

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, Pen-Y-Maes Health Centre,  
Beech Street, Summerhill, WREXHAM, Clwyd, LL11 4UF

**Pharmacy reference:** 1074457

**Type of pharmacy:** Community

**Date of inspection:** 02/01/2020

## Pharmacy context

The pharmacy is situated inside a GP Health Centre on the outskirts of Wrexham, North Wales. The pharmacy premises are easily accessible for people, with adequate space in the retail area. And it has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. It provides influenza vaccination services for both private and NHS patients. Some repeat prescriptions are assembled offsite 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
<b>1. Governance</b>	Good practice	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	All members of the pharmacy team receive Information Governance training when their employment begins, then get regular refresher training and assessment to provide assurance that they understand their responsibilities.
<b>2. Staff</b>	Good practice	2.2	Good practice	Members of the pharmacy team have protected time to learn while they are at work.
		2.4	Good practice	The pharmacy manager and regular pharmacist supports the pharmacy team to identify and address their learning and development needs.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Good practice

### Summary findings

The pharmacy manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again.

### 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. The accuracy checking pharmacy technician (ACPT) was able to clearly describe her duties. Dispensing incidents were reported on the computer system and learning points were included. Near miss errors were recorded on a log and were discussed with the pharmacy team member at the time. Near miss records were reviewed each month for trends and patterns, with previously documented reviews kept, after being shared with the pharmacy team. The different strengths of levothyroxine stock and the different strengths of atorvastatin stock had been separated due to identifying a trend of near miss errors with these medicines.

A complaints procedure was in place. The pharmacist 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, with the results displayed in the consultation room. Some patients had also provided negative feedback about stock availability. A member of the pharmacy team explained how the pharmacy team tried to manage stock shortages: for example, other branches were contacted, different wholesalers were contacted and if necessary, the GP was asked to consider prescribing an alternative medicine.

The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The responsible pharmacist (RP) record, private prescription record, emergency supply record, unlicensed specials record, and the CD register were in order. CD running balances were kept and audited regularly. A balance check of a random CD was carried out and was found to be correct. Patient returned CDs were recorded appropriately.

Confidential waste was shredded. 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 on an annual basis. Computers were all password protected and the screens faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A practice leaflet was present and explained how the pharmacy intended to use patient's personal data.

The pharmacy team had read the safeguarding policy and the pharmacist had completed level 2 safeguarding training. The details of local safeguarding contacts were immediately obtained by the pharmacist after being highlighted.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are well 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, to the benefit of people who use the pharmacy's services.

### Inspector's evidence

There was a pharmacist, an accuracy checking pharmacy technician (ACPT), two dispensers, one of which was the pharmacy manager and a trainee dispenser on duty. 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 two training modules in December and a member of the team said that designated time to complete training modules in work was provided by the pharmacy manager. A member of the team logged into their e-Learning and demonstrated that they were 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 staff if needed. Details outlining the policy were available for staff to refer to. Members of the team had received appraisals with the pharmacy manager in the last year and copies of these were provided.

The trainee dispenser 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 there were targets in place for professional services such as MURs, and she had not felt pressured into achieving the targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. And 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 air conditioning 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 and in an adequate state of repair. Maintenance problems were added to a maintenance log and reported to head office. The pharmacy team facilities included a microwave, kettle and fridge, WC with wash hand basin and antibacterial hand wash. There was a consultation room available 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. The pharmacy takes extra care when supplying some higher-risk medicines. It 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 healthcare leaflets in the retail area. The opening hours and a list of services provided was displayed.

Prescriptions containing schedule 2 CDs were highlighted with a sticker, to act as prompt for the team to add the CD at the point of collection. The ACPT said prescriptions containing schedule 3 or 4 CDs that were awaiting collection were highlighted with a date check sticker, to ensure it was supplied within 28 days of the prescription date. But a prescription awaiting collection for gabapentin had not been highlighted. This meant there was a possibility of supplying some CDs after the prescription had expired.

Prescriptions for warfarin, methotrexate and lithium were highlighted with a see pharmacist sticker attached to the assembled prescription bag. This was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. The patient medication records (PMR) for some people prescribed warfarin were reviewed and some contained a history of previous INR records, but not all. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. The pharmacy manager explained that an audit of people prescribed valproate had been carried out, one person who met the risk criteria had been identified and had been given the necessary information. Patient information resources for the supply of valproate were present.

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. Prescriptions that were accuracy checked by the ACPT had been clinically checked by a pharmacist. The pharmacist's initials were added to the top of each prescription to indicate the clinical check had been carried out. The pharmacy had detailed clinical intervention records for people that had been documented by the pharmacist. For example, a patient had been prescribed both warfarin and aspirin on their repeat prescription by their GP. So, the pharmacist contacted the GP to clarify if this was intended.

Some repeat prescriptions were being dispensed offsite at a hub, referred to by the pharmacy team as offsite dispensing solutions (ODS). A member of the pharmacy team 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 an 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, the assembled medicine would be received back in the pharmacy on the 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 and placed in the retrieval area. Fridge medicines and CDs were dispensed locally by the pharmacy and not the hub. And were added to the assembled prescription at the point of collection. The pharmacy team members spoken to said that ODS had been rolled out in November and there had been no issues for patients or the team.

Multi-compartment compliance aid packs were dispensed offsite at a hub pharmacy for some people. Patient information leaflets were included with the first supply of medication and when a patient requested them thereafter. This meant people may not always have the most up to date information about their treatment. Hospital discharge summaries were kept for the pharmacist to refer to. The assembled compliance aid packs awaiting collection had individual medicine descriptions added. The pharmacy was working two weeks in advance for the compliance aid service.

The pharmacy offered an influenza vaccination service for NHS and private patients. Copies of the signed patient group directives (PGD) and SOP were present. The pharmacist explained how the service was provided and records were kept. The necessary equipment for the service was available, including, in-date influenza vaccinations, in-date adrenaline ampoules, sharps bin, alcohol gel and swabs.

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 they 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 in the pharmacy. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. The patient returned medicines waste was stored in containers that were kept in the pharmacy team's toilet. This meant there was a possibility of unauthorised access to medicines. The pharmacy team were aware of the Falsified Medicines Directive (FMD) and had received training. 2D barcode scanners had been installed at each computer terminal. The pharmacy had FMD computer software installed and the pharmacy team were currently decommissioning FMD compliant prescription medicines at the point of collection.

There were two clean medicines fridges, equipped with thermometers. The minimum and maximum temperature were being recorded daily and the records were complete. Fridge medicines were dispensed into clear bags and an assembled prescription for insulin was stored in the fridge in a clear bag. 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 on the internet. 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

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 up-to-date BNF and BNFc were available. The staff used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to a facilities management company. 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 of the pharmacy. A cordless telephone was available in the pharmacy. And it was used to hold private conversations with patients when needed.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.