

Registered pharmacy inspection report

Pharmacy Name: Rexall Chemist Limited, 204-208 Penn Road,
Wolverhampton, WOLVERHAMPTON, West Midlands, WV4 4AA

Pharmacy reference: 1038617

Type of pharmacy: Community

Date of inspection: 21/09/2022

Pharmacy context

This is a community pharmacy located on a main road near to a GP surgery. It is situated in a residential area south-west of Wolverhampton City Centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including a minor ailment service and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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
1. Governance	Standards met	1.2	Good practice	The pharmacy team conducts a monthly review of patient safety incidents and alerts. And they discuss any learning with members of the team.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team are provided with e-learning modules, and these are routinely completed to help keep their knowledge up to date.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They review things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had been signed by members of the pharmacy team. The pharmacy was in the process of updating their SOPs, and team members were reading the new SOPs as they were implemented.

Near miss incidents were recorded on a paper log. A folder contained monthly 'patient safety reviews' which covered mistakes, and any actionable patient safety alerts. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. An example of an action taken was reminding staff to ensure any split boxes were marked on each side to help prevent a quantity-based error. Dispensing errors were recorded, with an investigation and any action taken detailed within the report.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A pharmacy student was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms. The responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with members of the pharmacy team. Any complaints would be recorded and followed up by the pharmacist or pharmacy manager. A current certificate of professional indemnity insurance was seen.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records for the RP, private prescriptions and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. Each member of the pharmacy team had signed a confidentiality agreement. When questioned, a pharmacy student was able to describe how confidential information was destroyed using the on-site shredder. A poster in the retail area provided information about how people's information was handled and stored by the pharmacy.

Safeguarding procedures were available. Members of the pharmacy team had completed a safeguarding e-learning module. And the pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date. They get regular feedback from their manager to help them improve.

Inspector's evidence

The pharmacy team included two pharmacists, a pharmacy technician, two dispensers, one of whom was the pharmacy manager, and two pharmacy students. All members of the pharmacy team were appropriately trained. Usually there was a pharmacist and two to three dispensers. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with an e-learning training programme on a regular basis. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was routinely completed by team members. A pharmacy student gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgment and this was respected by the pharmacy team and the superintendent.

Members of the team were seen to be working well together. The dispenser said she received a good level of support from the pharmacy manager. Appraisals were conducted every 3 months by the pharmacy manager. A dispenser said she felt that the appraisal process was a good chance to receive feedback about her performance. Members of the team routinely discussed about issues that had arisen, including when there were errors or complaints. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no service based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. Members of the team had access to a kitchenette area and WC facilities.

A consultation room was available and kept locked when not in use. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. Various leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed. A range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. A delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The patient medical record (PMR) system had a built-in accuracy checking system which the team used as an additional accuracy check on top of the final accuracy check completed by a pharmacist. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system and their location was recorded on the PMR system using a handheld device. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. If the prescription had expired, including for schedule 3 and 4 CDs, the handheld device would alert staff not to hand out the medicines.

The pharmacy had recently completed an audit for people who were taking oral anti-coagulant medicines. As part of the audit, they had been counselling people about their medicines and recorded INR readings if they were taking warfarin. But they had since stopped this process, and they did not do it for other high-risk medicines (such as lithium and methotrexate). The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP, who would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was

amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-monthly basis. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had generally remained within the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had last been PAT tested in April 2022. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.