

Registered pharmacy inspection report

Pharmacy Name: Raglan Pharmacy Ltd, High Street, Raglan, USK,
Gwent, NP15 2DY

Pharmacy reference: 1093184

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

This is a community pharmacy on the main street in the village of Raglan, close to Usk. Most people who use the pharmacy are elderly. The pharmacy dispenses NHS and private prescriptions and sell over-the counter medicines. They supply medicines in multi-compartment devices to help vulnerable people in their own homes to take their medicines. The pharmacy also supplies medicines to two local care homes and to two local prisons.

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 generally safe and effective. But, the written procedures are generic and overdue a review and so may not be appropriate. The pharmacy team asks its customers for their views and uses the feedback to improve services. They keep the up-to-date records that they must by law. The pharmacy is appropriately insured to protect people if things go wrong.

Inspector's evidence

The pharmacy team generally identified and managed risks. Dispensing errors and incidents were recorded, reviewed and appropriately managed. Near misses were recorded but insufficient information was documented to allow any useful analysis, such as, a recent error where Humulin I was given instead of Humulin M3 Kwikpen. No learning points or actions taken to reduce the likelihood of similar recurrences, were recorded. The log was said to be reviewed but this was not documented.

The dispensary was spacious and organised. There were separate labelling, assembly and checking areas as well as a separate dosette and care home area. Coloured baskets were used and distinguished the prescriptions for collection, delivery and for the prisons. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled.

There were standard operating procedures (SOPs) but these should have been reviewed in January 2019. They were also generic in nature and did not include some areas, such as the supply of medicines to the two local prisons. The prisons accounted for a third of the business at the pharmacy. The superintendent gave assurances that she would review these as soon as possible. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. There was a list of the substances that should be referred to the pharmacist before they were sold to customers. A qualified dispenser was seen to refer a customer with potential conjunctivitis to the pharmacist. The staff knew that they should give customers, requesting to buy codeine-containing medicines, advice that they should only be used for three days.

The staff were clear about the complaints procedure and said that feedback on all concerns was actively encouraged. The pharmacy did an annual customer satisfaction survey. In the 2018 survey, 100 % of customers who completed the questionnaire rated the pharmacy as excellent or very good overall. There had been some feedback about recent drug shortages. Because of this, the pharmacy liaised with the local surgery and got the prescriptions altered to products that were available.

Public liability and indemnity insurance provided by the National Pharmacy Association and valid until 31 July 2020 was in place. The Responsible Pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records, fridge temperature records and date checking records were all in order.

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Some confidential information was stored on open shelves in the consultation room and the door to this room was unlocked. The superintendent said that she would urgently address this. Confidential waste paper information was shredded. No conversations could be overheard

in the consultation room.

The staff understood safeguarding issues and had completed training provided by the Wales Centre for Pharmacy Professional Education (WCPPE). Local telephone numbers were available to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy team are well supported by their manager. They are comfortable about providing feedback to improve services and this is acted on. The team members have some training to keep their knowledge and skills up to date but there are no formal training plans or appraisals. So, they may have some gaps in their knowledge.

Inspector's evidence

The pharmacy was in a village close to Usk. They dispensed approximately 6500 to 7000 NHS prescription items each month with the majority of these being repeats. A third of the pharmacy's business was the supply of named patient medicines to Usk and Prescoed prisons. 17 prisoners had their medicines assembled into dosette trays. The pharmacy also had 30 domiciliary dosette patients and supplied medicines to two local residential homes. Few private prescriptions were dispensed.

The current staffing profile was one pharmacist, one full-time NVQ2 qualified dispenser, one part-time qualified dispenser, one full-time NVQ2 trainee dispenser and one part-time medicine counter assistant. There were also 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 staff could be off at one time. The pharmacy could also call on the services of three ex-staff members and they were signed up to a locum agency. The staff clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There were three-monthly one-to-one meetings but no formal appraisals.

The staff read seasonal literature in work time. They completed some training such as on the new data protection regulations and the Falsified Medicine Directive but there was no formal regular training. The staff said that they were supported to learn from errors. The pharmacist reported that all learning was documented on her continuing professional development (CPD) record.

