

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: 25/08/2020

Pharmacy context

This is a community pharmacy in the centre of the market town of Monmouth. Most people who use the pharmacy are elderly. The pharmacy team members dispense prescriptions, sell over-the-counter medicines and give advice. They also supply several medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The pharmacy offers the Welsh Choose Pharmacy Scheme, Discharge Medicine Reviews (DMRs) and smoking cessation. This inspection was carried out during the COVID-19 pandemic.

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's working practices are safe and effective. The pharmacy has put physical measures in place to reduce the risk of transmission of the disease. It is appropriately insured to protect people if things go wrong and it keeps the required records. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people.

Inspector's evidence

The pharmacy team members identified and managed the risks associated with providing its services. They had put some changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus. The pharmacy was in the process of updating its standard operating procedures (SOPs) with changes relating to the pandemic. It had updated its business continuity plan to accommodate any potential issues relating to the current NHS 'test and trace' scheme. The superintendent said that he would liaise with other nearby pharmacies team members to ensure that there was no disruption in the supply of medicines to their patients if the pharmacy had to close. The superintendent had conducted risk assessments of the premises and occupational risk assessments of all the staff. The team members were asked about any potentially vulnerable people in their households and also about their mental health. The superintendent was aware that he needed to report any COVID-19 positive test results.

The pharmacy team members recorded near miss mistakes, that is, mistakes that were detected before they had left the premises. They documented some learning points and actions to prevent future recurrences, such as, the similar packaging of timolol and timolol/travaprost eye drops. Because of this, the two products had been clearly separated onto different shelves. The dispensary team reviewed and discussed the near miss log each month. The pharmacy had had no recent errors where the incorrect medicines had left the pharmacy.

The dispensary was tidy and organised. The pharmacy team used baskets for prescriptions and the associated medicines to reduce the risk of errors. There were dedicated working areas, including a checking area and, an area to the rear of the dispensary, for the assembly and checking of the multi-compartment compliance packs.

All the staff were clear about their roles and responsibilities. The medicine counter assistant (MCA) knew that codeine-containing medicines should not be sold for more than three days use. A NVQ2 trained dispenser would refer any requests for pseudoephedrine-containing medicines to the pharmacist.

The pharmacy team members were clear about their complaints procedure. They had received no complaints since the outbreak of the pandemic. The recent feedback from people was positive. They were grateful for the service provided by the pharmacy during these testing times.

The pharmacy had current public liability and indemnity insurance provided by the Numark. It kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. The pharmacy also had fridge

temperature records, date checking records, patient-returned CD records and cleaning rotas.

All the staff understood the importance of keeping people's private information safe. They stored confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The pharmacy team members shredded all confidential wastepaper. The pharmacy offered no current face-to-face services according to the directions of the Local Health Board. But, when these resumed, people could not be overheard or seen in the consultation room.

The pharmacy team understood safeguarding issues. The pharmacist and staff had completed the appropriate Wales Centre for Pharmacy Professional Education (WCPPE) modules on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage their workload safely. The team members are flexible and cover holidays and sickness. They are encouraged to keep their skills and knowledge up to date. The pharmacy team work well together and are comfortable about providing feedback to their manager to improve their services and this is acted on.

Inspector's evidence

The pharmacy's current staffing profile was: one pharmacist, one full-time NVQ2 qualified dispenser, one part-time qualified dispenser, two part-time medicine counter assistants and two part-time delivery drivers. The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff clearly worked well together as a team. The superintendent monitored the performance of the team members. They had regular one-to-one meetings with him. The whole team met each month and notes were taken. The team members said that the superintendent was approachable and caring. He supported the team with any mental health concerns. A dispenser had recently raised a concern that the dispensary team were often interrupted with their work to deal with prescription queries on the counter. Because of this, the counter staff had received additional training. The dispensary staff were now interrupted less often with a subsequent decrease in near miss mistakes.

The staff were encouraged with learning and development. But, since the outbreak of the pandemic, most of their learning was related to updates regarding coronavirus. The dispensary staff reported that they were supported to learn from errors. The superintendent documented all learning on his continuing professional development (CPD) records.

No targets or incentives were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean, tidy and organised. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus.

Inspector's evidence

The pharmacy was well laid out presented a professional image. The premises was tidy and organised. The dispensing benches were uncluttered and the floors were clear. The premises were clean. As a result of COVID, the premises were cleaned thoroughly each day. The hard surfaces were wiped over more frequently than this.

