

Registered pharmacy inspection report

Pharmacy Name: Knights Dowlais Pharmacy, Berry Square, Dowlais, Merthyr Tydfil, Merthyr Tydfil, CF48 3AL

Pharmacy reference: 9010792

Type of pharmacy: Community

Date of inspection: 16/11/2021

Pharmacy context

This is a pharmacy inside a medical centre. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a range of services including emergency hormonal contraception, smoking cessation, treatment for minor ailments and a seasonal 'flu vaccination service for NHS and private patients. The pharmacy has recently changed ownership. 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	Safeguarding is an integral part of the culture of the pharmacy
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	3.3	Good practice	Robust measures are in place to maintain a high level of hygiene in the pharmacy
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 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 are good at recognising and reporting 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. Pharmacy team members were able to demonstrate action that had been taken to reduce risks that had been identified: for example, quinine and quetiapine tablets had been separated in the dispensary following a dispensing error. Following an incident where a medicine for one person was added to another person's bag by mistake, staff now annotated each bag label with the number of items on the prescription. This alerted the person performing the final check to any discrepancies. A range of written standard operating procedures (SOPs) underpinned the services provided. These were regularly reviewed and had been read and signed by all staff. The accuracy checking technician (ACT) said that she usually checked compliance aids but could check any prescription that had been marked by the pharmacist as clinically checked, apart from fridge items and controlled drugs. The pharmacist explained that occasionally he would ask the ACT to perform an accuracy check before a clinical check had been carried out. However, any such prescriptions would then remain on the ACT's designated workbench in a basket and team members would be informed that they could not hand these out until a pharmacist had performed the clinical check.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, but this process had been paused during the pandemic. The results of the most recent survey were displayed near the medicines counter and showed that feedback received prior to the pandemic had been mostly positive. A formal complaints procedure was in place and information about how to make complaints was displayed behind the medicines counter, along with details of the NHS Wales complaints procedure 'Putting Things Right'.

A current certificate of professional indemnity insurance was on display. All necessary records were kept and were generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and electronic controlled drug (CD) records. CD running balances were checked at the time of each transaction and a balance check of all CD stock was carried out monthly. Patient-returned CDs were recorded in a paper register. Some recently received patient-returned CDs had not yet been entered, which meant that instances of diversion might go unnoticed.

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 privacy notice displayed behind the medicines counter explained the way in which data was used by the pharmacy and gave details of the pharmacy's Data Protection Officer. The pharmacist and staff had undertaken formal safeguarding training and had access to guidance and local contact details that were

displayed in the dispensary. A summary of the chaperone policy was advertised in a poster displayed on the consultation room door. The team were able to give examples of how they had identified and supported a potentially vulnerable person, which had resulted in a positive outcome.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. They are properly trained for the jobs they do. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

The pharmacist manager worked at the branch on most days, assisted by a second pharmacist. The second pharmacist was due to leave the business in the coming weeks and had not yet been permanently replaced. However, locum pharmacists had been booked to cover her role in the short term. During the inspection the support team consisted of an accuracy checking technician (ACT) and four dispensing assistants (DA). Two part-time medicines counter assistants (MCA) and another DA were absent. There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection. Staff members had the necessary training and qualifications for their roles.

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 pharmacists and the area manager. Contact details for reporting whistleblowing concerns internally and outside the business were displayed in the dispensary. Posters advertising the company's Employee Assistance Programme were displayed in the dispensary. They included details of how team members could access the programme to receive support and advice on a wide range of personal concerns.

Pharmacy team members were observed to use appropriate questions when selling over-the-counter medicines and they referred to the pharmacist on several occasions for further advice on how to deal with transactions. A computer terminal which allowed staff access to patient medication records to help them make decisions about sales of medicines or the provision of advice was situated at the medicines counter. No confidential information was visible from the retail area. 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 self-motivated or via informal discussions with the pharmacists. However, the lack of a structured training programme might restrict the ability of individuals to keep up to date with current pharmacy practice. All staff were subject to performance and development reviews although they had not received a review since before the pandemic began. They could informally discuss issues with the pharmacists whenever the need arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is very clean and generally tidy. It is secure, has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was very clean, well-organised and spacious. It was generally tidy, although a fire extinguisher stored in the dispensary posed a potential trip hazard. The sink had hot and cold running water and soap and cleaning materials were available. Strict hygiene procedures were in place. Team members cleaned and disinfected work surfaces five times daily according to a rota and each had their own dedicated workbench.

Floor markings in the retail area had been used to encourage customers to keep a safe distance from one another and only five people were permitted to enter this area at any one time. Plastic screens had been installed at the medicines counter and in the consultation room to reduce the risk of viral transmission between staff and customers. The consultation room was available for private consultations and counselling and its availability was clearly advertised. 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 and suitable to supply. 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 wide range of services and these were appropriately and very clearly advertised. There was wheelchair access to the pharmacy entrance and consultation room. Team members promoted the pharmacy's services directly to customers by talking to them or adding notes to prescription bags. They signposted people requesting services they could not provide to nearby pharmacies or other providers, such as the local council, which operated a sharps collection and disposal service and the local dental hospital for free emergency treatment. A range of health promotional material was displayed in the retail area. The pharmacist had spoken to the local surgery team and practice manager on separate occasions to discuss and promote services. This had included discussions around the common ailments service and had resulted in an increase in appropriate referrals for this service.

