

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, The Medical Centre, Off High Street, Ruabon, WREXHAM, Clwyd, LL14 6NH

**Pharmacy reference:** 1104903

**Type of pharmacy:** Community

**Date of inspection:** 11/06/2019

## Pharmacy context

The pharmacy is located next to a GP medical centre, with internal access for people. The pharmacy premises are easily accessible for people, with adequate space in the retail area and consultation room. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions.

## 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>	Standards met	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.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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 ✓ Standards met

### 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 they act to help stop the same sort of mistakes from happening again. The team members know how to protect vulnerable people.

### Inspector's evidence

There were up to date Standard Operating Procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was seen to be following the SOPs that were relevant to her role and she was able to clearly describe her duties.

Dispensing incidents were reported on the computer system and learning points were included. Near misses were reported on a near miss log. The near misses were discussed with the pharmacy team member at the time. The pharmacist reviewed the near miss log each month to identify learning points, which were then shared with staff. Several examples of medicines stock being highlighted or separated because of near miss or dispensing incidents were provided by the pharmacy team.

The correct responsible pharmacist (RP) notice was displayed prominently in the pharmacy. A complaints procedure was in place. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, although she referred the customer to head office if she felt it was unresolved. A customer satisfaction survey was carried out annually. A dispenser said because some patients had been unhappy with the length of time to dispense their walk-in prescription, patients were provided with an estimated time for dispensing, at busier times.

The company had professional indemnity insurance in place. The private prescription record, emergency supply record, specials procurement record, responsible pharmacist (RP) record and the CD registers were in order. Records of CD running balances were kept and these were audited regularly. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was shredded. Confidential information was kept out of sight of the public. The staff completed information governance training on an annual basis. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored on hanging rails in the dispensary in a manner that protected patient information.

A safeguarding policy which incorporated the procedures to be followed was in place and had been read by the staff. The contact numbers required for raising concerns were available in the pharmacy and the pharmacist had completed level 2 safe guarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are appropriately trained and work effectively together. They are comfortable about providing feedback to their manager. 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 manager, an accuracy checking pharmacy technician (ACPT) and three dispensers on duty. The staff were busy providing pharmacy services and appeared to manage the workload adequately.

The staff participated in ongoing training using e-learning "moodles". The ACPT logged into her moodles account and demonstrated that she had completed a training module on "confident conversations" in May. She said the pharmacy manager was supportive with learning and time to complete training was provided when the workload permitted.

The staff 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 in the pharmacy for staff to refer to. Staff had received annual appraisals with the pharmacist and were regularly given feedback. e.g. about near miss errors or any outstanding training.

A 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. i.e. she would refer the patient to the pharmacist for advice.

The pharmacist explained that there were targets in the pharmacy and she had not felt under any pressure to achieve these. She said she was not aware of any consequences to not hitting pharmacy targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

### Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A dispenser said that dispensary benches, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to head office. Staff facilities included a microwave, toaster, 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 easy to access, and they are generally well managed. The pharmacy team carries out extra checks when supplying some higher-risk medicines, to make sure they are safe to supply. The pharmacy sources and stores medicines safely and carries out 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 hearing loop in the pharmacy. There was a selection of healthcare leaflets. The opening hours and a list of services provided was displayed.

Fridge medicines were dispensed into clear bags and an assembled prescription for insulin that was awaiting collection was seen stored in the fridge in a clear bag. The pharmacist explained that the insulin box was shown to the patient upon collection to confirm it was what they were expecting.

A dispenser explained that schedule 2, 3 and 4 CDs awaiting collection were highlighted with "28-day script" written on the prescription or a CD sticker attached to the bag. She explained that this was to ensure that it was not handed out after 28 days of the prescription date. Examples of this were present, including a schedule 2 CD stored in a CD cabinet and a schedule 3 CD in the retrieval area.

The pharmacist explained that some prescriptions for warfarin, methotrexate and lithium were highlighted with a see pharmacist sticker attached to the bag, but not all. She said this was to enable her to provide the appropriate counselling when handing out the prescription. A prescription for warfarin awaiting collection was highlighted. The pharmacist provided details of a high-risk medicines audit she had completed at the request of the NHS Local Health Board. She explained because of this audit, she had created high-risk medicines information prompts that were going to be attached to assembled prescriptions of warfarin, methotrexate and lithium. She said that the pharmacy team would be gathering information from patients regarding blood test results etc and this information would be added to their medication record in future.

The pharmacy had patient information resources for the supply of valproate, including, patient cards, patient information leaflets and warning stickers. The pharmacy had carried out a clinical audit for patients prescribed valproate and had identified two female patients who may become pregnant. Both patients were provided with the necessary information from the pharmacist. The work flow in the pharmacy was organised into separate areas – dispensing bench space and designated checking areas for the ACPT and pharmacist.

The pharmacist explained how the prescription delivery service was carried out and provided a copy of the delivery record book. Patient signatures were routinely obtained for receipt of prescriptions delivered and if patients were not at home when the delivery driver attempted to deliver, a note was left.

The ACPT provided a detailed explanation of how the pill pouch compliance aid service was provided which was in accordance with the SOP. The pill pouch service was well organised with an audit trail for

changes to medication. Disposable equipment was used. The ACPT explained that patient information leaflets were included with the first supply and when new medicines were commenced. She said that hospital discharge summaries were kept for the pharmacist to refer to. The assembled pill pouches awaiting collection had tablet descriptions included but no patient information leaflets, which may not provide patients with the most up to date information about their medicines.

Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions in the dispensary, to reduce risk of medicines becoming mixed up during dispensing. Patient returned CDs were destroyed using denaturing kits and records made in a designated book. A balance check for MST 15mg tablets was carried out and found to be correct. CDs were stored appropriately.

The pharmacist manager said she was aware of the Falsified Medicines Directive (FMD). 2D barcode scanners were installed at each computer terminal. She said currently they had no FMD SOP in place and no FMD computer software. Therefore, the pharmacy was not complying with legal requirements. Date checking was carried out and documented. 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 seen added to the medicine bottles. Alerts and recalls etc. were received via email. These were acted on by the pharmacist or pharmacy team member and a record was kept.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide the service safely.

### Inspector's evidence

The BNF and BNFC were available. The staff used the internet to access websites for up-to-date information. e.g. medicines complete. There were two clean fridges for medicines, both equipped with thermometers. The minimum and maximum temperatures were being recorded daily and the records were complete.

Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, the electrical equipment had been safety tested in June 2019.

There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for methadone. 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 the staff said they used this to hold private conversations with patients 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.