The consultation room was signposted. People could not be seen or overheard in the consultation room but the pharmacy was not currently offering any face-to-face services. The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius and it was well lit.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the services the pharmacy offers. It manages its services effectively to make sure that they are delivered safely. The team members make sure that people have the information they need to use their medicines properly. They intervene if they are worried about anyone. The pharmacy gets its medicines from appropriate sources and stores them safely. The pharmacy makes sure that people only get medicines or devices that are safe.

Inspector's evidence

People could access the pharmacy and the consultation room but there was no bell on the door to alert the staff to anyone who may need assistance. The pharmacy team members could access an electronic translation application for any non-English speakers. The team members could print large labels for sight-impaired people.

The pharmacy was located in the centre of Monmouth. Most of its prescriptions were from local surgeries and most were for local residents. The dispensary staff initialled the 'dispensed by' and 'checked by' boxes on the labels, so providing a clear audit trail of the dispensing process.

In addition to the essential NHS services, the pharmacy offered some additional services, Discharge Medicine Reviews (DMRs), Choose Pharmacy Scheme and smoking cessation. The pharmacy was offering these services according to the Local Health Board's COVID-19 protocols. No one was currently being seen face-to-face. The team did not currently measure carbon monoxide levels for people on their smoking cessation programme. The superintendent had decided not to offer the flu vaccination service in 2020.

The pharmacy had some substance misuse clients who usually had their medicines supervised. Due to COVID-19, these clients now collected their medicines. The pharmacy had several domiciliary people who had their medicines in compliance packs. The staff kept dedicated folders for these people where they recorded any changes in dose or other issues. The pharmacist referred to these when doing the final accuracy check. The dispensary team assembled the compliance packs on a dedicated bench at the back of the dispensary. The assembled packs were stored tidily. The pharmacist had done risk assessments of the people who had their medicines in compliance packs. He said that all the people were vulnerable and would not cope with their medicines in original packs.

The pharmacy also supplied medicines for the residents of a small local care home. Because of the pandemic, the pharmacy now supplied these in original packs with a medication administration record (MAR) chart. This had reduced the workload pressure at the pharmacy.

The dispensary team highlighted any prescriptions containing potential drug interactions, changes in dose or new drugs to the pharmacist. The pharmacist targeted anyone he was concerned about for counselling. He routinely counselled people prescribed high-risk drugs such as warfarin and lithium and also those prescribed antibiotics, complex doses and oral steroids. All pharmacy team members were aware of the pregnancy protection programme regarding sodium valproate.

The pharmacy delivered several medicines to people. Because of the pandemic, the delivery drivers did not currently ask people to sign for their medicines to indicate that they had received them safely. They knocked or rang the doorbell and left the medicines on the doorstep. The drivers retreated and waited until the medicines had been taken safely inside. They annotated their delivery sheets accordingly and recorded the name of the person who accepted any medicines at the care home.

The pharmacy got its medicines from Phoenix, Alliance Healthcare, AAH and Colorama. Invoices for all these suppliers were available. The pharmacy had a scanner to check for falsified medicines as required by the Falsified Medicines Directive (FMD) but this was not yet operational. It stored its CDs tidily in accordance with the regulations and access to the cabinet was appropriate. The pharmacy had no out-of-date CDs or patient-returned CDs. Appropriate CD destruction kits were on the premises. The pharmacy stored its fridge lines correctly and it had date checking procedures. The pharmacy team members were accepting patient-returned medicines. The staff member who accepted the returned medicines wore gloves and washed their hands after disposing of the medicines into a dedicated waste bag. The bag was quarantined for three days. The team members placed any medicines, considered hazardous for waste purposes, into a separate dedicated waste bin.

The pharmacy had procedures for dealing with concerns about medicines and medical devices. It received drug alerts electronically. They were printed off and the stock was checked. The pharmacy had received several alerts at the beginning of the pandemic about ranitidine. It only had a few of the affected batches which it returned to the wholesaler.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that it is clean and fit-for-purpose. The pharmacy has taken action to reduce the spread of coronavirus with changes to its flow of customers and the use of protective screens and equipment.

Inspector's evidence

As a result of the pandemic, the pharmacy only allowed two people at a time to enter the premises. There were two marked areas on the floor indicating where they should wait. A robust Perspex screen had been erected across the medicine counter. This had a serving hatch. The counter staff all wore Type 2R fluid resistant face masks or face shields. The dispensary staff were not wearing masks. They endeavoured to remain two meters apart from one another. The staff regularly cleaned the hard surfaces. They used alcohol gel after each interaction with people and washed their hands frequently.

The pharmacy used British Standard crown-stamped conical measures. There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. The staff could access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and the staff took any sensitive calls out of earshot. The pharmacy team members shredded all confidential wastepaper information.

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.