

Registered pharmacy inspection report

Pharmacy Name: Porthcawl Pharmacy, Porthcawl Medical Centre, 1
Clos Y Mametz, Porthcawl, Pen-y-bont ar Ogwr, CF36 5DJ

Pharmacy reference: 9011376

Type of pharmacy: Community

Date of inspection: 21/04/2021

Pharmacy context

This is a pharmacy located inside a medical centre in a seaside town. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides medicines in multi-compartment compliance aids to a large number of care home residents. 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

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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	3.1	Good practice	The pharmacy premises is purpose-built and has been designed to provide services effectively
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 review things that go wrong so that they can learn from them. But they do not record all of their mistakes, so they may miss some opportunities to learn. 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 some systems in place to identify and manage risk, including the recording of dispensing errors. Near misses were not recorded. The superintendent pharmacist said that he tended to discuss these with relevant staff at the time of each occurrence rather than analyse all patient safety incidents on a regular basis to identify patterns and trends. Most medicines were stored in an automated dispensing robot, apart from controlled drugs, fridge items, liquids and bulky products. Use of the robot had reduced the pharmacy's near miss rate and the superintendent pharmacist said that there had been no dispensing errors since the robot had been installed the previous year. Some action had been taken to reduce risk when selecting medicines stored outside the robot. For example, methadone 1mg/ml oral solution and the sugar-free version were stored on different shelves in the CD cabinet to reduce the incidence of picking errors.

A range of written standard operating procedures (SOPs) underpinned the services provided. A newly recruited medicines counter assistant (MCA) had not yet signed the SOPs. She was absent but the superintendent pharmacist said that she had been trained in the procedures relevant to her role. A dispensing assistant who worked as an accuracy checker was able to check most repeat prescriptions, apart from prescriptions for controlled drugs, handwritten prescriptions, or any prescription that involved a calculation. The pharmacists labelled repeat prescriptions in the morning and clinically checked them during the labelling process. The accuracy checker confirmed with them which prescriptions had been clinically checked, marked these with a stamp, and then checked the corresponding dispensed items for accuracy. The prescriptions were not marked by the pharmacists to show that they had been clinically checked. The lack of a consistent audit trail to indicate a clinical check may prevent a full analysis of dispensing incidents.

The pharmacy received regular customer feedback from annual patient satisfaction surveys, although these had been suspended during the pandemic. The results of the most recent survey were overwhelmingly positive. A formal complaints procedure was in place although this was not advertised. Cards from the public thanking the team for their help and support were displayed near the medicines counter.

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 records were electronic and were completed by the pharmacists and the pharmacy technician. Each user had their own pin number, or in the case of another registrant, could use their registration details to log in. CD running balances were typically checked at the time of each transaction or monthly as a minimum.

The superintendent pharmacist said that staff had signed confidentiality agreements as part of their contract. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. Most staff had undertaken formal safeguarding training. The team had access to safeguarding guidance and local contact details that were available via the internet.

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 superintendent pharmacist worked at the pharmacy on most days, supported by a full-time second pharmacist. A third regular pharmacist was available on a part-time basis when needed. The support team consisted of a pharmacy technician, two trainee MCAs and four dispensing assistants, one of whom was a qualified accuracy checker and two of whom were in training. 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. Trainees worked under the supervision of the pharmacists and trained members of staff.

There were no specific targets or incentives set for the services provided. Staff worked well together and had an obvious rapport with customers. The pharmacy team were happy to make suggestions and felt comfortable raising concerns with the pharmacists. Most staff had read the whistleblowing procedure. However, the newest members of staff had not, and there was a risk that they might not know who to speak to if they wished to raise a concern outside the company.

Staff members working on the medicines counter used 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. Staff had access to online modules from a training provider, articles in training magazines and information about new products, but there was no formal training programme in place. Most learning was self-motivated, or via informal discussions with the pharmacists. There was no formal appraisal system, but staff could discuss issues informally with the pharmacists whenever the need arose. The lack of a structured training and development programme increases the risk that individuals might not keep up to date with current pharmacy practice and that opportunities to identify training needs could be missed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working. And the pharmacy layout has been designed to provide services effectively and to protect people's privacy.

