

Registered pharmacy inspection report

Pharmacy Name: Gowerton Pharmacy, 22 Mill Street, Gowerton, Swansea, Abertawe, SA4 3ED

Pharmacy reference: 9011419

Type of pharmacy: Community

Date of inspection: 13/05/2021

Pharmacy context

This is a pharmacy located near a busy medical centre in a large village. 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 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 has been fitted to a very high standard and is designed to provide services effectively
4. Services, including medicines management	Standards met	N/A	N/A	N/A
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 things that go wrong so that 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 understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

A range of electronic standard operating procedures (SOPs) underpinned the services provided. Staff had not signed these to show that they had read and understood them. However, the two dispensing assistants present followed SOPs that were relevant to their role and could describe their responsibilities in detail. The pharmacy had systems in place to identify and manage risk, including the recording and analysis of dispensing errors and near misses. The pharmacist said that there had been no dispensing errors and very few near misses since the pharmacy had opened the previous year. Some action had been taken to reduce risk. For example, different pack sizes of amoxicillin capsules had been separated in the dispensary to reduce the incidence of selection errors.

The pharmacy would normally receive regular customer feedback from annual patient satisfaction surveys, but these had been suspended during the pandemic. However, verbal and social media feedback from customers had been overwhelmingly positive since the pharmacy had opened the previous year. A formal complaints procedure was in place, although this was not advertised.

Evidence of current professional indemnity insurance was available. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply and controlled drug (CD) records. The pharmacy had not yet ordered any unlicensed specials, but a record book was available for use. CD records were electronic. 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 weekly.

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. Staff had undertaken formal safeguarding training. The team had access to safeguarding guidance and local contact details that were provided by the LHB and 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. The support team consisted of three dispensing assistants, two of whom were in the process of being enrolled on a pharmacy technician training course. 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.

There were no specific targets or incentives set for the services provided. Staff worked well together. They were happy to make suggestions and felt comfortable raising concerns with the superintendent pharmacist. A whistleblowing procedure was available in the staff handbook. However, staff said that in practice they would contact the local health board 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 informal training materials such as 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 pharmacist. There was no formal appraisal system, but staff could discuss issues with the pharmacist 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 was spacious and had been fitted to a very high standard. It was very clean, tidy and well-organised. Some stock was being temporarily stored on the floor of the dispensary 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. A full-length plastic screen had been installed at the medicines counter to reduce the risk of viral transmission between staff and customers. Pharmacy surfaces were wiped down regularly and the consultation rooms were disinfected after each use.

Two well-appointed lockable consultation rooms were available for private consultations and counselling. Their availability was clearly advertised. The pharmacy regularly rented one of the rooms to external practitioners who provided private clinics during the pharmacy's opening hours. A third room was to be converted into another consultation area in the future. The lighting and temperature in the pharmacy were appropriate. The pharmacy had a small gift section that was clearly separated from the area in which pharmaceutical services were provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. 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. Information about coronavirus and related safety procedures was displayed on the pharmacy entrance door. 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.

There was little walk-in trade and most prescription items were managed repeats. 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. Each prescription awaiting collection was marked with a barcode which was scanned to assign it to a specific storage location in the dispensary. The barcode was then scanned at the supply stage to provide an audit trail. A text messaging service was available to let patients know their medicines were ready for collection. Stickers were used on prescriptions awaiting collection to alert staff to the fact that fridge items or CD items requiring safe custody were outstanding. Stickers were also used 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. Steroid cards and lithium, methotrexate and warfarin monitoring booklets were available to provide to patients. 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.

Disposable compliance aid trays were used to supply medicines to a small number of patients. These were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. Each patient had a section in a dedicated file that included their personal and medication details and their most recent prescription.

The pharmacy made some supplies using an automated collection point that was situated in a deregistered area of the pharmacy. The collection point was accessed externally which meant that people could retrieve their dispensed prescription at any time, including outside pharmacy hours. The machine's integrated software system allowed the pharmacy team to see which prescriptions were

loaded and the time at which they had been collected. If a person wished to use the automatic collection point, the pharmacy team took their contact details and sent them a text with a unique pin number as soon as their prescription was loaded into the machine. The pin remained valid for three days and a reminder text was sent 24 hours before it expired. If the item remained uncollected, this process was repeated with a different pin number. If still not collected, the item was returned to storage in the pharmacy and the patient was notified that they would need to collect during opening hours. The automated collection point did not currently recognise the pharmacy's main patient medication record (PMR) software and so a second compatible PMR was used to record details of patients wishing to use this method of collection.

The pharmacy offered a prescription collection service from five local surgeries. It did not routinely provide a delivery service, although it had arrangements in place to ensure that patients who were self-isolating with no social network could have their medication delivered when needed. This service was funded by NHS Wales.

The pharmacy provided a wide range of enhanced and advanced services. It was not currently providing medicines use reviews, as this service had been suspended by the NHS during the pandemic. There had been a high uptake of the Choose Pharmacy common ailments and the Emergency Supply of Prescribed Medicines services over the past year. The team had provided the 2020/21 seasonal influenza vaccination service to about 25 people. The pharmacist conducted face-to-face consultations wearing appropriate PPE. He was in the process of applying for NHS Wales funding to provide services via video consultation. Patients supplied substance misuse treatments against instalment prescriptions had individually labelled clear plastic folders which included their prescription, a signed copy of the contract between the client and the pharmacy and the client's claim form if supervised.

Medicines were obtained from licensed wholesalers and stored appropriately. Medicines requiring cold storage were stored in a well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were consistently within the required range. Fridge items were not routinely included in the automated collection point. However, during the inspection a dispensed prescription was found for a Fostair inhaler that required cold storage until supply. The pharmacist had explained to the patient that if they wished to collect the inhaler from the automated collection point it would have a short expiry date, as the machine had no cold storage facility. The patient had given their consent and the inhaler had been marked with the date after which it should no longer be used. CDs were stored appropriately in a large, well-organised CD cabinet. 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 its services. Its 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 and capsule counters were used to count loose tablets and capsules 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 clean and in good working order. There was no evidence to show that it had recently been tested, but most equipment was quite new as it had been purchased when the pharmacy had opened the previous year. 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.

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.