

# Registered pharmacy inspection report

**Pharmacy Name:** Bodelwyddan Pharmacy, 3 Abergele Road,  
Bodelwyddan, Rhyl, DENBIGHSHIRE, Clwyd, LL18 5SS

**Pharmacy reference:** 1043083

**Type of pharmacy:** Community

**Date of inspection:** 09/11/2023

## Pharmacy context

The pharmacy is situated next door to a car garage workshop, in a residential area of Bodelwyddan, Rhyl. The pharmacy premises are generally accessible for people, who are mostly served at the entrance or via a window hatch opening, due to limited space in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.7	Standard not met	The pharmacy does not adequately protect the confidentiality of patient information, with prescriptions kept in the retail area.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The premises are not adequately maintained, and the current layout of the dispensary and retail area significantly increases the risk of unauthorised access to prescription only medicines.
<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 not all met

### Summary findings

The pharmacy generally manages the risks associated with its services. It has written procedures in place for its services. But team members have not read them, so they may not fully understand their roles and responsibilities. They record some things that go wrong, so that they can learn from them. But they do not always record or review all their mistakes, so they may miss some opportunities to improve. The pharmacy has taken some steps to protect people's information. But assembled prescriptions are stored in the retail area which means confidential information may sometimes be seen.

### Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, but the dispenser who had worked at the pharmacy for two years and the delivery driver had not read or signed them. The dispenser was able to clearly describe her duties. Dispensing errors were reported on an incident report form and learning points were included. Near miss incidents were discussed with the pharmacy team member at the time they occurred, but they were not routinely recorded or reviewed. This meant there was a missed opportunity for the team to reflect and learn.

A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose. The pharmacy had professional indemnity insurance in place. The correct responsible pharmacist (RP) notice was displayed conspicuously. The emergency supply record, private prescription record, unlicensed medicines (specials) record and the CD register were in order. CD running balances were kept but not audited regularly. This meant any discrepancies might not be identified promptly and it would be more challenging to reconcile in the event of a discrepancy. A balance check of a random CD was carried out and was found to be correct. Patient returned CDs were recorded appropriately. The responsible pharmacist (RP) record was incomplete with several days when the pharmacy was open, having no record of RP. This meant it was more difficult to establish who was responsible at different times.

The pharmacy team shredded confidential waste. Dispensed medicines awaiting collection and prescription forms were stored on shelving in the retail area. This meant confidential information could possibly be seen by anyone entering the pharmacy. The pharmacy had an information governance SOP, but this had not been read by team members. The computer was password protected and faced away from customers. There was no privacy notice displayed, so people may be unaware how the pharmacy intended to use their personal data. A safeguarding policy was in place. The pharmacist had completed level 2 safeguarding training. And there were details of local safeguarding contacts displayed in the dispensary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy generally has enough staff to manage its workload safely. And the team members are comfortable providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative. But they do not have access to ongoing training which limits their ability to improve and develop.

### Inspector's evidence

The pharmacist pharmacy owner, a dispenser and a delivery driver were on duty. This was the usual staffing level. The pharmacy team worked well together and managed the workload adequately. The dispenser had completed the required training for her role. But she had not completed any other training since she commenced her role at the pharmacy two years ago. The dispenser was aware of a whistle blowing policy in place and knew how to report concerns about a member of the team if needed. The dispenser said that the pharmacist was very approachable, supportive and they were more than happy to ask him questions or provide feedback when needed.

The 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. She also knew which medicines were often misused and said that if she suspected a customer might be abusing medicines, she would refer to the pharmacist for advice. The pharmacist explained that no professional service targets were in place.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy is generally clean and tidy. But its current layout is inappropriate and there is a risk of unauthorised access to medicines. The pharmacy is not adequately maintained and does not portray the professional image of a healthcare setting.

### Inspector's evidence

The pharmacy was clean and generally tidy. The temperature in the pharmacy was controlled by heating units. Lighting was adequate. The pharmacy team cleaned the floor, dispensing bench and sink regularly. The premises had a large area of damp on the ceiling of the retail area.

The pharmacy's dispensary was small but there was adequate dispensing bench space for two team members. The pharmacy had a large metal medicine storage unit situated in the centre of the retail area which was being used to store prescription only medicine (POM) stock. Assembled prescriptions awaiting collection or delivery were also stored on shelving in the retail area, next to the entrance. The pharmacist explained that during Covid he had added the additional medicines storage unit because there was not enough space to store all the stock in the dispensary, and since the Covid pandemic began, patients were asked to wait outside until their prescription was ready. The dispenser stated that most patients waited outside but admitted there had been occasions when patients had waited in the retail area. The pharmacy entrance was left unlocked during the inspection and patients were observed to wait outside, under instruction from the pharmacist and dispenser.

The pharmacy team had use of a kettle. A WC with wash hand basin and antibacterial hand wash was available in the car garage situated next door. The pharmacy had no consultation room and the pharmacist explained that he spoke to patients when no other people were present to protect their confidentiality.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And they are managed, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy sources medicines safely and carries out checks to help make sure that they are kept in good condition and suitable to supply. But expiry date checks are not always recorded. So, there may be an increased risk that out of date medicines could be overlooked.

### Inspector's evidence

The pharmacy team asked people to wait outside the premises while their prescriptions were dispensed. And there was no designated seating or waiting area. Schedule 2 CD prescriptions were highlighted with a CD sticker attached to the assembled prescription bag so that the CD could be added when the medicine was handed out. Schedule 3 and 4 CD prescriptions were not highlighted. Therefore, there was an increased risk of supplying a CD on a prescription that had expired.

Prescriptions for warfarin, methotrexate and lithium were not routinely highlighted. This meant there was a missed opportunity for counselling of people when these medicines were handed out. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were present. The pharmacy team were aware of the recent change to the rules around supplying valproate in original packs.

The workflow in the pharmacy was organised into separate areas with a small dispensing bench and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the dispensing labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. Some medicines were supplied in multi-compartment compliance aids. These were labelled with descriptions so the individual medicines could be more easily identified. Patient information leaflets were routinely supplied, and a dispensing audit trail was in place. Hospital discharge prescriptions were kept for the pharmacist to review and liaise with the GP if needed, regarding any medication changes. The delivery driver explained how the prescription delivery service was provided. A delivery record book was kept as an audit trail for deliveries, and if a patient was not at home when a delivery was attempted, the medicines were returned to the pharmacy.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was generally stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was recorded daily. Patient returned medicines were stored tidily in dedicated bins pending disposal.

The medication stock was date checked periodically and short-dated medicines were highlighted. No out-of-date stock medicines were found present from a number that were sampled. The dispenser admitted that date checking records had not been kept for some time. This meant there was no assurance of this task being properly completed. 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. These were read and acted on by a member of the pharmacy team, but no records were kept. Therefore, the pharmacy was unable to demonstrate that drug alerts and product recalls were being dealt with appropriately.

## 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.

### Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete. Copies of the BNF and BNFc were present. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order.

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. The computer was password protected and the screen was positioned so that it was not visible from the public area.

### 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.