

Registered pharmacy inspection report

Pharmacy Name: D R Rosser Ltd, 12 Church Street, MONMOUTH,
Gwent, NP25 3BU

Pharmacy reference: 1043381

Type of pharmacy: Community

Date of inspection: 09/12/2019

Pharmacy context

This is a community pharmacy in the centre of the town of Monmouth. Most people who use the pharmacy are elderly. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. It also supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not identify and manage all risks. It does not comply with its written procedures.
		1.2	Standard not met	The pharmacy has no procedures to learn from mistakes to prevent them from happening again.
		1.6	Standard not met	The pharmacy does not keep all the records it must by law.
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 not all met	4.2	Standard not met	The pharmacy services are not all effectively managed to make sure that they are delivered safely.
		4.3	Standard not met	The pharmacy does not store or dispose of all its medicines safely.
		4.4	Standard not met	The pharmacy has inadequate procedures to show that people only get medicines or devices that are safe.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not identify and manage all risks. It does not comply with its written procedures. And, there are no procedures to learn from mistakes to prevent them from happening again. The pharmacy does not keep all the records it must by law. It is appropriately insured to protect people if things go wrong. The team members protect people private information but they could have better training on how to protect vulnerable people.

Inspector's evidence

The pharmacy team did not identify and manage all risks. It was reported that there had been no errors at the pharmacy for some time. But, the pharmacy had no mechanism for recording and learning from near misses. And, the dispensing staff said that they were not discussed.

There were standard operating procedures (SOPs) but these were highly generic with no local additions. The SOPs stated that 'all near misses should be recorded at the time they were identified or, if impracticable, as soon as possible after that'. In addition, the SOPs also clearly stated, 'Do not post delivery items through letter boxes'. The delivery driver reported that she posted about 50 items each week through the letter boxes of patients. She said most of these patients were working and not house-bound.

The dispensary had been newly re-fitted. There were labelling, assembly and checking areas. But, several baskets waiting to be checked were stored on top of one another which increased the likelihood of errors.

There was no displayed sales protocol but the medicine counter assistant said that she would refer any requests for sales that she was unsure of to the pharmacist. She was aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches, such as chloramphenicol eye drops and also referred requests for these to the pharmacist. The staff knew that fluconazole capsules should not be sold to women over the age of 60 for the treatment of vaginal thrush.

The staff were clear about the complaints procedure and reported that feedback on all concerns was encouraged. The pharmacy did an annual customer satisfaction survey. In the 2019 survey, 93% of people who completed the questionnaire rated the pharmacy as excellent or very good overall. There had been some feedback about recent stock issues. Because of this, the pharmacy contacted the prescribers and if necessary, got them to alter the prescriptions to items that were available.

Public liability and professional indemnity insurance provided by Numark and valid until 31 October 2020, was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, emergency supply records and specials records were in order. The private prescription records routinely did not include the date of the prescription. There were no formal date checking records and no other evidence of date checking. The fridge temperature was seen to be recording a maximum temperature of 10 degrees Celsius on the day of the visit. No remedial action had been taken to remedy this and the temperature was no re-set on a daily basis.

There was an information governance procedure and the pharmacist had completed training on the new data protection regulations. The computers, which were not visible to the customers, were

password protected. Confidential information was stored securely. Confidential waste paper information was shredded. No conversations could be overheard in the consultation room.

Not all the staff understood safeguarding issues and they were not sure if they had done any training on these. They did not know where the local telephone numbers to escalate any concerns were. The pharmacist seen had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members feel comfortable about providing feedback to the owner to improve services and this is acted on. But, they have no regular on-going learning and no appraisals. This means that their knowledge may not be up to date and gaps in their knowledge may not be identified.

Inspector's evidence

The pharmacy was in the centre of Monmouth. They mainly dispensed NHS prescriptions. Several domiciliary patients had their medicines assembled into multi-compartment compliance aids.

The current staffing profile was one pharmacist, one full-time NVQ2 qualified dispenser, one part-time qualified dispenser, two part-time medicine counter assistants and one part-time driver. The part-time staff did their best to cover any unplanned absences. If necessary, they would get help from a sister branch. Planned leave was booked well in advance and the staff did their best to cover this.

The staff seen said that there were some one-to-one meetings with the owner but there were no formal staff appraisals. The medicine counter assistant said that she had been employed for 13 years but had never had a formal appraisal. The staff also said that they did not do any regular on-going learning, including reading seasonal literature. There were no regular staff meetings and issues like mistakes were not discussed. The dispenser reported however that she had raised an issue about the time it took to assemble the compliance aids (blister packs). Because of this, two dispensers now worked on the days that the compliance aids were assembled. This allowed the assembly of the blister packs without interruption. In addition, there was extra counter help on those days. The staff did not know if they had read a whistle-blowing policy.

