

# Registered pharmacy inspection report

**Pharmacy Name:** Malpas Brook Pharmacy, 135 Goodrich Crescent,  
Newport, Newport, NP20 5PF

**Pharmacy reference:** 9011272

**Type of pharmacy:** Community

**Date of inspection:** 19/05/2021

## Pharmacy context

This is a community pharmacy in the northern suburbs of the city of Newport. It is adjacent to a medical centre. A wide variety of people use the pharmacy. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The inspection 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
<b>1. Governance</b>	Standards met	1.1	Good practice	The pharmacy uses innovative technology which greatly reduces the risk of errors.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. It uses innovative technology which greatly reduces the risk of errors. And the team members learn and act on any mistakes that do happen to prevent them from recurring. The pharmacy is appropriately insured to protect people if things go wrong. It keeps the required up-to-date records. The team members keep people's private information safe and they know how to protect vulnerable people.

### Inspector's evidence

This inspection took place during the COVID-19 pandemic. The pharmacy team members identified and managed the risks associated with providing its services. They had put some physical changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus (see under principle 5). The pharmacy had not updated its standard operating procedures (SOPs) as a result of the COVID-19 pandemic, such as those for medicines delivered to people and those for dealing with patient-returned medicines. The pharmacist gave assurances that the SOPs will be altered to reflect what the team were currently doing as a result of the pandemic. The other SOPs were up to date and appropriate for the business. The Superintendent Pharmacist was in the process of updating the pharmacy's business continuity plan to accommodate any potential issues as a result of the NHS 'test and trace' scheme. He was also doing risk assessments of the premises and occupational risk assessments of all the staff. The occupational risk assessment will include any potentially vulnerable people in their households. All the team members knew that they needed to report any COVID-19 positive test results. They had all received, or, had all been offered, the COVID-19 vaccine. The pharmacist did COVID-19 lateral flow tests twice each week.

The pharmacy used an innovative patient prescription medication record (PMR) system which involved scanning technology throughout the entire dispensing process. The technology not only significantly reduced the risk of picking the incorrect medicine, but also, freed-up the pharmacist to concentrate on serious issues or to provide additional services. The pharmacy team members recorded near miss mistakes, that is, mistakes that were detected before they had left the premises. As a result of the PMR system, the majority of near miss mistakes were quantity errors. In order to reduce the number of quantity errors, all staff now circled the quantity on label to indicate that they had thoroughly checked this. In addition, the risk of errors was further reduced because three independent people were involved in the dispensing process. The pharmacist clinically checked the prescription and generated a picking list directly from the prescription. One dispenser then selected the medicines. A second dispenser scanned the medicines and, if correct, a label was generated. The dispenser then labelled the medicine before going on to the next item. All medicines had to be individually scanned and placed in a bag, one at a time, before the bag label was generated. The system was set up so that any prescriptions containing odd quantities, high-risk medicines or controlled drugs had to be referred to the pharmacist for the bagging process. Each team member had their own computer with their own log-in details. This provided an electronic audit trail of the dispensing process. All staff members logged out from their computers if they left their workstations. The pharmacy had had no errors where the incorrect medicines had left the pharmacy since it began trading in December 2019.

The dispensary was spacious, tidy and organised. There were dedicated working areas, including a clear

checking bench, a large central island and a further spacious bench. The dispensers placed the picking slips and their accompanying medicines into baskets. They used different coloured baskets to distinguish the medicines for people who were waiting, those who were calling back and those for delivery. This allowed the pharmacist to prioritise the workload. The team placed coloured named-day labels on the bags of medicines that had to be delivered. This also allowed the delivery driver to effectively prioritise his workload.

The staff knew their roles and responsibilities. A NVQ2 qualified dispenser would refer any medicine sale requests that she was uncertain of, to the pharmacist. Another NVQ2 qualified dispenser would refer any medicine sale requests for children under two or those for people with a persistent cough to the pharmacist. All the pharmacy team knew that codeine-containing medicines should only be sold for three days use.

