning time. The lack of a structured training programme increased the risk that individuals might not keep up to date with current pharmacy practice. The pharmacy technicians understood the revalidation process. An ACT said that she based her portfolio entries on external training as well as on situations she came across in her day-to-day working environment. There was no formal appraisal system in place and so there was a risk that training and development needs might not always be identified or addressed. But all staff could informally discuss performance and development issues with the pharmacists or pharmacy manager whenever the need arose.

Some targets were set for the services provided, but these were managed appropriately and did not affect the pharmacists' professional judgement or compromise patient care. The pharmacy team worked very well together in a supportive environment and the atmosphere in the pharmacy was calm and professional. Staff members were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacists, area manager and superintendent pharmacist. There was no evidence of a formal whistleblowing policy, but a member of the pharmacy team explained that she understood how to report concerns as this topic had been covered during her formal training course. She said that she would contact the GPhC if she ever needed to report a concern outside the organisation. Staff had access to a support service that offered six free counselling sessions a year. There had been a high uptake of this service due to increasing work pressures following the pandemic.

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. Some dispensed prescriptions awaiting collection were being temporarily stored on the floor, but these did not pose a trip hazard. The sinks had hot and cold running water and soap and cleaning materials were available. A poster demonstrating hand-washing techniques was displayed above the sink in the dispensary. Hand sanitiser was available for staff and customer use. A lockable consultation room was available for private consultations and counselling, and it was advertised appropriately. 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 medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a wide range of services that were advertised and promoted. There was wheelchair access into the pharmacy and consultation room. A signposting file provided by the local health board was available in the dispensary. Staff said that they would signpost patients requesting services they could not provide to nearby pharmacies or other providers such as the local surgery or the local council, which provided a waste sharps collection service. Some health promotional material was displayed in the retail area. The pharmacy manager had recently visited the local surgery to discuss and promote services as part of a health board funded collaborative working initiative. These visits had included discussions about the Choose Pharmacy common ailments service and the independent prescribing service.

The dispensary had a logical workflow and was well-organised, with dedicated areas for different tasks. About 80% of the pharmacy's prescription business came from the adjacent medical centre. The pharmacy team had a good relationship with the surgery team, which meant that queries and problems were usually dealt with efficiently and effectively. Dispensing staff used a colour-coded basket system to ensure that medicines did not get mixed up during dispensing and to differentiate between different types of prescriptions. Dispensing labels were initialled by the dispenser and checker to provide an audit trail.

Prescriptions were not always retained for dispensed items awaiting collection. This meant that prescriptions for some schedule 3 CDs might not be marked with the date of supply at the time the supply was made, as required by law. Most prescriptions were scanned, and the image remained digitally available for reference. However, this was not the case for all prescriptions.

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. Each bag label attached to a prescription awaiting collection included a barcode that was scanned at the handout stage to provide an audit trail.

Prescriptions for patients prescribed high-risk medicines such as warfarin, lithium and methotrexate were usually marked with stickers to identify the patient for counselling. The pharmacy manager said that relevant information about blood tests and dose changes was recorded on the pharmacy's patient medication record system, although no evidence of this was provided. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacy manager knew of only one patient

prescribed valproate who met the risk criteria and confirmed that they were provided with information at each time of dispensing. 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, and to flag up areas where risk reduction could be improved within primary care.

The pharmacy provided a prescription collection service from seven local surgeries. It also offered a prescription delivery service for a charge. Signatures were not always obtained for prescription deliveries as an audit trail, but the team gave assurances that the delivery driver confirmed the identity of the recipient before each prescription was supplied. Deliveries of controlled drugs were marked 'CD' on the delivery list, which alerted the driver to notify the patient that they were receiving a controlled drug. In the event of a missed delivery, the driver put a notification card through the door and brought the prescription back to the pharmacy.

Medicines were supplied in disposable compliance aid trays for a number of people. The company had recently introduced a charge for this service and all new patients were assessed for suitability. Compliance aids were usually labelled with descriptions of the medicines they contained so that individual medicines could be easily identified. However, some descriptions were missing, and patient information leaflets were not routinely supplied, so there was a risk that patients might not always be able to make informed decisions about their own treatment. A list of patients and their delivery or collection arrangements was displayed in the compliance aid area for reference. Each patient had a section in a dedicated file that included their personal and medication details, collection or delivery arrangements, details of any messages or changes and any relevant documentation, such as current prescriptions.

The pharmacy provided a wide range of services. There was a steady uptake of the discharge medicines review service and the smoking cessation service, both of which were technician-led. Uptake of the common ailments service was also steady, with many referrals from the adjacent medical centre. Most of the regular pharmacists were pharmacist independent prescribers (PIPs) and the local health board had commissioned an IP service as part of the common ailments service. The PIPs could prescribe medicines for urinary tract infections, upper respiratory tract infections, otitis media and externa and minor skin infections. One PIP could also prescribe oral contraceptives. There had been a reasonably high uptake of the influenza vaccination service during the previous season and the team had vaccinated about 300 people. About half of the vaccinations had been carried out by the ACT pharmacy manager, who had been appropriately trained. Demand for the emergency supply of prescribed medicines service was sporadic and uptake of the All-Wales EHC service was low. The pharmacy also provided a blood pressure measurement service on request.

Medicines were obtained from licensed wholesalers and were generally stored appropriately. However, two time-sensitive reconstituted antibiotics stored in the drug fridge had not been marked with the date of opening. And some medicines that had been removed from their original packaging were not adequately labelled either as stock or named-patient medication, increasing the risk of errors. The pharmacy manager disposed of these items appropriately as soon as this was pointed out. Medicines requiring cold storage were kept in four drug fridges. Most were well-organised, but one fridge was very full and different products were stored closely together, increasing the risk of picking errors. Maximum and minimum temperatures were usually recorded daily and were generally within the required range. Some discrepancies had been recorded but evidence showed these had been monitored appropriately. There were no recent temperature records available for the fridge in the consultation room. The pharmacy manager said that this was an oversight and gave assurances that temperatures were checked every day. Maximum and minimum temperatures for this fridge were

within the required range at the time of the inspection. CDs were stored in two well-organised CD cabinets and obsolete CDs were segregated from usable stock.

Stock was regularly checked and short-dated items were highlighted. Date-expired medicines were disposed of appropriately, as were patient returns, clinical waste and waste sharps. The pharmacy received drug alerts and recalls via its NHS email account. Alert messages were also included on supplier invoices. The pharmacy manager was able to describe how the pharmacy team would deal with medicines or devices that were unfit for purpose by contacting patients and returning quarantined stock 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 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. Staff had access to personal protective equipment such as face masks and gloves. Equipment and facilities were used to protect the privacy and dignity of patients and the public: the computer was password-protected 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.