The pharmacist seen said that he was set some targets, such as for medicine use reviews (MURs), but that he only did clinically appropriate reviews and did not feel unduly pressured by the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally looks professional. But, it does not signpost its consultation room and so people may not be aware that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and generally presented a professional image. The dispensing benches were mainly uncluttered and the floors were clear. The premises were clean and mainly well maintained.

The consultation room was not signposted. It was quite small but had a sliding door so, the opening of the door did not impact on the space. There was no computer or sink. Part of the outside wall showed evidence of damp. Conversations in the consultation room could not be overheard. The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

The temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services Standards not all met

Summary findings

Most people can access the services the pharmacy offers. But, some people with specific mobility needs may have difficulty entering the pharmacy. The services are not all effectively managed. Those people who have their medicines in compliance aids may not have the information they need to take their medicines safely. And, the pharmacy posts medicines through letter boxes without adequate safeguards in place. It does not store or dispose of all its medicines safely. And, it has inadequate procedures to show that people only get medicines or devices that are safe.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room but no bell on the front door alerting the staff to anyone who may need assistance entering the pharmacy. There was access to an electronic translation service for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), Discharge Medicines Reviews (DMRs), the Welsh Choose Pharmacy scheme, supervised consumption of methadone and buprenorphine (but currently no patients), and smoking cessation (level 2 nicotine replacement). No emergency hormonal contraception (EHC) or seasonal flu vaccinations were offered.

The pharmacist had completed suitable training for the provision of the Choose Pharmacy scheme. This allowed the provision of many items, including some 'prescription only medicine' (POM) items, such as, Nystatin for the treatment of oral thrush in babies.

Several domiciliary patients received their medicines in compliance aids. They were assembled on rolling basis and evenly distributed throughout the week to manage the workload. There were dedicated folders for these patients where some information such as hospital discharge sheets were kept. There was no audit trail of any changes and patient information leaflets were not supplied. There was a good audit trail for all items dispensed by the pharmacy.

The pharmacist said he routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked about but not recorded. He also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were not checked with the patient on hand-out. Not all the staff were aware of the new sodium valproate guidance.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were only routinely obtained indicating the safe delivery of controlled drugs. And, many items were posted through letter boxes (see under principle 1). The pharmacist reported that he frequently identified poor inhaler technique and patients who were not sure why they were taking their medicines, during MURs. He gave healthy living advice to type 11 diabetics.

Medicines and medical devices were obtained from AAH, Phoenix, alliance Healthcare and Colorama. Unlicensed medicines, such as ascorbic acid 100mg was seen on the shelves. Specials were obtained from Arcadia Specials. Invoices for all these suppliers were available. A scanner was available to check for falsified medicines as required by the Falsified Medicines Directive (FMD) but this was not being used. CDs were stored tidily in accordance with the regulations and access to the cabinet was

appropriate. There were two patient-returned CDs. These were clearly labelled and separated from usable stock. Appropriate destruction kits were on the premises. It was unclear if fridge lines were correctly stored because the maximum temperature of the fridge on the day of the visit was seen to be 10 degrees Celsius. The staff said that they did date checking but there were no records to demonstrate this. Several loose tablets, with no batch number or expiry date, were seen on the dispensary shelves. Designated bins were available for medicine waste and used. These were in the basement area. Two bins had no lids attached, so could items could easily be retrieved. There was no separate bin for cytotoxic and cytostatic substances. There was a list of those substances that should be treated as hazardous for waste purposes. But the staff were not aware of this and they had received no training on this. They did not know that all the sex hormone preparations were considered as hazardous for waste purposes.

There were no clear procedures for dealing with concerns about medicines and medical devices. No one had checked for any drug alerts on the day of the visit. The staff were not aware of recent alerts, such as ranitidine or Emerade pens. There was no evidence to demonstrate that previous alerts or concerns had been dealt with appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. The team members generally make sure that they are fit-for-purpose.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 - 250ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were reference books, including the British National Formulary (BNF) 76 and the 2019/2020 Children's BNF. There was access to the internet.

It was unclear if the fridge was in good working order (see under principle 1 and 4). Maximum and minimum temperatures were recorded daily but on the day of the visit the maximum temperature was seen to be 10 degrees Celsius. The fridge temperature was not re-set on a daily basis. The pharmacist gave assurances that this would be done and also that the fridge remained within the required limits.

The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was shredded. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.