The pharmacy team members were clear about their complaints procedure. They had not received any complaints since they had started trading. All the recent feedback from people using the pharmacy had been positive. They were grateful for the hard work and dedication of the pharmacy team in the recent difficult circumstances.

The pharmacy had current public liability and indemnity insurance. It kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. The pharmacy also had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

The staff understood the importance of keeping people's private information safe. They stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The pharmacy team members shredded all confidential wastepaper. The pharmacy offered some face-to-face services. These were done in the consultation room. People could not be overheard or seen in the consultation room.

The pharmacy team understood safeguarding issues. The pharmacist had completed level 3 of the Wales Centre for Pharmacy Professional Education (CPPE) training on safeguarding. All the other team members had completed level 2 training. The pharmacy had electronic access to the local telephone numbers to escalate any concerns relating to both children and adults. All the team members were aware of the 'Ask for ANI (Action Needed Immediately)' national initiative for victims of domestic violence. The pharmacy however was not officially signed up to participate in this scheme.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. The team members work well together and they are comfortable about providing feedback to their manager. She acts on this to improve services at the pharmacy. The pharmacy team members are kept informed about changes in advice relating to COVID-19. They do some on-going learning but this could be more structured so their skills and knowledge are up to date.

### Inspector's evidence

The pharmacy was adjacent to a surgery in the northern suburbs of the city of Newport. It mainly dispensed NHS prescriptions. Due to the location of the pharmacy, several of these were for acute, walk-in patients. The pharmacy did not supply any domiciliary people with medicines in multi-compartment compliance aids. The current staffing profile was one pharmacist (the manager), two full-time NVQ2 qualified dispensers (one of whom was the supervisor) and one part-time NVQ2 qualified dispenser. The part-time dispenser was flexible and generally covered any pharmacy planned leave. She was covered any sickness. The Superintendent Pharmacist often worked at the pharmacy and locum cover would be arranged if necessary. The pharmacy had a close by sister branch. Staff from this branch could also provide additional help.

The staff clearly worked well together as a team. The team members were supported by their immediate manager and by their Superintendent. They held weekly staff meetings. The manager sent a comprehensive email about the discussions to anyone who was unable to attend in person. The team were encouraged to raise any issues. The delivery driver had recently raised an issue about the medicines for delivery. As a result of this, the dispensary staff now placed a clear, coloured named-day sticker on the bags of medicines that had to be delivered. These clear stickers allowed the delivery driver to plan his route efficiently.

The team members did do some on-going learning, such as reading seasonal literature. The pharmacy was signed up to a couple of electronic learning systems, but to date, the staff had not used these. The manager said that she would look into setting up a formal training rota to ensure that the skills and knowledge of her staff were up to date. The pharmacist recorded any learning on her continuing professional development (CPD) records. The Superintendent Pharmacist sent regular updates regarding the COVID-19 pandemic.

No formal targets or incentives were set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean, tidy and organised. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus. The pharmacy signposts its consultation room so it is clear to people that there is somewhere private for them to talk.

### Inspector's evidence

The premises presented a professional image. It was tidy and organised. There were clear, dedicated work areas.

The premises were clean. As a result of COVID-19, the pharmacy was cleaned every day with a deep clean each week. Frequent touch points were cleaned throughout the day. The pharmacy team members used alcohol gel after each interaction with people. They washed their hands regularly throughout the day.

The pharmacy had a signposted consultation room. The room had a sink and a computer. People could not be seen or overheard in the consultation room. The staff cleaned the consultation room thoroughly after each use to reduce the spread of COVID-19.

The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius and it was well lit.

## Principle 4 - Services ✓ Standards met

### Summary findings

Everyone can access the services the pharmacy offers. It manages its services effectively to make sure that they are delivered safely. The pharmacy team members generally make sure that people have the information they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources and stores them safely. The team members make sure that people only get medicines that are safe.

