General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Bassaleg Pharmacy, 9 St. Basils Stores, Bassaleg, Newport, Newport, NP10 8NN

Pharmacy reference: 9011747

Type of pharmacy: Community

Date of inspection: 09/02/2022

Pharmacy context

This is a pharmacy in a small parade of shops. 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 patients who live in the surrounding area. 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	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	N/A	N/A	N/A
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 talk about things that go wrong. But they do not always record their mistakes. So they may miss some opportunities to learn. The pharmacy generally keeps the records it needs to by law. But some details are missing, so it may not always be able to show exactly what has happened if any problems arise. The pharmacy keeps people's private information safe. Its team members are good at recognising and reporting 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 a facility to record dispensing errors on the dispensing software system. The pharmacist explained that no dispensing errors had been made in the few months since the pharmacy had opened. There were no records of near misses during this time, and it was likely that some incidents had not been captured. The pharmacist explained that he tended to discuss near misses 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. Pharmacy team members were able to demonstrate action that had been taken to reduce some risks that had been identified: for example, amitriptyline and amlodipine tablets had been separated following a series of picking errors, as had levothyroxine 100mg tablets and losartan 100mg tablets. An alert had been added to one person's patient medication record (PMR) to highlight the risks of picking errors with different strengths of fenofibrate.

A range of written standard operating procedures (SOPs) underpinned the services provided, although these were overdue for review. The SOPs had been signed by most staff members to show they had read and accepted them. Two recently recruited members of the team had not yet signed the SOPs, but the pharmacist gave assurances that he had trained them to follow SOPs relevant to their role. Two different responsible pharmacist (RP) notices were displayed, which was misleading. The pharmacist removed the incorrect notice as soon as this was pointed out.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, but this process had been paused during the pandemic. The pharmacist explained that verbal feedback had been very positive, as the community had reacted well to the new purpose-built premises and the fact that local staff had been recruited to help deliver services. A formal complaints procedure was in place although this was not advertised in the retail area.

Evidence of current professional indemnity insurance was available. All necessary records were kept and were generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. However, there were some gaps in the RP records, which meant that it might not always be possible to identify the pharmacist accountable in the event of an error or incident. Some records of unlicensed specials did not include patient details, which might make it difficult to investigate errors or incidents effectively. Some headings were missing from CD registers. CD running balances were typically checked after each transaction, although some items that were not frequently dispensed had not been subject to a balance check for several months.

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. The pharmacist and most staff members had undertaken formal safeguarding training and had access to guidance and local contact details that were available in a file in the dispensary. A leaflet providing information for carers about managing medicines was displayed in the retail area. The team were able to give an example 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 superintendent pharmacist worked at the branch on most days. During the inspection the support team consisted of a pharmacy technician and three dispensing assistants (DA), one of whom was a trainee pharmacy technician. An untrained member of staff who usually worked on Saturdays was also present to cover staff sickness. A pharmacy technician, a dispensing assistant and another untrained member of staff were absent. There were enough suitably qualified and skilled staff present to manage the workload safely during the inspection. Most staff members had the necessary training and qualifications for their roles. The two untrained members of staff worked under the supervision of the pharmacist and other trained members of staff. The pharmacist said that both were shortly to be enrolled on an accredited medicines counter assistant training course.

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 would feel comfortable raising concerns with the pharmacist or with an external organisation such as the GPhC. A whistleblowing policy was available in the SOP file and included contact details for reporting concerns outside the organisation.

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. They had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. Much of their learning was self-motivated or via informal discussions with the pharmacist. There was no formal appraisal system in place, but all staff could informally discuss performance and development issues with the pharmacist whenever the need arose. The lack of a structured training and development programme increased 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 very clean and tidy. It is secure, has enough space to allow safe working and its layout protects people’s privacy.

Inspector's evidence

The pharmacy had recently relocated into newly-fitted premises. It was very clean, tidy and well-organised, with enough space to allow safe working. The sink had hot and cold running water and soap and cleaning materials were available. Hand sanitiser was also available for staff use. A plastic screen at the medicines counter had been installed to reduce the risk of viral transmission between staff and customers. A 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. 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 most 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 that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. The pharmacy team said that they would signpost people requesting services they could not provide to other nearby pharmacies. Some health promotional material was on display in the retail area. The pharmacist had visited local surgeries to discuss and promote services as part of a health board funded collaborative working initiative. The visits had involved discussions around the influenza vaccination service and the repeat prescription collection service. The pharmacy was taking advantage of the flexible working arrangements authorised by NHS Wales. These allowed pharmacy teams to work behind closed doors on a temporary basis to manage workload and safeguard staff well-being. The pharmacy currently closed between 1 and 2pm and this closure was advertised on the pharmacy's entrance door.

