

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, Maelor Pharmacy, 19 High Street, Johnstown, WREXHAM, Clwyd, LL14 2SN

**Pharmacy reference:** 1043170

**Type of pharmacy:** Community

**Date of inspection:** 28/05/2019

## Pharmacy context

The pharmacy is located amongst a small number of other retail shops in a residential area, in Johnstown, Wrexham. The pharmacy premises are accessible for people, with adequate space in the retail area and consultation room for wheelchairs or prams. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions.

## 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	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages the risks associated with its services and protects peoples' information. It asks people for their views and uses this feedback to improve its services. Members of the pharmacy team 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. The pharmacy keeps most of the records that are needed by law. But some of the records are incomplete, so the pharmacy may not be able to show what has happened if it needs to. The team members know how to protect vulnerable people.

### Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) for the services provided, with signature sheets showing that all members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was seen to be following the 'dispensing' SOPs and she was able to clearly describe her duties. The staff were clear on their roles and responsibilities which were defined in the SOPs.

Dispensing incidents were reported on the computer system and learning points were included. A dispenser said near misses were discussed with the pharmacy team member at the time of the error. Near miss records were provided and there were a small number of near miss errors reported by the pharmacist for several months in the last year. The accuracy checking pharmacy technician (ACPT) said due to having no regular pharmacist, not all near miss errors had been reported or reviewed.

The correct responsible pharmacist (RP) notice was prominently displayed in the pharmacy. A customer satisfaction survey was carried out annually. The pharmacy manager said some patients had been unhappy that there had been changes to the delivery service. As a result, she had taken time to explain to patients why the changes had occurred to help manage their expectation and had transferred some patients to other branches to have their medication delivered.

A complaints procedure was available. A dispenser described how she would deal with customer complaints and said she would refer to the pharmacy manager if she was unable to resolve the complaint. The pharmacy manager said the complaint was escalated to head office if it could not be resolved locally.

Current professional indemnity insurance was in place. The emergency supply record, specials procurement record and CD registers were in order. Patient returned CDs were recorded and disposed of appropriately. The responsible pharmacist (RP) record had the time the RP ceased their duty missing from some entries in the record. The date of the prescription or the date of supply were missing from some entries in the private prescription record.

Confidential waste was shredded. Staff had read and signed a confidentiality code of conduct. A dispenser described what it meant to maintain patient confidentiality, including ensuring that no patient identifiable information was visible from the counter. The assembled prescriptions awaiting collection were located on hanging rails in the dispensary, so the patient details were not visible to patients in the retail area. Computers were password protected.

A dispenser said she would voice any safeguarding concerns regarding children and vulnerable adults to the pharmacist working at the time and was aware of a safeguarding policy in place. The safeguarding SOPs had been read and signed by the staff. The pharmacist said he had completed safe guarding level 2 training. Up to date contact details for raising a safe guarding concern were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are appropriately trained and work effectively together. They are comfortable about providing feedback to their manager. 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 a locum pharmacist, an accuracy checking pharmacy technician (ACPT) who was the pharmacy manager and four dispensers on duty. The staff were kept very busy providing pharmacy services but appeared to manage the workload adequately.

The staff participated in ongoing training using e-learning "moodles". A dispenser said she had recently completed a training module on "confident conversation" and that training was completed when the workload permitted. Another dispenser said she did not have time to complete ongoing training, due to the workload pressures. The lack of allocated time to complete training might restrict the ability of some staff to keep their knowledge up to date.

A dispenser said that staff were given feedback informally from the pharmacy manager or pharmacist on an ongoing basis. e.g. when a near miss / dispensing error had occurred. The staff were aware of a whistle blowing policy and that concerns could be reported anonymously on the telephone. A dispenser said she had received an appraisal in 2019 from the previous pharmacist manager.

A dispenser covering the counter 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. She was clear what action to take if she suspected a customer might be abusing medicines such as nurofen plus and said if in doubt she would refer to the pharmacist for advice.

The pharmacist explained there was an expectation for him to complete MURs during his shift as a locum. He said there was pressure to do this but he managed it by prioritising the workload, and was not aware of any consequences for not completing MURs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy's retail area and dispensary were clean and generally tidy. The retail area was free from obstructions and had a waiting area. All pharmacy staff were responsible for the cleaning in the pharmacy with dispensary benches and floors cleaned on a regular basis. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

Staff facilities were available that were all clean, including a fridge, microwave and kettle, WC with wash hand basin and antibacterial hand wash. There was a locked consultation room available which was uncluttered, clean and professional in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access and they are generally well managed. The pharmacy sources and stores medicines safely and carries out checks to help make sure that medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy was accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of bilingual (Welsh / English) healthcare leaflets in the retail area. Staff were clear about what services were provided and where to signpost to a service. A signposting file containing the contact details of other local services was kept. A hearing loop was available.

