General Pharmaceutical Council

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: 12/06/2024

Pharmacy context

This pharmacy is situated in a residential area of Bodelwyddan, Rhyl. 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 packs for some people, to help them take the medicines at the right time.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. 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 procedures to help keep private information safe.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided. Members of the team had signed training sheets to show they had read and accepted the SOPs. 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 from the mistakes.

Members of the team were able to clearly describe their duties. And they understood which tasks could or could not be completed when a pharmacist was absent. A complaints procedure was in place. Complaints were referred to the pharmacist to be investigated and followed up. The pharmacy had professional indemnity insurance in place.

A responsible pharmacist (RP) notice was available, but it was not conspicuously displayed. This was corrected by pharmacist when highlighted. Records for controlled drugs (CDs), private prescriptions, unlicensed specials and the RP were available. CD running balances were kept but not audited regularly. This meant any discrepancies might not be identified promptly and it would be difficult to reconcile in the event of a discrepancy. Two random balances were checked, and both did not match the records. Subsequent to the inspection, the pharmacist confirmed he had investigated and corrected the two erroneous balances. Patient returned CDs were recorded appropriately.

An information governance SOP was available and had been read by members of the team. A shredder was used to destroy confidential waste. 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 two safeguarding training. And there were details of local safeguarding contacts displayed in the dispensary. A dispenser said she would refer any safeguarding concerns to the pharmacist in the first instance.

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 pharmacy team included the pharmacist, who was the superintendent (SI), and a dispenser. The pharmacy recently employed a delivery driver, and a trainee dispenser. Members of the team had completed the necessary training for their roles. The team worked well together, and workload was well-managed.

The SI shared information about new products so members of the team could learn about them. But details of learning were not recorded, and training packages were not completed by team members. So, learning and development needs may not be met. The new starter understood how to report concerns about a member of the team if needed. They felt well supported, and able to ask for help if they needed it. The trainee dispenser was clear about their role. They had previously completed a medicines counter assistant course and knew what questions to ask when making a sale and when to refer people to a pharmacist. There were no professional based targets in place.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises is suitable to provide services to those who use the pharmacy. But its current layout may not portray the professional image expected of a healthcare setting.

Inspector's evidence

The pharmacy was in a business unit next to a car repairs garage. The pharmacy's dispensary was small but there was adequate dispensing bench space for two team members. The pharmacy was open 13-hours per day, seven days a week, and was used by local people, and those who lived further away when their pharmacy was closed or did not hold stock of their medicine. To help ensure people had access to medicines, the pharmacist held a higher-than-expected volume of stock for the size of the business. But this took up a lot of space in the dispensary and the stock overflowed into the retail space. The medicines counter had been moved forward to stop people who visited the pharmacy accessing medicines. This meant there was very little space in the retail area, and people were observed waiting outside or in their car. The pharmacy did not have a consultation room. The pharmacist explained that he would speak to patients in the retail area when there were no other people waiting. The pharmacy was in the process of obtaining new premises nearby, and they hoped to move in late-2024. But it meant the professional image of the pharmacy was lacking and may not meet people's expectations.

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 pharmacy team had use of a kettle. A toilet with wash hand basin and antibacterial hand wash was available in the car garage situated next door.

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 higher-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 appropriately 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 premises were generally accessible for people, who were mostly served at the entrance or via a window hatch opening, due to limited space in the retail area. The pharmacy team asked people to wait outside the premises while their prescriptions were dispensed. And there was no designated seating or waiting area.

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 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 packs. These were labelled with descriptions so the individual medicines could be easily identified. Patient information leaflets were routinely supplied, and a dispensing audit trail was in place. Hospital discharge information was kept for the pharmacist to review and liaise with the GP if needed, regarding any medication changes. 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.

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 people when these medicines were handed out to help make sure they were taken safely. The pharmacy team were aware of the risks associated with the use of valproate containing medicines during pregnancy and the need to supply in original packs. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were present.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean medicines fridge, equipped with a thermometer. But fridge records were not always kept to show refrigerated medicines were being suitably monitored. The fridge temperature was seen to be within the required range. Team members agreed they would keep a record going forward. 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

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

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.