General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Markham Pharmacy, Ty Gras, Abernant Road, Markham, Blackwood, NP12 0PR

Pharmacy reference: 9012237

Type of pharmacy: Community

Date of inspection: 19/03/2024

Pharmacy context

This community pharmacy is located on a residential street in the village of Markham. The pharmacy dispenses prescriptions, and it sells medicines over the counter. The pharmacy offers some additional services including the NHS Choose Pharmacy scheme, a smoking cessation service and emergency hormonal contraception. The emergency medicine supply service is also available.

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	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 identifies and manages risks adequately. It keeps the records it needs to by law, but information is sometimes missing. So, team members may not always be able to show what has happened in the event of a query. Pharmacy team members understand their roles and how to keep people's private information secure. But they do not always keep clear records of their mistakes. So, they may miss some learning opportunities.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs), which had generally all been reviewed within the last two years. The procedures defined the roles of pharmacy team members, but they had not yet been updated to reflect the changes to dispensing processes as a result of a recently implemented patient medication record (PMR) system. And some team members had not signed the procedures as a record of their acknowledgement and understanding. Through discussion, pharmacy team members demonstrated a clear understanding of their responsibilities, and a dispenser explained the activities which could and could not take place in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance.

Near misses were discussed with team members when they were identified. The newly installed PMR system also identified near misses, as it detected when an incorrect medication had been scanned for dispensing. Pharmacy team members believed that records of near misses may have been kept by the regular pharmacist, but they could not be located. The locum pharmacist explained how he would manage a dispensing incident and he carried report forms, which he used to document the details of any errors. The locum pharmacist explained that he would also inform the SI pharmacist of any concerns.

The pharmacy had a complaint policy and the locum pharmacist had printed information on how to refer people to the NHS Wales 'putting things right' service, if required. People using pharmacy services could also provide feedback verbally and through online reviews.

The correct RP notice was displayed near to the medicine counter. A sample portion of the RP log identified several missing entries, so it may not always be possible to identify who was responsible for the safe and effective running of the pharmacy at a set point in time. The pharmacy kept records of medicines supplied according to a private prescription, but the details of the prescriber were not always clear. Records for the supply of unlicensed specials were in order. Controlled drug (CD) registers kept a running balance and some recent balance checks had been completed. Patient returned CDs were recorded in a designated register.

The dispenser had a clear understanding of confidentiality. No confidential information was visible from the medicine counter and confidential waste was separated for shredding on the premises. There were a small number of unused labels containing patient details which were identified in a general waste bin. These were immediately removed and placed for shredding. The locum pharmacist had completed safeguarding training and the contact details of local safeguarding agencies were accessible.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members are suitably trained for their roles, and they feel comfortable raising concerns and providing feedback. But there is limited ongoing training available in the pharmacy. So, it may not always be able to show how team members keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of a locum pharmacist and a dispenser. The locum pharmacist worked one shift a week at the pharmacy and the pharmacy employed another locum pharmacist who also worked a regular shift. The remainder of the days were covered by the pharmacy owner. The pharmacy had recently employed an additional part-time dispenser, who worked three afternoons each week and a registered accuracy checking pharmacy technician was due to begin employment in the coming weeks. The workload within the pharmacy was manageable and the team were up to date with dispensing. Leave was usually planned in advance with other team members providing cover, to ensure that suitable staffing levels were maintained.

Pharmacy team members were trained for their roles. But there was limited ongoing training available from the pharmacy. The dispenser explained that she read relevant updates in her own time and also asked questions of the pharmacist, in order to help keep her knowledge up to date. The pharmacy owner confirmed that appraisals had last been completed in August/September of 2023 and that team members had registered with an online learning platform to aid future training for pharmacy team members. Mental health awareness training had also been completed at the beginning of the year. The dispenser explained that she read relevant updates in her own time and also asked questions of the pharmacist, in order to help keep her knowledge up to date. The dispenser was happy to approach the pharmacist with any concerns or feedback.

The pharmacy stocked a small range of over-the-counter medicines. Pharmacy team members explained the types of questions that they would ask to help to make sure sale were suitable and appropriate. The dispenser was aware of several higher-risk medicines and concerns were referred to the pharmacist. Most people who used the pharmacy were from the local area and the dispenser had a very good rapport with the regular patients who accessed the pharmacy’s services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and well maintained. It provides an appropriate environment for the delivery of healthcare services. And there is a consultation room, so people can speak to pharmacy team members in private.