During the pandemic, the surgery in which the pharmacy was located had closed to the public and the pharmacy had begun to receive many prescriptions directly from prescribing GPs as attachments via secure NHS email. These were printed out and processed as emergency supplies at the request of a prescriber. The original signed prescription was usually received within 72 hours of the request being made. The pharmacist said that he did not supply Schedule 2 or 3 controlled drugs against these requests. The arrangements between the surgery and the pharmacy for receiving prescriptions in this way were currently under review.

Dispensing staff used a colour-coded basket system to help make sure 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. Stickers were attached to prescription bags to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. Stickers were usually used to identify dispensed Schedule 3 and 4 CDs awaiting collection. Staff said that this practice helped ensure that these prescriptions were checked for validity before handout to the patient. A text messaging service was available to let patients know their medicines were ready for collection.

The pharmacy received about 30 post-dated prescriptions for vulnerable people each week. To reduce the risk of these being handed out before the prescription was legally valid, the date on the prescription was highlighted and a sticker annotated with this date was attached to the bag. Any controlled drugs in these prescriptions were triple checked for accuracy by the pharmacist and two other members of staff, who initialled the dispensing label as an audit trail.

Patients on 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 pharmacist said that local GPs wrote INR results and current dosages on the reverse of warfarin prescriptions and demonstrated that this information was recorded on the patient medication record (PMR). When dispensing cytotoxic medicines such as methotrexate, two team members checked that the quantity was correct, and both signed the dispensing label as an audit trail. The pharmacist said that he always asked patients prescribed lithium about blood test results: he recounted a recent incident involving a person prescribed lithium tablets who had presented at the pharmacy displaying signs of lithium toxicity. He had referred her to her GP and her condition had been managed accordingly. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacy did not currently have any patients prescribed valproate who met the risk criteria, but the pharmacist said that any new patients would be counselled appropriately and provided with information. The pharmacy carried out regular audits of high-risk medicines, which were 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 an increase in demand for the delivery service as a result of the pandemic. Prior to this, signatures had been obtained for prescription deliveries. However, to reduce the risk of viral transmission, the 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, confirming the recipient's name and address and signing a paper slip on their behalf as an audit trail. In the event of a missed delivery, a notification card was put through the door and the prescription was returned to the pharmacy.

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 and patient information leaflets were routinely supplied. A list of patients that included collection and delivery arrangements and the day of the week on which each compliance aid was supplied was displayed in the dispensary for reference. Any changes, messages or queries were recorded on the electronic patient medication record. The pharmacist said that any new patients requesting the service were assessed for suitability. The patient or their representative was then invited to the pharmacy for a demonstration of the compliance aid and a discussion about its use.

The pharmacy provided a range of services. There was a steady uptake of the common ailments, All-Wales EHC and smoking cessation services. Uptake of the influenza vaccination service was currently high compared to previous years: the pharmacy had vaccinated about 100 people, most of whom were eligible for the free NHS service. The pharmacy had recently begun to offer the Welsh Government's COVID-19 lateral flow test supply service. It was not currently providing medicines use reviews, as this service had been suspended by Welsh Government in light of the COVID-19 pandemic.

Medicines were obtained from licensed wholesalers and were stored appropriately. Medicines requiring cold storage were stored in two well-organised drug fridges. Maximum and minimum temperatures for these were recorded daily and were usually within the required range. On one occasion the maximum temperature for one fridge had exceeded the accepted upper limit, but the pharmacist had been informed of this and a note on the records showed that the thermometer had been reset following investigation. Some influenza vaccinations were being stored in the staff fridge due to lack of space. Food was also stored in this fridge, which increased the risk of temperature fluctuation and contamination. No temperature records were kept, but maximum and minimum

temperatures were within the required range during the inspection and the pharmacist said that he checked these daily. He created an electronic record for the third fridge and gave assurances that he would record temperatures in future and would transfer the stock into a drug fridge as soon as space allowed. CDs were stored appropriately in a large, well-organised CD cabinet and obsolete CDs were segregated from usable stock. Two dispensed CD prescriptions that were no longer valid were being stored in the cabinet. The pharmacist dealt with these appropriately as soon as this was pointed out. Cash was being stored in the CD cabinet. There was a risk that this might lead to unnecessary access which could consequently increase the risk of accidental loss or diversion of CDs.

Regular stock expiry date checks were carried out. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. There was no separate bin available for the disposal of cytotoxic waste. The pharmacist explained that these bins were currently unavailable from the waste contractor, but the team would segregate any cytotoxic waste until a new bin could be obtained. A list of cytotoxic medicines was displayed in the dispensary for reference. The pharmacy received drug alerts and recalls via secure NHS email, which was checked twice daily. 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 or manufacturer.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Pharmacy team members use these in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. A separate measure was used for liquid controlled drugs. Triangles and a tablet counter were used to count tablets. A separate tray was used for counting loose cytotoxic tablets. Some triangles were dusty, but staff said that these would be cleaned thoroughly before they were next used. All dispensing staff had their own set of equipment to reduce the risk of viral transmission within the team. The pharmacy had a range of up-to-date reference sources.

Personal protective equipment was available for staff use. The pharmacy team wore face masks, apart from one staff member who wore a plastic visor as she was unable to wear a mask. Staff had access to hand sanitiser. An automatic hand sanitising unit for customer use was situated at the medicines counter. All equipment was in good working order, clean and appropriately managed. There was no evidence to show that it had recently been tested, but most equipment was under three years old. 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.