

Registered pharmacy inspection report

Pharmacy Name: Ringland Pharmacy, 14-15 Ringland Shopping Cnt.,
NEWPORT, Gwent, NP19 9HG

Pharmacy reference: 1043435

Type of pharmacy: Community

Date of inspection: 08/09/2023

Pharmacy context

This is a community pharmacy which is based on a parade of shops in the east of Newport, Wales. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and provides treatment for a range of common ailments.

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 has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred, and there were a few examples that had been recorded in the dispensary. The pharmacy manager would also discuss the incident with the members of the pharmacy team. There was a process for recording dispensing incidents and this would include a root cause analysis as part of the investigation. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. Based on previous near misses and feedback from the pharmacy team, the dispensary area had been expanded and a part of the dispensary area had been created. The pharmacist explained that this facilitated more efficient and focused dispensing and checking procedures.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches in each of these rooms. The team used stackable containers to hold dispensed medicines to prevent the mixing up of different prescriptions. Dispensing labels contained barcodes which enabled the pharmacy to track and audit the processes involved in the dispensing and supply of prescriptions on the patient medical record system.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. The pharmacy team were in the process of signing these at the time of the inspection. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback on a regular basis by encouraging people to submit comments and reviews online. The pharmacy team had received good feedback from people after the recent change in ownership. A certificate of public liability and indemnity insurance from the NPA was held and was valid until the end of September 2023.

Records of controlled drugs (CD) and patient-returned CDs were seen to be retained. CD balances were generally checked every two weeks. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. There were two recent entries in the RP record that had been omitted. The pharmacist explained that this was due to a locum pharmacist not signing in and he agreed to address this. The time that the pharmacist signed out was occasionally missing. The fridge temperatures were generally recorded daily and were within the two to eight degrees Celsius range at the time of the inspection. The pharmacist explained that he was implementing a daily task list to ensure that the pharmacy team complied with daily fridge temperature monitoring. Date checking was carried out in a manner which meant the whole pharmacy was date checked regularly and records of this were seen to be completed appropriately. Short-dated stock was highlighted with stickers. The

private prescription, emergency supply and specials records were retained and were in order.

Confidential waste was collected separately to normal waste and disposed of appropriately. An information governance policy (IG) was being implemented at the time of the inspection. The pharmacy team had all signed confidentiality agreements. Staff had completed a training package on the General Data Protection Regulation (GDPR).

There was a safeguarding policy in place at the pharmacy. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. Local contact details to raise safeguarding concerns were kept in the dispensary and the pharmacy team knew how to locate these if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, one accuracy checking technician and two dispensing assistants present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles, apart from one new member of staff who was in the process of being enrolled onto a medicines counter assistant course. The pharmacy manager planned to review staff performance on an annual basis. The pharmacy team could also provide feedback about the place that they worked. The pharmacy had recently changed ownership. The superintendent pharmacist explained that the team were advertising for more pharmacy staff, but this had been a challenge so far. The pharmacy team were able to keep up to date with their dispensing activity at the time of the inspection.

The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services and medicinal products provided. The ACT explained that she had recently completed mental health awareness training. She explained that this had improved her knowledge of how to identify potential signs of poor mental health in people and had enabled her to confidently offer guidance and support if necessary. The pharmacy manager planned to schedule in time so that staff could update their training and knowledge consistently.

The pharmacy team reported that they would hold patient safety meetings regularly and advise all staff of any relevant learning. The pharmacy team also had a 'WhatsApp' group to communicate with each other. There was a whistleblowing procedure in place at the pharmacy. Staff explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. There were no formalised targets in place at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team generally protects people's private information, and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based on a parade of shops in a large premises. It was clean, bright, and presented in a professional manner. The pharmacy had no sign outside at the time of the inspection, but the pharmacist confirmed that this had been ordered and was due to be fitted. The dispensary areas were separated from the retail area by a counter to allow for the preparation of prescriptions in private. The pharmacy had recently extended the dispensary area so that the pharmacist had more space to check and hand out prescriptions.

There was a sink available in the pharmacy with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. There was a consultation room in use at the pharmacy and patient information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users. Information about the services provided was detailed in posters and leaflets around the pharmacy. There was also an area of the pharmacy which was dedicated to signposting to local services such as dentists and GP surgeries.

The pharmacy team offered treatment for a range of 26 different minor ailments. People could access this service by requesting treatment from the pharmacy team. The pharmacy team could also receive referrals from GP surgeries. This included treatment and advice for conditions such as indigestion, hay fever, dry skin and acne. The pharmacy team completed around ten common ailments service consultations per week. Information about conditions were treated was displayed on a board in the dispensary.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare, Phoenix and Trident to obtain medicines and medical devices. Specials were ordered via Colorama specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was not available at the time of the inspection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But the pharmacy team did not keep audit trails to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle and a cytotoxic counting triangle was available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. Up-to-date reference sources were available in the dispensary and the consultation room, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use which were in good working order. The maximum and minimum temperatures were generally recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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.