

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Medical Hall, Crane Street,
Cefn Mawr, WREXHAM, Clwyd, LL14 3AB

Pharmacy reference: 1043178

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

The pharmacy is situated amongst other retail shops, in a residential area of Wrexham, North Wales. The pharmacy premises are accessible for people, with adequate space in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. It has a consultation room available for private conversations. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time. Some prescriptions are dispensed off-site at a hub pharmacy.

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	1.7	Good practice	All members of the pharmacy team receive regular training and assessment to make sure they know how to protect confidential information.
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 manages the risks associated with its services and it protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record things that go wrong, so that they can learn from them. But they do not always review all of their mistakes, so they may miss some opportunities to improve.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with sign off records showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were recorded on a log and were discussed with the pharmacy team member at the time. The total number of near miss incidents was collated each month, but they were not always reviewed for trends and patterns. Sumatriptan stock and sildenafil stock had been separated on a dispensary shelf because of previous near miss incidents with these medicines. Other examples of different stock medicines being separated because of several near miss incidents, were also provided by the team. The pharmacist clinically checked prescriptions prior to being accuracy checked by the accuracy checking pharmacy technician (ACPT). The pharmacist's initials were added to the prescription to indicate the clinical check had been done.

A complaints procedure was in place. Copies of a practice leaflet explaining the complaints process were present in the retail area. The pharmacy manager explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer to head office if necessary. A customer satisfaction survey was carried out annually. Separately to the customer satisfaction survey some people had verbally provided negative feedback about the lack of prescription delivery slots. The pharmacy manager said she had spoken to these people to explain why the changes to the delivery service had occurred and people were mostly satisfied with this.

The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The private prescription record, emergency supply record and the CD register were in order. CD running balances were kept and audited regularly. Patient returned CDs were recorded appropriately. The responsible pharmacist (RP) record had the time the RP ceased their duty missing on some occasions. The unlicensed medicines (specials) record had patient details missing from some records.

Confidential waste was placed in a designated bag and collected by an authorised carrier. Confidential information was kept out of sight of the public. The pharmacy team completed information governance training when they commenced their employment and then received refresher training and assessment on an annual basis. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. The privacy policy was displayed and copies of a practice leaflet explaining how the pharmacy intended to use patient's personal data were available in the retail area.

The pharmacy team had read the safeguarding policy and the pharmacist had completed level 2

safeguarding training. There were details of local safeguarding contacts available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are trained and work effectively together. They are comfortable about providing feedback to their manager and receive feedback about their own performance. The pharmacy enables its team members to act on their own initiative and use their professional judgement.

Inspector's evidence

There was a locum pharmacist, an accuracy checking pharmacy technician (ACPT) who was the pharmacy manager, two dispensers and a trainee dispenser on duty. The usual staffing level comprised of a pharmacist, the pharmacy manager (ACPT), three dispensers and a trainee dispenser. The pharmacy team worked well together and managed the workload adequately. The pharmacy team participated in ongoing training using the e-learning platform "moodles". The team members had completed or were in the process of completing a training module on anti-corruption and they said that time to complete training modules in work was provided by the pharmacy manager when the workload permitted. A member of the pharmacy team logged into her e-learning account, which showed that she was up to date with training.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns about a member of the team if needed. Details outlining the policy were available for the team to refer to. The pharmacy team members had received an appraisal with the pharmacy manager earlier this year. The pharmacy team members said that the pharmacy manager was very approachable, supportive and they were more than happy to ask her or the pharmacist questions when needed.

A member of the pharmacy team covering the medicines 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 and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol which she would refer to the pharmacist for advice. The pharmacist said that in her role as a locum there were no formal targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It had a waiting area. The temperature in the pharmacy was controlled by heating units. Lighting was adequate. The pharmacy team cleaned the floor, dispensing benches and sinks regularly, and a record was kept.