Stickers were used on assembled prescriptions awaiting collection including fridge item. The pharmacy manager said that all schedule 2 CD prescriptions were highlighted with a CD sticker to act as a prompt for staff and to ensure that the date they were handed out had not exceeded 28 days of the prescription date. She said the prescriptions containing a schedule 3 or 4 CD were supposed to be highlighted with a date check sticker when accuracy checking, however, she said it depended on the locum pharmacist who was present. Prescriptions awaiting collection for pregabalin and zopiclone had not been highlighted, which meant that there was a risk that they could be supplied after the prescription had expired.

The pharmacy manager said that prescriptions for high risk medicines such as warfarin, methotrexate and lithium were not routinely highlighted prior to collection. So, the pharmacy team may not be aware when they were being handed out, in order to check that the supply was suitable for the patient.

The pharmacy manager said the previous pharmacist had completed a valproate patient audit. She said the audit identified no female patients prescribed valproate in the at risk group. The necessary patient information resources for valproate were available, such as patient cards and warning sticker.

The pharmacy manager explained that the pharmacy team were following a process called "dispensing excellence". She explained how dispensing excellence worked in practice and said the pharmacist and she had a maximum of 10 prescriptions each to accuracy check at any one time. She said as soon as the pharmacy team were able to see that the pharmacist and she had 10 prescriptions to check, they carried out other tasks in the pharmacy such as date checking. Dispensing baskets had been labelled for large, medium and small prescriptions and the pharmacy manager explained that the large item prescriptions were dispensed first, then the medium item prescriptions followed by the small item prescriptions.

The pharmacy manager explained how the methadone service was provided to patients. Patients who required supervised consumption were signposted to the consultation room to protect their privacy. Methadone was assembled in advance and each patient's assembled methadone was kept stored in a designated section of a CD cabinet.

The pharmacy manager explained the process for providing the prescription delivery service. She said

the delivery driver asked patients to sign for receipt of their prescription delivery and she provided a copy of a delivery record book to demonstrate this. She said if patients were not at home when the delivery driver attempted delivery, a note was left and the prescription medicines were returned to the pharmacy.

Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. A dispenser said baskets were used in the dispensary to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. The patient medicine returns (DOOP) were being stored in bins and kept segregated from stock.

There was a small number of assembled prescriptions awaiting collection stored in bags, directly on the dispensary floor in front of the retrieval area, which may increase the likelihood of medicines falling into or out of the bags, or medicines becoming damaged prior to supply. Patient returned CDs were destroyed using denaturing kits and records made in a designated book. The date of opening for stock bottles of liquid medicines with limited shelf life was written on.

The pharmacy manager said they had received an email from head office regarding the Falsified Medicines Directive (FMD). She said that the 2D barcode scanners to scan medicines for FMD had been installed in the branch. She said that the patient medication record (PMR) was due to be updated to allow the FMD process in the pharmacy to take place. She said that an FMD pilot was taking place in some branches, before being rolled out across the company. No FMD SOP was in place and no FMD staff training had taken place. Therefore, the pharmacy was not currently complying with legal requirements.

The pharmacy manager said date checking was carried out regularly and documented on a matrix. She said short dated medicines were highlighted on the medicine container and examples of these were observed. No out of date medicines were found from a number that were sampled. Alerts and recalls etc. were received via email. A dispenser said all drug alerts and product recalls were dealt with if relevant and a record of these was kept in the pharmacy.



## 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 BNF and BNFc were available. The pharmacy team used the intranet to access websites for up-to-date information. e.g. patient information leaflets.

There were two clean pharmacy fridges that appeared to be in working order and were equipped with minimum and maximum thermometers. The temperature of both fridges was within normal range. The minimum and maximum temperature was being recorded daily and the records kept were complete.

Any problems with equipment were reported to the head office maintenance department. The electrical equipment had been PAT tested in June 2019 according to the stickers attached. The blood pressure monitor and weighing scales appeared to be in working order and were calibrated in June 2019.

The pharmacy had 2D barcode scanners linked to the computer system, to be used for scanning medication when the FMD process was implemented. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone solution.

The pharmacy had clean tablet triangles for counting loose tablets, including a designated tablet triangle for cytotoxic medication. The computer screens were positioned so they were not visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy and the staff explained they moved to a private area if the phone call warranted 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.