The pharmacy had designated areas for different activities such as compliance aid assembly, repeat prescription management and general dispensing. Dispensing staff used a colour-coded basket system to ensure that medicines did not get mixed up during dispensing and to differentiate between different types of prescriptions. Dispensing labels were usually initialled by the dispenser and checker to provide an audit trail. However, some labels for bulk medicines to be included with compliance aids did not bear the dispenser's initial, which might prevent a full analysis of dispensing incidents. Bag labels attached to bags of dispensed medicines were marked to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding.

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. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that the pharmacy did not currently have any patients prescribed valproate who met the risk criteria. However, he said that any such patients would be counselled and provided with appropriate 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.

Prescriptions were not always retained for dispensed items awaiting collection. This meant that prescriptions for some Schedule 3 CDs might not be marked with the date of supply at the time the supply was made, as required by law. There was also a risk that Schedule 3 and 4 CDs might be supplied to a patient against an invalid prescription. However, most prescriptions were scanned and the image remained available for reference. The pharmacy dispensed medicines against some faxed prescriptions from local surgeries. 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.

During the pandemic, there had been an increase in demand for the prescription delivery service from people who were shielding or self-isolating. To reduce the risk of viral transmission, delivery drivers did not currently ask patients to sign for deliveries. If a person was known to have COVID-19, the driver placed the delivery on the patients' doorstep, knocked or rang the doorbell and waited until it was collected. There was no audit trail to show who had received a delivery, which might make it difficult to resolve queries or deal with errors effectively. In the event of a missed delivery, the delivery driver put a notification slip through the door and brought the prescription back to the pharmacy.

The pharmacy provided medicines in disposable multi-compartment compliance aids to a large number of patients. The compliance aids were labelled with descriptions to enable identification of individual medicines. Patient information leaflets were not routinely supplied. This does not comply with legislation, and there is a risk that patients might not always have all the information they need for them to make informed decisions about their own treatment. A list of people due to receive compliance aids during the current week was displayed on the dispensary whiteboard for reference. It identified patients who were known to be in hospital. Each patient had a section in one of several dedicated files that included their personal and medication details, collection or delivery arrangements, contact details for representatives where necessary, notes of any messages or queries and documentation such as current prescriptions. A progress log for all patients was available for reference at the front of each file. It showed the status of each patient's compliance aid at any given time. The pharmacy team had a good relationship with the local surgery, and the primary care pharmacist who worked there often helped to resolve queries or issues involving compliance aid patients.

There was a steady uptake of the pharmacy's common ailments, emergency supply and smoking cessation services. Uptake of the influenza vaccination service during the 2021/22 season had been high in comparison with previous years: the pharmacy had vaccinated about 700 people, most of whom were eligible for the free NHS service. The pharmacy 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 generally stored appropriately. However, some bottles containing loose tablets that had been removed from their original packaging were not adequately labelled either as stock or as named-patient medication. This increased the risk of error and did not comply with legal requirements. The pharmacist disposed of them appropriately as soon as this was pointed out. Medicines requiring cold storage were stored in a large, well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored in two well-organised CD cabinets and obsolete CDs were segregated from usable stock. Cash was also being stored in one 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.

There was some evidence to show that 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, which was reinforced by the discovery of two out-of-date medicines on dispensary shelves. However, the pharmacist explained that he always checked expiry dates as part of his final accuracy checking process. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacy received notifications for drug alerts and recalls via NHS email and suppliers' emails. 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 measures for measuring liquids. One was validated with a crown stamp, but two others were unvalidated and 25ml water from the validated measure measured 27ml in each of these. The pharmacist disposed of them and ordered validated replacements. Triangles were used to count tablets. One triangle was dusty, but staff said that this would be cleaned thoroughly before it was next used. A separate triangle was used for counting loose cytotoxic tablets. The pharmacy had a range of up-to-date reference sources. All equipment was in good working order, clean and appropriately managed. Most electrical equipment was new and the pharmacist explained that it would be replaced every four years under his current maintenance contract. Personal protective equipment was available for staff use. 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.