Inspector's evidence

The pharmacy had recently relocated into purpose-built premises. It was very clean, tidy and well-organised, with enough space to allow safe working. Some stock was being temporarily stored on the floor of the retail area but did not constitute a trip hazard. The sinks had hot and cold running water and soap and cleaning materials were available. Personal protective equipment and hand sanitiser were available for staff use and the pharmacy team were wearing face masks. Pharmacy surfaces were wiped down regularly and the consultation rooms were disinfected after each use.

Floor markings at two-metre intervals in the retail area encouraged customers to adhere to social distancing requirements. Two plastic screens had been installed at the medicines counter to reduce the risk of viral transmission between staff and customers. Two well-appointed lockable consultation rooms and a larger treatment room were available for private consultations and counselling, although their availability was not 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. Its working practices are safe and effective. And it manages medicines well. 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 range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation rooms. The team said that they would signpost patients requesting services they could not provide to nearby pharmacies or other providers such as the local council, which provided a sharps collection service. The pharmacy had six telephone lines and an answerphone messaging service to ensure that there was good telephone access to the pharmacy team. The pharmacists worked closely with the local surgery to discuss and promote services.

Most prescriptions were assembled with the aid of an automated dispensing robot. The robot had four workstations, including one dedicated to picking stock for compliance aid prescriptions. Dispensing staff used baskets 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. Stickers were used on prescriptions awaiting collection to alert staff to the fact that a fridge item was outstanding. Prescriptions for which a CD requiring safe custody was outstanding were stored in a separate area of the dispensary and the CD was not dispensed until the point of handout. There was no strategy in place to ensure that Schedule 3 or 4 CDs were not supplied to the patient or their representative more than 28 days after the date on the prescription.

Prescriptions for high-risk medicines such as warfarin, lithium and methotrexate were not highlighted and there was a risk that counselling opportunities could be missed. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that any patients prescribed valproate who met the risk criteria would be counselled appropriately and provided with information. 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 prescription delivery service was managed electronically. There had been an increase in demand for the service as a result of the pandemic and one of the dispensers assisted the full-time delivery driver on very busy days. Prior to the pandemic, 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, making a note of this on an electronic device 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.

Disposable compliance aid trays were used to supply medicines to many patients. These were labelled with descriptions to enable identification of individual medicines and patient information leaflets were

routinely supplied. Information about individual patients was available on the patient medication record and each patient had a section in a dedicated file that included their personal and medication details for prescription ordering purposes.

There had been a steady uptake of most enhanced and advanced services, including discharge medicines reviews (DMR), the common ailments service, the All-Wales EHC service and smoking cessation services. The pharmacy was not currently providing medicines use reviews, as this service had been suspended indefinitely by the NHS during the pandemic. Many consultations for services had been carried out over the telephone where appropriate, in line with NHS recommendations. Pharmacists conducted face-to-face consultations wearing appropriate PPE where this was not possible. There had been a high uptake of the Emergency Supply of Prescribed Medicines service during the pandemic and the team had provided the 2020/21 seasonal influenza vaccination service to about 200 people. The pharmacists had been trained to provide a Medicines Administration Record (MAR) service but this had not yet been commissioned by the local health board (LHB). The superintendent pharmacist and another regular pharmacist were independent prescribers (IP) and the LHB were due to commission an IP service as part of the common ailments service. The pharmacists would be able to prescribe for urinary tract infections, sore throats and otitis media and externa.

Medicines were obtained from licensed wholesalers and stored appropriately. The dispensing robot had an automated stock input feature which reduced the amount of time staff spent putting goods away. Medicines requiring cold storage were stored in two tidy, 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. Obsolete CDs were segregated from usable stock.

There was some evidence to show that regular expiry date checks were carried out, but the frequency and scope of these checks were not documented. This created a risk that out-of-date medicines might be supplied, although none were found. 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 would deal with a drug recall by quarantining stock and returning it to the relevant supplier.

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. 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. 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 rooms were 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.