

Registered pharmacy inspection report

Pharmacy Name: Hopwoods Pharmacy, Unit 2 Lewis Court, Maelfa, Llanedeyrn, Cardiff, Caerdydd, CF23 9PL

Pharmacy reference: 9011088

Type of pharmacy: Community

Date of inspection: 20/08/2019

Pharmacy context

This is a busy pharmacy situated in a newly-built neighbourhood shopping centre. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It has an interest in sports medicine and offers a private microcurrent therapy service for pain relief. It provides a range of NHS services including treatment for minor ailments and a seasonal 'flu vaccination service for NHS and private patients. Substance misuse services are also available.

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 within the pharmacy |
| 2. Staff | Good practice | 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 | 3.1 | Good practice | The pharmacy premises is purpose-built and is very clean, tidy, spacious and well-maintained. |
| 4. Services, including medicines management | Standards met | 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 their mistakes. 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 of dispensing errors and near misses. The pharmacist said that he analysed patient safety incidents on a regular basis although no documentary evidence was available. Some action had been taken to reduce risks that had been identified: for example, losartan and sertraline tablets had been separated on dispensary shelves after a series of near misses and different forms of Symbicort inhaler had also been separated for the same reason. Staff were aware of the risks of picking errors with 'Look-Alike, Sound-Alike' drugs, such as atenolol, amlodipine, allopurinol and amitriptyline and demonstrated that these were identified with large lettering to remind them to take care during the selection process. Team meetings were held fortnightly to discuss current issues, including patient safety learning points. A communications whiteboard was used to convey these learning points to any absent staff. The whiteboard displayed a message reminding staff to record relevant information about blood tests and dosage changes for patients prescribed warfarin.

A range of written standard operating procedures (SOPs) underpinned the services provided; these were regularly reviewed. A list of daily, weekly and miscellaneous tasks was displayed in the dispensary for reference. The accuracy checking technician (ACT) could check all prescriptions that had been initialled by a pharmacist as evidence they had been clinically checked. He said that he made sure any Schedule 2 and 3 controlled drug (CD) prescriptions checked by him were also double-checked by the pharmacist.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of the most recent survey displayed in the retail area showed that this was mostly positive. The pharmacy dealt with complaints using the NHS complaints procedure 'Putting Things Right' and information about how to make complaints was included in the practice leaflet displayed in the retail area.

Evidence of current professional indemnity insurance was available. 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, electronic private prescription records were not always made in line with legal requirements as some were missing the prescriber's details. CD registers were electronic and running balances were typically checked weekly. A register for patient-returned CDs was paper-based.

Staff 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. Leaflets displayed in the retail area gave a comprehensive summary of the ways in which patient

information was managed and safeguarded. Other leaflets in the retail area explained how NHS Wales used prescription information to help them make better informed decisions about medicines and patient services.

The pharmacist and staff had undertaken formal safeguarding training and had access to guidance and local contact details that were available via the internet. A dispensing assistant described how the team had contacted a substance misuse client's GP after they had noticed a deterioration in the client's physical condition. She said that the GP had assessed the client and then initiated treatment which had improved their condition.

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

Inspector's evidence

The regular pharmacist manager oversaw professional activities. The superintendent pharmacist covered the manager's absences and assisted him as the second 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. Two pharmacy students worked under the pharmacists' supervision.

Targets were set for MURs but these were managed appropriately and the pharmacist said that they did not affect his professional judgement or patient care. Staff worked well together and said they were happy to make suggestions within the team. They explained that regular team meetings were held and they were encouraged to add suggestions for the agenda to the dispensary whiteboard. They said that they felt comfortable raising concerns with the pharmacist or superintendent pharmacist. The company's whistleblowing policy was displayed in the staff area.

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. Two computer terminals which allowed staff access to patient medication records to help them make decisions about sales of medicines or provision of advice were situated at the medicines counter. No confidential information could be seen from the retail area.

Staff undertook regular training modules on over-the-counter treatments that were accessed electronically via a tablet provided by a supplier. They had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. The pharmacist said that he conveyed information about new products and services to the team during their regular meetings. All staff had recently completed training provided by NHS Wales on improving the quality of services provided. They had all recently been registered on the All-Wales pharmacy training website and one dispensing assistant had completed a module on diabetes training. The accuracy checking technician said he understood the revalidation process. He said that he based his continuing professional development entries on situations he came across in his day-to-day working environment. All staff were subject to annual performance and development reviews and could informally discuss issues with the pharmacists 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 the layout has been designed to provide services effectively and protect people's privacy.

