

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, Castle Health Centre, Colliery Road, Chirk, WREXHAM, Clwyd, LL14 5DH

**Pharmacy reference:** 1122886

**Type of pharmacy:** Community

**Date of inspection:** 02/09/2019

## Pharmacy context

The pharmacy is located in the village of Chirk, on the outskirts of Wrexham. It is situated within a GP health centre. And has both internal access from the health centre and direct access externally. The pharmacy premises are easily accessible for people, with an automated entrance door and adequate space in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. It has a consultation room available for private conversations.

## 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	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 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 ✓ 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 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 staff 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 misses were reported on a near miss log. The near misses were discussed with the pharmacy team member at the time. The pharmacist manager and ACPT reviewed the near miss log each month to identify learning points, which were then shared with staff. The ACPT demonstrated that because of a near miss error with different strengths of digoxin, each strength of digoxin had been clearly segregated from each other.

A complaints procedure was in place. A dispenser explained that she aimed to resolve complaints in the pharmacy at the time they arose but she would refer the customer to the pharmacist manager if they felt it was unresolved. A customer satisfaction survey was carried out annually. The last survey results had some negative feedback regarding issues around stock availability. The pharmacy team said that when there was a shortage, other branches were contacted, the suppliers were contacted and if necessary the GP was asked to prescribe an alternative medication.

The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The private prescription record, emergency supply record, specials procurement record, responsible pharmacist record and the CD register were in order. Patient returned CDs were recorded appropriately. CD running balances were kept and were audited regularly.

Confidential waste was shredded. Confidential information was kept out of sight of the public. The staff completed information governance training when they commenced their employment and then received refresher 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 or shelves in the dispensary in a manner that protected patient information from being visible. A practice leaflet was present and explained how the pharmacy intended to use patients personal data.

The safeguarding SOPs had been read and signed by the pharmacy team. The contact numbers required for seeking advice or raising concerns were available and both the pharmacist and ACPT had completed level 2 safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### 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 regular locum pharmacist, an accuracy checking pharmacy technician (ACPT), two dispensers and a trainee dispenser on duty. The staff were kept busy providing pharmacy services, they appeared to manage the workload adequately and work well together as a team.

The staff participated in ongoing training using the e-learning platform "moodles". The ACPT said she had completed a training module on the influenza service recently and logged into her e-learning account to demonstrate this. She said the pharmacist manager was supportive with learning and time to complete training was provided. A dispenser who was undertaking the NVQ level 3 course to become a pharmacy technician was observed to be studying for her course. She explained that she had been allocated time to study for her course for the full day on a Monday of each week.

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 for staff to refer to. Staff had received annual appraisals with the pharmacist manager and were regularly given informal feedback. For example, they would be told about near miss errors or any outstanding training.

A trainee dispenser covering the medicines counter 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 explained that she had been set a target to complete two MURs each day, but said she had not felt under any pressure to do this and she was not aware of any consequences to not completing MURs.

## 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 dispenser said that dispensary benches, the sink and floors were cleaned regularly, and a copy of the cleaning matrix was provided. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good.

The pharmacy premises were maintained and in a good state of repair. Maintenance problems were added to a maintenance log and reported to head office. Staff 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 effectively managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. It sources and stores 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.

The ACPT explained that schedule 2 CDs awaiting collection had a CD sticker attached to the bag. She explained that this was to act as a prompt to remove it from a CD cabinet at the time of collection. She said schedule 3 and 4 CDs were highlighted by a see pharmacist sticker attached to the assembled bag with the wording "28-day prescription" written on and an example of this was present for a prescription containing tramadol.

The ACPT explained that prescriptions for warfarin, methotrexate and lithium were highlighted with a see pharmacist sticker attached to the bag. She said this was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. A prescription for methotrexate awaiting collection had been highlighted.

The pharmacy had patient information resources for the supply of valproate, including, patient cards, patient information leaflets and warning stickers. The pharmacy team had carried out a clinical audit for patients prescribed valproate and had identified two female patients who met the risk criteria. Both patients had been provided with appropriate information resources by the pharmacist.

The work flow in the pharmacy was organised into separate areas with adequate 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.

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 ACPT explained that the insulin box was shown to the patient upon collection to confirm it was what they were expecting.

The pharmacy supplied medicines in multi-compartment compliance aids (pill pouch) for a number of patients. A dispenser provided a detailed explanation of how the service was provided which was in accordance with the SOP. The compliance aid packs were assembled offsite at a hub. Each patients prescription was reviewed by a member of the pharmacy team for any discrepancies or changes against a handwritten list of medications and it was clinically checked by a pharmacist in the branch, prior to the prescription information being sent through to the hub. Once the assembled compliance aid packs were received back from the hub a member of the pharmacy team placed them in a bag together with any other medication that had been dispensed by the branch. For example, inhaler devices or creams. A

dispenser explained that patient information leaflets were routinely included and that hospital discharge summaries were kept for the pharmacist to refer to. The assembled compliance aid packs awaiting collection had individual medicine descriptions added and patient information leaflets included for all medicines supplied.

The ACPT 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.

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. A random balance check for a CD was carried out and found to be correct.

The staff said they were aware of the Falsified Medicines Directive (FMD). 2D barcode scanners had been installed at each computer terminal. The ACPT said they had no FMD computer software and she was unaware of the timescale from head office for the pharmacy to become compliant with FMD. Therefore, the pharmacy was not complying with legal requirements.

There were three clean medicines fridges, equipped with thermometers. The minimum and maximum temperature were being recorded daily and the records were complete. The medication stock had been divided up into sections for date checking purposes, with different sections date checked each month and a record kept. 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 were received via email from the NHS and MHRA. These were read, 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 services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested for safety purposes.

### Inspector's evidence

The up-to-date BNFC was available. The staff used the internet to access websites for up to date information. For example, BNF and Medicines 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 was due to be safety tested in June 2020.

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.