

Registered pharmacy inspection report

Pharmacy Name: Rossett Pharmacy, Chester Road, Rossett,
WREXHAM, Clwyd, LL12 0HN

Pharmacy reference: 1043159

Type of pharmacy: Community

Date of inspection: 23/07/2019

Pharmacy context

This is a community pharmacy situated next to a busy main road between Chester and Wrexham. The pharmacy is located in a residential area. It dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. A number of people receive their medicines in multi-compartment compliance aids.

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	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 generally identifies and manages risks associated with its services. The pharmacy keeps all of the records it needs to by law. Members of the pharmacy team are clear about their roles and responsibilities. And they record things that go wrong, so that they can learn from them. But they do not record all of their mistakes, so they may miss some opportunities to learn.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A member of staff who was working on the counter was following the SOPs that were relevant to her role and was able to clearly describe her duties.

The pharmacist said that dispensing incidents and significant near miss errors were reported on the patient medication record (PMR). He explained that as a result of a near miss error with different strengths of Relvar, the stock had been separated.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose. A customer satisfaction survey was carried out annually. The pharmacist explained that because of patient feedback regarding the pharmacy not providing healthy living advice, he was now actively providing advice to patients when they collected their prescriptions.

The company had appropriate insurance in place. The private prescription record, unlicensed specials record, emergency supply record, responsible pharmacist (RP) record and the CD register were in order. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was shredded. Patient information was kept out of sight of patients and the public. All staff had read and signed confidentiality agreements as part of their employment contracts. The computer was password protected, computer screens were facing away from the customer and assembled prescriptions awaiting collection were stored in the dispensary in a manner that protected patient information from being visible from the retail area.

The pharmacist had completed level 2 safeguarding training. The local contact details for seeking advice or raising a concern were present for staff to refer to. The pharmacy had no safeguarding SOP in place, which may make it more difficult for the staff to know what they should do in the event of a concern arising.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was the pharmacist owner and a member of staff working on the counter on duty at the time of inspection. The pharmacist and other staff member were busy providing pharmacy services throughout the inspection. They appeared to work well together and manage the workload adequately.

The pharmacist explained that he employed three members of staff to work on the counter under his direct supervision and he worked alone in the dispensary. He said that one of the three staff had completed a suitable training course and the other two members of staff were due to be enrolled on a suitable training course for their role. This was completed by him on the day, with proof of enrolment provided.

The member of staff said the pharmacist was supportive and was more than happy to answer any questions they had. She explained that she kept up to date by reading through different pharmacy related journals and by receiving talks from pharmaceutical representatives. The member of staff was aware of a process for whistleblowing and knew how to report concerns about a member of staff if needed.

The member of staff was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as Nytol, that is she would refer the patient to the pharmacist for advice. The pharmacist explained that there were no formal targets or incentives set for the staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. The pharmacist said that dispensary benches, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by heating units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the pharmacist and dealt with. Staff facilities included a kettle, WC with wash hand basin and antibacterial hand wash.

There was no consultation room and the pharmacist explained that any private conversations with patients were carried out when the retail area was empty, or in the rear of the pharmacy when no confidential information was visible.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and they are generally well managed. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy generally stores its medicines appropriately. But it does not keep records of date checking, so it is not be able to show that it checks all its stock.

Inspector's evidence

The pharmacy and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. Staff were clear about what services were offered and where to signpost to a service if this was not provided. e.g. Medicines Use Reviews. The opening hours were displayed near the entrance.

There were no dispensed by or checked by boxes on the medicine labels and the pharmacist explained that this was due to him being the sole person working in the dispensary and therefore he was responsible for the supply of all medicines. There were some occasions when a locum pharmacist was employed to cover annual leave. So, this may make it more difficult to establish who supplied medicines in the event of a dispensing error occurring.

The pharmacist explained that prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. He explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. He said schedule 3 and 4 CDs were not currently highlighted, which may increase the possibility of supplying a CD on a prescription that had expired.

The pharmacist said patients prescribed warfarin, methotrexate or lithium were not currently highlighted prior to collecting their prescriptions. The pharmacy had patient information resources for the valproate alert, including, patient cards, patient information leaflets and warning stickers. The pharmacist had carried out a clinical audit for patients prescribed valproate which identified they had no patients who met the risk criteria.

The pharmacist provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for changes to medication being added to the computer PMR. Disposable equipment was used. The pharmacist explained that patient information leaflets for the medicines were supplied on quarterly basis, and individual medicine descriptions were not added to any compliance aids supplied. This could mean patients may not be able to easily identify their medicines and may not have the most up-to-date medicines information.

Stock was stored tidily in the pharmacy. Date checking was carried out but not currently documented. No out of date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. A balance check for a random CD was carried out and found to be correct. There was a clean fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy had signed up with a supplier to comply with the Falsified Medicines Directive (FMD). A 2D barcode scanner was installed. The pharmacist explained that he was going to speak with the supplier, as there had been some technical difficulties with the software since it was installed.

Alerts and recalls etc. were received via email. These were actioned by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The staff used the internet to access websites for up to date information. For example, medicines complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order and was PAT tested.

There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for CDs. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles.

The computer was password protected and the screen was positioned so that they weren't visible from the public area. A cordless telephone was available, and the staff said they used this to hold private conversations with patients when needed.

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.