Inspector's evidence

The pharmacy was newly built and had been completed to a high standard. There was adequate lighting throughout the premises and the ambient temperature was suitably maintained. Pharmacy team members had access to WC facilities with appropriate handwashing materials.

There was a retail area to the front, which stocked a small range of goods that were suitable for a healthcare-based business. Chairs were available for use by people who were waiting for their medicines. A consultation room could be accessed from just behind the medicine counter. And people who needed to use the room were accompanied through to help protect privacy. The room had a desk and seating to enable private and confidential discussions, but it appeared a little disorganised in some areas, which detracted from the overall appearance.

The dispensary was of an appropriate size for the current volume of dispensing. There were a large number of workbenches and separate areas were reserved for dispensing and checking of prescriptions. There was a good use of storage on large shelving units and the floor space was free from any obstructions.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed so that people receive appropriate care. The pharmacy gets its medicines from licensed wholesalers and team members complete some checks to help make sure that medicines are stored, managed and supplied appropriately.

Inspector's evidence

The pharmacy had a step free entrance from the main street. There was a manual door, which was visible from the medicine counter, so people who required assistance could be identified. The opening hours of the pharmacy were displayed on the entrance door and some of the pharmacy's services were advertised. Additional health promotion materials were also displayed.

Prescriptions were dispensed using numbered baskets, to help keep them separate and reduce the risk of medicines being mixed up. Prescriptions were allocated a basket number when they were scanned into the patient medication record (PMR) system. Once scanned prescriptions had been clinically screened by the pharmacist, they were put in an automated queue for dispensing. Medicines were scanned into the PMR system to help make sure that the correct product had been selected. An audit trail for the dispensing process was recorded on both the dispensing label and on the PMR system. Additional warning labels were printed for CDs to help make sure that supplies were made within the valid 28-day expiry date. The pharmacist said that he would leave a note on any prescription where he felt additional counselling was required. But prescriptions for all high-risk medicines were not routinely identified, so some opportunities to provide further counselling may be missed. The pharmacist discussed a recent intervention where he had spoken with the local GP surgery regarding a potential interaction with warfarin. A record of this had been kept.

The pharmacy ordered repeat prescriptions from a few local surgeries. People were asked to identify the medicines they required each month, to help prevent over ordering. A reorder date was calculated, and pharmacy team members kept a record of repeat prescriptions ordered, so that delayed requests could be identified and followed-up.

The pharmacist discussed the NHS Choose Pharmacy service. He had completed suitable training and carried copies of the relevant patient group directives with him for reference. All supplies were suitably recorded, and a record was also entered on the PMR system. The pharmacy had several people enrolled on a smoking cessation service. Two levels of the service were provided, the first where people presented with vouchers issued by local practitioners and the second where the pharmacist completed the consultation and monitoring. The relevant training had been completed and patients were monitored in accordance with requirements.

The pharmacy sourced its medicines from a variety of licensed wholesalers and unlicensed specials from a specials manufacturer. Pharmacy team members completed regular date checking and they kept a record of medicines which were due to expire within the next few months. No expired medicines were identified during random checks of the dispensary shelves. Returned and obsolete medicines were placed in suitable medicines waste bins. The pharmacy received alerts for the recall of faulty medicines

and medical devices via email, but team members were unsure as to whether an audit trail was maintained, which showed the action taken in response to any alerts received.

The pharmacy fridge was fitted with a thermometer and was within the recommended temperature range, but there had been a short gap in temperature records being maintained. So, the pharmacy may not always be able to demonstrate that stock had been suitably stored. New record sheets were found during the inspection so the audit trail could be kept moving forwards. CDs were stored appropriately, and patient returned CDs were clearly separated from stock. Two random balance checks were found to be correct.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members use the equipment in a way that protects people’s privacy.

Inspector's evidence

The pharmacy had internet access to a variety of reference materials via the internet. A number of approved glass liquids measures were available for use, as were counting triangles for tablets. The equipment seen was clean and suitably maintained.

Electrical equipment was in working order. Computer systems were password protected and screens were positioned out of public view. A cordless phone was available to enable conversations to take place in private, if required.

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.