

# Registered pharmacy inspection report

**Pharmacy Name:** H Shackleton Pharmacy, 33 & 35 Brecon Road,  
Abergavenny, Sir Fynwy, NP7 5UH

**Pharmacy reference:** 9011990

**Type of pharmacy:** Community

**Date of inspection:** 27/09/2023

## Pharmacy context

This is a community pharmacy which is based on a parade of shops in Abergavenny, Wales. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, supplies medicines in multi-compartment compliance packs for people to use living in their own homes and provides treatment for a range of minor ailments.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy was equipped with a 24-hour collection point, which increased the accessibility of medicines to people when the pharmacy was closed.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near miss mistakes were recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. There were some examples of these that had been recorded on paper and this was kept in the dispensary. Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Trends in errors were discussed on a regular basis by the pharmacy team. Following one of these discussions, the team had a general discussion about the areas that they need to be aware of. The pharmacy team had separated anti-coagulant type medicines based on previous near miss mistakes.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback on a regular basis by encouraging people to submit comments via the 'Google reviews'. A certificate of public liability and indemnity insurance was held and was valid and in date until the end of March 2024.

Records of controlled drugs (CD) and patient-returned CDs were seen to be retained. CD balances were checked regularly. Patient returned CDs were stored and labelled separately to dispensary CD stock. A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy where people could see it. The time that the pharmacist ceased responsibility was regularly omitted and the pharmacist agreed to address this. The RP notice displayed the incorrect pharmacist's name and registration number at the start of the inspection, but this was promptly corrected by the pharmacy team. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were seen to be completed appropriately. Short-dated stock was highlighted with stickers. The private prescription records and emergency supply records were retained and were in order. The specials records were retained but some omitted details such as the prescriber's name and address.

Confidential waste was collected in confidential waste bags and these were removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team was required to complete an e-learning programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

There was a safeguarding policy in place at the pharmacy. Staff were aware of the signs to look out for that may indicate safeguarding concerns. The pharmacy team knew how to locate local contact details to raise safeguarding concerns if necessary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There were two pharmacists, one foundation year pharmacist, one accuracy checking technician, two dispensing assistants and three medicines counter assistant present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were currently undertaking an appropriate training course.

Staff performance was monitored and reviewed regularly. During these reviews, a plan would be discussed to help further develop and train the members of staff. The pharmacy team could also provide feedback about the place that they worked.

The staff reported that they had completed training and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacist explained that he had recently completed flu vaccination refresher training to prepare him for vaccine administration during flu season. There was a trainee accuracy checking technician present during the inspection. She was completing her checking training at the time of the inspection. She had regular meetings with her mentor who was helping her complete the course. She confirmed that she received adequate time to complete her training.

The pharmacy team reported that the pharmacy team would hold meetings on an ad-hoc basis and advise all staff of any relevant learning. There was a whiteboard in the dispensary which the team could use to pass on important information between shifts. There was also a team 'WhatsApp' group which also helped facilitate communication between staff. The pharmacist prescriber was a participant in the Neighbourhood Care Network. He attended regular meetings with other pharmacists and local GPs through this network. This meant that the pharmacist had the opportunity to learn from other healthcare professionals and to share good practice.

Staff explained that they felt comfortable with raising any concerns they had with the pharmacy manager or their area manager. Staff were aware of the whistleblowing procedure on questioning. There were no formalised targets in place at the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. The pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy was based in a parade of shops. It was clean, bright and presented in a professional manner. It had a retail area towards the front and a dispensary area towards the rear of the premises. The dispensary area was separated from the retail area to allow for the preparation of prescriptions in private.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised by generic name and in alphabetical order. There were five consultation rooms in the pharmacy. They were well soundproofed, adequately signposted and had a professional appearance. There was also a changing room area which included a shower. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

### Inspector's evidence

Information about the services provided was displayed in the pharmacy. Access to the pharmacy was step free with automatic doors. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users. Large label printing was available for people with sight difficulties. People could collect their medicines when the pharmacy was closed by using a collection point that was open 24-hours per day. The pharmacy had received good feedback from people about this service, explaining that it increased accessibility to their medicines.

The pharmacy team offered treatment for a range of 26 different minor ailments using the Common Ailments Service (CAS). People could access this service by requesting treatment from the pharmacy team. The pharmacy team could also receive referrals from GP surgeries. This included treatment and advice for conditions such as indigestion, hay fever, dry skin and acne. The pharmacy team completed around ten to twenty common ailments service consultations per week. The pharmacist reported that they had received good feedback about this service because of the difficulty getting GP appointments in the local area. One of the pharmacists working in the pharmacy was an independent prescriber. This allowed him more flexibility when treating people with ailments. The pharmacist only treated conditions that were in his defined scope of practice, and he kept digital clinical notes that were easily accessible by the person's GP. If necessary, he had access to the people's Welsh GP Record (WGPR). He explained that he could use this to assist him in completing accurate medication histories and checking people's allergy status. Reference sources were readily available to aid in the decision making during the prescribing stage, including primary care and NICE guidelines.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via Quantum specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. But there was a bottle of nitrofurantoin 25mg/5ml on the dispensary shelf that had expired. This was

disposed of during the inspection by a member of the pharmacy team. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this and these contained audit trails.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle was available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. Reference sources were available in the dispensary, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were five fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

### 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.