### Inspector's evidence

Everyone could access the pharmacy and the consultation room. The team members had access to an electronic translation application for any non-English speakers. The pharmacy could print large labels for sight-impaired patients. The pharmacy offered several services in addition to the NHS essential services: Discharge Medicine Reviews (DMRs), emergency hormonal contraception (EHC), the Welsh Choose Pharmacy Scheme, smoking cessation (level 2) and seasonal flu vaccinations.

The staff were aware of the services the pharmacy offered. The pharmacist had completed suitable training for the provision of seasonal flu vaccinations including face-to-face training on injection technique, needle stick injuries and anaphylaxis. She had also completed suitable training for the provision of the EHC service, DMRs and the Choose Pharmacy Scheme. Several of these services were currently conducted over the phone because of the pandemic. The staff thoroughly cleaned the consultation room when it was used.

The dispensary team members did not assemble any medicines into multi-compartment compliance packs. The medicines for any people needing compliance packs were assembled at a nearby sister branch. The pharmacy had no substance misuse clients. Because of the pandemic, the delivery driver did not ask people to sign indicating that they had received their medicines. The delivery driver signed the sheet on their behalf.

The pharmacy had an electronic audit trail of the whole dispensing process (see under principle 1). Due to the location of the pharmacy, adjacent to a surgery, it had several walk-in patients with acute prescriptions. The pharmacist counselled most of these patients. The innovative PMR system had been set up to ensure that people prescribed high-risk items, odd quantities, owed items and controlled drugs received a final accuracy check by the pharmacist. This allowed her to mark any bags containing these medicines with a 'See the Pharmacist' sticker. The pharmacist clinically checked all prescriptions prior to assembly. She created the picking list (see under principle 1). The pharmacist was therefore aware of any prescriptions containing potential drug interactions, changes in dose or new drugs. At the time of the inspection, these issues were not highlighted with the picking list. The issues were highlighted electronically, but the pharmacy had no procedures to transfer the issues onto the medicine bag. So, if the prescription was not directed to the pharmacist for a final check, any person needing counselling may be missed. The Superintendent gave assurance that a 'see the pharmacist' sticker would be placed with the picking list in these circumstances. The sticker would then be attached to the medicine bag at the end of the dispensing process. The staff were aware of the sodium valproate guidance relating to the pregnancy protection program. The pharmacy currently had one 'at risk' patient. She was given a guidance leaflet every time she received sodium valproate.

The pharmacy obtained its medicines and medical devices from AAH, Lexon, Phoenix and Alliance Healthcare. Its controlled drugs (CDs) were stored tidily in accordance with the regulations and staff access to the cabinet was appropriate. The pharmacy had no patient-returned CDs. It had many out-of-date CDs. These were clearly labelled and separated from useable stock but were occupying valuable space in the cabinet. The pharmacy had appropriate CD destruction kits. The staff checked the dates of all the stock in the pharmacy. And they completed records showing it had been done. The pharmacy used designated bins for medicine waste. And it separated any cytotoxic and cytostatic waste substances.

The pharmacy team members dealt with any concerns about medicines and medical devices. They received drug alerts electronically, printed them off and checked the stock. A folder was used to store the alerts. The team member who checked the medicines signed and dated the alert and included any required actions. The pharmacy had received an alert on 17 May 2021 about Bricanyl injection. It had none of the affected batches in stock and this was recorded.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose. It has some physical measures in place to reduce the spread of coronavirus. But these could be more robust to provide better protection.

### Inspector's evidence

As a result of the pandemic, the pharmacy only allowed two people at a time to enter the premises. The staff had erected a plastic screen on the medicine counter. However, it was flimsy in design and did not cover the whole counter. So, the screen did not afford much protection, either to the team members or to people visiting the pharmacy, from contracting coronavirus. In addition, there were no markings or other signage encouraging people to remain socially distanced. The Superintendent Pharmacist has given assurance that these issues will be urgently addressed. All the staff were wearing Type 2R fluid resistant face masks.

The pharmacy used ISO stamped straight measures (10 - 100ml). It had tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 80 and the 2020/2021 Children's BNF. The pharmacy team could access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. The staff shredded all confidential waste information. The door was always closed when the consultation room was in use and no conversations could be overheard.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.