

Registered pharmacy inspection report

Pharmacy Name: Alexander's Pharmacies Ltd., 2-3 Stryt Issa, Penycae, WREXHAM, Clwyd, LL14 2PN

Pharmacy reference: 1072854

Type of pharmacy: Community

Date of inspection: 07/07/2022

Pharmacy context

The pharmacy is situated in a residential area of Penycae in Wrexham, north Wales. The pharmacy premises are easily accessible for people, with an automated entrance door and adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

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 generally 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 some things that go wrong, so that they can learn from them. But they do not always record or review all their mistakes, so they may miss some opportunities to improve.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them, with the exception of the three new team members who were in the process of reading the SOPs that were relevant to their roles. Roles and responsibilities of staff were set out in SOPs. A dispenser was able to clearly describe her duties.

Dispensing errors were reported online and learning points included. Some near miss incidents were reported on a near miss log and all near misses were discussed with the pharmacy team member at the time. The near miss records for 2022 had three entries included and prior to this near misses were last recorded in September 2020. And there was no evidence of review. This meant there was a missed opportunity for the pharmacy team to reflect and learn.

The pharmacy team members adhered to social distancing measures when possible. For example, they maintained a minimum of a two-metre distance from colleagues during the dispensing process. Some team members wore personal protective equipment (PPE) throughout the day, which included a facial mask. And they had access to alcohol hand gel. The pharmacy manager had carried out a covid-19 risk assessment for the pharmacy.

The incorrect responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy, and this was immediately rectified once pointed out. A complaints procedure was in place. The pharmacy manager explained that she aimed to resolve complaints in the pharmacy at the time they arose, although she would refer the person to the superintendent if they felt it was unresolved. A customer satisfaction survey was last carried out in 2019 and the survey results were displayed in the retail area.

The company had up-to-date professional indemnity insurance in place. The private prescription record, emergency supply record, unlicensed specials record, responsible pharmacist (RP) record and the CD registers were in order. Records of CD running balances were kept, but these were not audited regularly. This meant there was an increased possibility of a discrepancy going unnoticed for some time. A balance check for a random CD was carried out and found to be incorrect. The pharmacist said they would investigate the discrepancy and correct this immediately. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was shredded. Confidential information was kept out of sight of the public. An information security and confidentiality guide was displayed in the dispensary. 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. A privacy notice was displayed in the retail area. There was a safeguarding SOP and the contact numbers required for

raising safeguarding concerns were present. The pharmacist had completed level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team has access to ongoing training.

Inspector's evidence

There was a regular pharmacist, a pharmacy manager who was trained as an accuracy checking pharmacy technician, two dispensers and three new team members who had commenced their roles in the last month on duty. The new team members were due to be placed on a medicines counter assistant (MCA) course. The pharmacy team appeared to manage the workload adequately and work well together.

A member of the pharmacy team said they were expected to complete training periodically, and she had completed stop smoking training online in April 2021. The members of the pharmacy team said the pharmacy manager was supportive, approachable, and they were happy to answer any questions. A member of the pharmacy team said the pharmacy manager allowed team members time to complete training when the workload permitted.

The pharmacy team were regularly given feedback. For example, they would be told about near miss errors or any outstanding training. The pharmacy team knew how to report concerns if needed. And a dispenser said she would speak to the pharmacy manager or pharmacist in the first instance.

A member of the pharmacy team who was covering the counter was clear about their 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 understood what action to take if he suspected a customer might be abusing medicines such as co-codamol which she would refer to the pharmacist for advice. The pharmacist said there were targets in place for professional services, and she did not feel under any pressure to achieve these.

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 was free from obstructions and had a waiting area. A member of the pharmacy team said that dispensary benches, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by heating units. Lighting was adequate.

Maintenance problems were added to a maintenance log and reported to the superintendent and dealt with. Team facilities included a microwave, kettle, toaster and fridge, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance. It 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 some checks to help make sure that medicines are 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 bilingual (Welsh / English) healthcare leaflets and posters in the retail area. Members of the pharmacy team were clear about what services were offered and where to signpost to a service if this was not provided. For example, travel vaccinations. The opening hours and a list of services provided were displayed on the entrance.

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

Schedule 2 CDs awaiting collection had a sticker included on the prescription. A member of the pharmacy team explained that this was to act as a prompt to remove it from the CD cabinet. An example of this was present for a schedule 2 CD stored in a CD cabinet. The prescription retrieval file included several prescriptions containing schedule 3 or 4 CDs, and these were not highlighted. Therefore, there was a possibility of supplying a CD on a prescription that had expired.

Prescriptions for warfarin, methotrexate and lithium were not routinely highlighted. This meant there was a missed opportunity for the pharmacist to provide counselling when handing out the prescription. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were present.

A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for mid-cycle changes to medication. Disposable equipment was used. The team member explained that patient information leaflets for the medicines supplied were provided to people routinely with each supply of medication. She said that hospital discharge prescription summaries were kept for the pharmacist to refer to. The assembled compliance aids packs awaiting collection had individual medicine descriptions and patient information leaflets included. The pharmacy provided a prescription delivery service. The delivery driver explained how the prescription delivery service was provided. He said if a person was not at home at the time of delivery, a note was left, and the prescription medicines were returned to the pharmacy.

Stock medications were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using

denaturing kits. There was a clean fridge for medicines, equipped with a thermometer, and the temperature was checked and recorded daily. Different sections of stock medication in the dispensary and retail area were date checked each month and a record was kept. Short-dated medicines were highlighted with a sticker added to the medicine container. No out-of-date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Drug alerts and product recalls were received via NHS email, MHRA and head office. These were acted on by the pharmacist or pharmacy team member and a record was kept, but this was not present. This meant the pharmacy was unable to provide assurance that drug alerts and product recalls were being dealt with in a timely manner.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information, for example, Medicines Complete. A copy of the BNF and BNFc were present. Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order and had been PAT tested for safety in 2018.

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 of the pharmacy. Mobile telephones were available and were used to hold private conversations with people when needed.

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.