The staff knew how to raise a concern and reported that this was encouraged and acted on. The trainee dispenser had recently raised issues about the recent changes to data protection. Because of this, the pharmacy had changed their delivery procedures to ensure that people's private information was safe. No incentives or targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional. It is tidy and organised. There is good signposting to the consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. The dispensing benches were uncluttered and the floors were clear. There was a good seating area for customers who were waiting. The premises were clean and well maintained.

The consultation room was spacious and well signposted. It contained a computer and a sink. Conversations in the consultation room could not be overheard. The 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 met

Summary findings

People can access the services offered by the pharmacy. The services are generally effectively managed to make sure that they are provided safely. The pharmacy team make sure that people have the information they need. They intervene if they are worried that people may not be using their medicines as prescribed by their doctors. The pharmacy obtains its medicines from appropriate sources. Medicines are stored and disposed of safely. The team makes sure that people only get medicines or devices that are safe.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room. There was access to Google translate on the pharmacy computers for use by non-English speakers. The pharmacy had printed large labels in the past for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicine Use Reviews (MURs), seasonal 'flu vaccinations, the Welsh 'Choose Pharmacy' service, emergency hormonal contraception (EHC) and smoking cessation (nicotine replacement). They currently did no Discharge Medicine Reviews (DMRs). Seasonal 'flu vaccinations were also offered under a private scheme. The pharmacy had no supervised substance misuse patients. The services were well displayed and the staff were aware of the services offered.

The pharmacist had completed suitable training for the provision of seasonal 'flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. She had also completed suitable training for the provision of the Choose Pharmacy service, the smoking cessation service and EHC.

A large proportion of the business at the pharmacy was the supply of medicines, on a named patient basis, against FP10 prescriptions to Usk and Prescoed prisons. As mentioned in principle 1, there were no specific SOPs for this. The prison prescriptions were received electronically or faxed if the portal was down. The pharmacy did not supply the prisons with stock. 17 long-term prisoners in Usk prison had their medicines assembled into dosette trays as well as a further 30 domiciliary patients. The prisoners got their trays weekly and the domiciliary patients, generally monthly. There were dedicated folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. These were referred to at the checking stage.

The pharmacy also provided services to the residents of two care home (about 70 beds). The homes ordered their own prescriptions but copies of these were not sent to them for checking. The pharmacy was responsible for any queries and any missing items with reference to the previous month's supply. The homes did send the pharmacy an up-to-date racking list. The surgeries did not send the pharmacy written confirmation of drug changes or other issues. The pharmacy had separate files for the homes but they did not use a communication diary. The homes had a dedicated doctor who visited regularly, each week to the large home. The pharmacist visited the homes approximately six-monthly.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Green 'see the pharmacist' stickers were used. Procedures were in place to ensure that patients receiving high-risk drugs were having the required blood tests. All the staff

were aware of the new sodium valproate guidance. They currently had no female patients prescribed this.

The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were recorded. She also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out. All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Potential non-adherence or other issues were identified at labelling and ordering. Any patients giving rise to concerns were targeted for counselling. The pharmacist said that she frequently gave her elderly patients healthy lifestyle advice during MURs that patients.

Medicines and medical devices were obtained through the Cambrian Alliance and AAH. Specials were obtained from Ascot Specials. The pharmacy had a scanner to check for falsified medicines under FMD but were currently not using it. The staff said that very few medicines had the appropriate barcodes. Invoices for all these suppliers were available. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were no patient-returned or out-of-date CDs. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with electronic records. Date checking procedures were in place with signatures recording who had undertaken the task. Bins were used for waste medicines and there was a separate hazardous waste bin for cytotoxic and cytostatic substances as well the list of those substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 11 July 2019 about Emerald Pens. The pharmacy had none in stock and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures. There was a tablet-counting triangle and a capsule counter. These were cleaned with each use. There was access to the internet and The British National Formulary (BNF) and the Children's BNF were accessed electronically.

The fridge was in good working order and maximum/minimum temperatures were recorded daily. 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 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.