

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 82 - 84 High Street,
PRESTATYN, Denbighshire, LL19 9BE

Pharmacy reference: 1122686

Type of pharmacy: Community

Date of inspection: 06/06/2019

Pharmacy context

The pharmacy is located on the high street in the coastal town of Prestatyn, in North Wales. The pharmacy premises are easily accessible for people, with an automated entrance door and 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

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	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.
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 manages the risks associated with its services and protects peoples' information. It asks people for their views and uses this feedback to improve its services. 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. The pharmacy keeps most of the records that are needed by law. But some of the records are incomplete, so the pharmacy may not be able to show what has happened if it needs to. 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. The pharmacy technician 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 accuracy checking pharmacy technician (ACPT) who was the pharmacy manager, reviewed the near miss log each month to identify learning points, which were then shared with staff.

The correct responsible pharmacist (RP) notice was displayed prominently in the pharmacy. A complaints procedure was in place. The pharmacy manager explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer the customer to the head office if she felt it was necessary.

A customer satisfaction survey was carried out annually and the results of the survey carried out in March 2019 were displayed in the consultation room. The pharmacy manager explained that because some patients surveyed were unaware the pharmacy was able to signpost, the pharmacy team were actively signposting when necessary.

The company had professional indemnity insurance in place. The emergency supply record, responsible pharmacist (RP) record and the CD registers were in order. Records of CD running balances were kept and these were audited regularly. The private prescription record had the date of the prescription or the date of supply missing from some entries. Patient details were missing from some of the unlicensed specials records.

Confidential waste was being collected in a designated bin to be collected by an authorised carrier. Confidential information was kept out of sight of the public. The staff had completed confidentiality training as part of their mandatory information governance training, which was completed annually. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in the dispensary in a manner that protected patient information.

There was a safeguarding policy which incorporated the procedures to be followed, that had been read

and signed by the staff. The contact numbers for raising safeguarding children or adult concerns were displayed. 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 regular pharmacist, an accuracy checking pharmacy technician (ACPT) who was the pharmacy manager, a pharmacy technician and three trainee 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". A dispenser said she had completed training on information governance recently. The staff in the dispensary said the pharmacy manager and regular pharmacist were supportive with learning and they were happy to answer any questions. The pharmacy manager said time to complete training was provided when the workload permitted.

The staff were aware of a whistle blowing policy and that concerns could be reported anonymously on the telephone. Staff had performance reviews with the pharmacy manager on an annual basis. New staff were reviewed on an ongoing basis during their probationary period. Staff were regularly given feedback. e.g. about near miss errors or any outstanding training.

A 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 and said if in doubt she would refer the patient to the pharmacist for advice. The pharmacist explained that there was a target in the pharmacy for completing MURs and said he had not felt under pressure to achieve this. He said he was not aware of any consequences to not hitting the MUR target.

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's retail area was clean and tidy. The retail area was free from obstructions and had a waiting area. A dispenser said that dispensary benches, the sink and floors were cleaned regularly, and a cleaning rota was available. 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, kettle and fridge. A WC with wash hand basin and antibacterial hand wash was available. There was a consultation room available which was uncluttered and clean in appearance. This was kept locked from the retail area 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 in the retail area. Staff were clear about what services were offered and where to signpost to a service if this was not provided. e.g. needle exchange.

The pharmacy opening hours were displayed near the entrance 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 pharmacy manager explained that the insulin box was shown to the patient upon collection to confirm it was what they were expecting.

The pharmacy manager explained that schedule 2 CDs awaiting collection had a CD expiry sticker attached to the bag. She explained that this was to act as a prompt and ensure that it was not handed out after 28 days of the prescription date. Schedule 3 and 4 CDs were highlighted with a date check sticker attached to the bag and several examples of these were present.

Warfarin, methotrexate and lithium prescriptions were highlighted with a see pharmacist sticker attached to the bag. The pharmacist said this was to enable him to provide the appropriate counselling when handing out the prescription. He said that patients prescribed warfarin were asked to provide a copy of their latest INR results and these were recorded on the PMR. A warfarin patients' medication record was reviewed on the PMR and they had their latest INR reading documented.

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 necessary information and both patients had a pregnancy prevention plan (PPP) in place.

The work flow in the pharmacy was organised into separate areas – dispensing bench space and designated checking areas for the pharmacist and ACPT. A trainee dispenser provided a detailed explanation of how the MDS service was provided which was in accordance with the SOP. A log was kept for all MDS dispensed and supplied to provide a robust audit trail. MDS was well organised with an audit trail for changes to medication. Disposable equipment was used. A trainee dispenser explained that patient information leaflets were routinely included and that hospital discharge summaries were kept for the pharmacist to refer to. The assembled MDS packs had tablet descriptions included and patient information leaflets for all medicines.

The pharmacy manager explained the process for providing the prescription delivery service. She said the delivery driver asked patients to sign for receipt of their prescription delivery and she provided a copy of a delivery record book to demonstrate this. She said if patients were not at home when the delivery driver attempted delivery, a note was left, and the prescription medicines were returned to the pharmacy.

Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. A trainee dispenser said baskets were used in the dispensary to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and records made in a designated book. A balance check for matrifen 12mcg patches was carried out and found to be correct.

The pharmacy manager said she was aware of the Falsified Medicines Directive (FMD) and a pilot was being carried out across some branches. 2D barcode scanners were installed at each computer terminal. She said they had no FMD SOP in place and the staff had not received any training on FMD. Therefore, the pharmacy was not yet complying with legal requirements.

There were several assembled prescriptions awaiting collection stored in bags, directly on the dispensary floor in front of the retrieval area, which may increase the likelihood of medicines falling into or out of the bags, or medicines becoming damaged prior to supply.

Date checking was carried out regularly 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. i.e. medicines complete. There were two clean medicines fridges, both equipped with thermometers. The minimum and maximum temperatures were being recorded daily and the records kept 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 PAT tested in November 2018.

There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for methadone. The blood pressure monitor and weighing scales appeared to be in working order and were calibrated in January 2019.

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.