Inspector's evidence

The pharmacy had recently relocated into purpose-built premises and was fitted to a high standard. The dispensary was very clean, tidy, well-organised and spacious. 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 and its availability was clearly advertised. A semi-private screened area of the medicines counter was used for quiet conversations and counselling. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that are easy for people to access. If it can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are safe and effective. It supports people taking higher-risk medicines by making extra checks and providing counselling where necessary. And it generally manages medicines well.

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 local pharmacies or other providers such as the nearby surgery or the local council, which offered a sharps collection service. Some health promotional material was on display in the retail area.

The dispensary had a logical workflow and the atmosphere in the pharmacy was calm and professional. Dispensing staff used a basket system to ensure that medicines did not get mixed up during dispensing. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Controlled drugs requiring safe custody 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. The pharmacy dispensed some medicines against faxed prescriptions. The pharmacist gave assurances that medicines were not supplied against unsigned faxes and that Schedule 2 or 3 CDs were only ever supplied against the original prescription.

Pre-printed notes were attached to prescriptions awaiting collection to identify patients eligible for an MUR. Stickers were used 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 to ensure that these were not supplied to the patient or their representative more than 28 days after the date on the prescription.

Stickers were used to routinely identify patients prescribed high-risk medicines such as warfarin, lithium and methotrexate so that they could be counselled. 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. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that one patient prescribed valproate who had met the eligibility criteria had been counselled and provided with patient safety information. An information pack for valproate patients was available in the dispensary.

Prescriptions awaiting collection were marked with different coloured pens that corresponded to different months. Staff said that dispensed medicines remained on the collection shelves for six weeks before the prescriptions were returned to the prescribing GP and the medicines returned to stock if not required. A notice at the medicines counter advised patients of this procedure.

Signatures were obtained for prescription deliveries. Separate signatures were not obtained for controlled drugs but the delivery sheet, medicine packaging and prescription bag were marked if a controlled drug was included. This allowed the driver to notify the patient that they were receiving a

CD. 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.

A mystery shopper from an external company visited the branch every quarter to assess their customer service and counter skills. A certificate was displayed in the retail area as evidence that the pharmacy had achieved a score of 100% for the summer 2019 visit.

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 and patient information leaflets were routinely supplied. Patients or their representatives were required to sign a docket when collecting compliance aid trays as an audit trail.

A labelled basket for each patient contained their current prescription, details of their prescribed medicines and notes of any messages or queries. Baskets were colour-coded according to the day on which the compliance aid trays were due to be supplied.

Substance misuse services were well-managed. Patients supplied substance misuse treatments against instalment prescriptions were allocated a section in a dedicated file which contained their current prescription, signed contract, claim form if supervised and any other relevant documents such as discharge letters and police collection authorisation forms. It also included their personal details and notes of any messages or queries. A substance misuse module on the patient medication record (PMR) software system was used to record supplies. The module displayed information about each dose, such as whether it had been dispensed and if it was to be supervised or collected. All staff understood how the module worked.

The pharmacy had an interest in sports medicine and stocked a wide range of injury and treatment products. It also provided a microcurrent therapy service for pain relief. The superintendent pharmacist said that uptake of the service was high and included referrals from local surgeries.

Medicines were obtained from licensed wholesalers and stored appropriately including those requiring cold storage. CDs were stored in two well-organised CD cabinets. Obsolete CDs were segregated from usable stock.

Stock was subject to regular expiry-date checks. However, one box of date-expired Proctosedyl suppositories was found in the drug fridge. 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. The pharmacist was able to describe how he had dealt with a recall for Xarelto tablets by returning quarantined stock to the relevant supplier. Evidence was kept electronically showing that drug recalls were logged and actioned. The pharmacy was fully compliant with the Falsified Medicines Directive (FMD). Standard operating procedures and tips to help staff with the process of decommissioning medicines were displayed on the dispensary whiteboard.

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. Separate measures were used for methadone and these were clearly marked. 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. All equipment was new and had been purchased when the pharmacy had opened earlier in the year. It was clean and in good working order. 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. 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. |