The pharmacy premises were maintained in an adequate state of repair. Maintenance problems were reported to a facilities management company. The pharmacy team facilities included a microwave, kettle, toaster and fridge, WC with wash hand basin and antibacterial hand wash. There was a consultation room which was uncluttered and clean in appearance. This was kept locked until access was required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. 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 sources medicines safely and carries out checks to help make sure that medicines are kept in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours and a list of services provided was displayed.

The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily on hanging rails. Schedule 2 CD prescriptions were highlighted with a CD sticker attached to the assembled prescription bag of to act as a prompt for team members to check the date on the prescription when handing out. Some prescriptions containing schedule 3 or 4 CDs that were awaiting collection were highlighted with a date check sticker attached to the prescription bag. But an assembled prescription awaiting collection for diazepam that had been dispensed off-site at a hub pharmacy had not been highlighted, which may increase the possibility of supplying a CD on a prescription that had expired.

Prescriptions for warfarin, methotrexate and lithium were not routinely highlighted. The pharmacy team was aware of the risks associated with the use of valproate during pregnancy. An audit of valproate had been carried out and one person who met the risk criteria had been identified. The person identified in the audit had been counselled by a pharmacist and provided with patient information. Patient information resources for the supply of valproate were available.

The work flow in the pharmacy was organised into separate areas with dispensing bench space and designated checking areas for the pharmacist and ACPT. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing.

The pharmacy had some people's repeat prescriptions being dispensed offsite at a hub. The ACPT provided a detailed explanation and demonstration of how this service worked in practice. Once the prescription was received from the GP it was clinically checked by a pharmacist and accuracy checked by the ACPT. The accuracy check involved checking that the prescription data had been correctly inputted before it was sent to the hub. An audit trail for these tasks was kept on the computer. Each stage of the process was clearly defined, and the pharmacy team were able to track this. If a prescription request was sent to the hub from the pharmacy on a Tuesday it was assembled and received back in the pharmacy on a Thursday. The pharmacy team informed people of the timescales and turnaround times for their repeat prescriptions to be dispensed offsite and if necessary, prescriptions were dispensed locally by the branch. Once the assembled prescription was received back from the hub, it was matched up with the respective prescription form and placed in the retrieval area. Fridge medicines and CDs were dispensed locally by the pharmacy and not the hub.

The pharmacy supplied medicines in multi-compartment compliance aids for some people. The assembled compliance aids awaiting collection had individual medicine descriptions added, but no patient information leaflets for the medicines. Patient information leaflets for the medicines supplied were provided when the person was commenced on compliance aid packs and when there was a change to medication. This meant there was a possibility that people may not always have the most up to date information about their treatment. A member of the pharmacy team explained how the prescription delivery service was carried out. People's signatures were routinely obtained for receipt of prescriptions delivered and if people were not at home when the delivery driver attempted to deliver, a note was left.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. The pharmacy team were aware of the Falsified Medicines Directive (FMD). 2D barcode scanners had been installed at each computer terminal. The pharmacy had FMD computer software installed and the pharmacy team were decommissioning all FMD compliant prescription medicines.

There were two clean medicines fridges, equipped with thermometers. The minimum and maximum temperatures were being recorded daily. Fridge medicines were dispensed into clear bags and an assembled prescription for insulin was stored in the fridge in a clear bag. A member of the pharmacy team explained that the insulin box was shown to the patient upon collection to confirm it was what they were expecting.

The medication stock had been divided up into sections for date checking purposes, with different sections date checked periodically. Short dated medicines were highlighted. No out-of-date stock medicines were seen from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via email from the NHS and MHRA. These were read, acted on by a member of the pharmacy team and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide and they are used in a way that protects privacy.

Inspector's evidence

The pharmacy team used the internet to access websites for up to date information. For example, BNF, BNFc and Medicines Complete. Any problems with equipment were reported to the head office. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, the electrical equipment had been PAT tested in June 2019. The blood pressure monitor and weighing scales were in working order and were due to be recalibrated in June 2020.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people.

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.