

Registered pharmacy inspection report

Pharmacy Name: Caerwys Pharmacy, Bell House, The Square,
Caerwys, MOLD, Clwyd, CH7 5AN

Pharmacy reference: 1043134

Type of pharmacy: Community

Date of inspection: 29/08/2019

Pharmacy context

This is a community pharmacy situated on a main road that runs through the village of Caerwys in North Wales. It dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines.

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 generally keeps all of the records it needs to by law. Members of the pharmacy team are clear about their roles and responsibilities. And they record things that go wrong, so that they can learn from them. But they do not record all of their mistakes, so they may miss some opportunities to learn.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Some of the SOPs had not been reviewed since 2011 and 2012 according to the last review dates stipulated so they may not always be in accordance with their current processes. Roles and responsibilities of staff were set out in SOPs. A medicines counter assistant was able to clearly describe her duties.

The pharmacist said that dispensing incidents and some of the near miss errors were recorded on the patient medication record (PMR). He explained that because of a near miss error with amlodipine and amitriptyline, the dispensary stock had been separated.

A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose. A customer satisfaction survey was carried out annually. The pharmacist explained that because of a small number of patients providing negative feedback regarding the size of the retail area, he had discussed this with the patients to explain that there were limitations with the size of the current premises and he had ensured that the layout of the retail area maximised accessibility.

The company had appropriate insurance in place. The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. The RP record had the time the pharmacist ceased their duty missing from most entries, which could cause ambiguity and make it harder for the pharmacy to show what has happened in the event of a query. The private prescription record, unlicensed specials record, emergency supply record and the CD register were in order. Patient returned CDs were recorded. A balance check for a random CD was carried out and found to be incorrect. The pharmacist said he was going to investigate this discrepancy and update the CD register accordingly.

Confidential waste was shredded. Patient information was kept out of sight of patients and the public. All staff had read and signed confidentiality agreements as part of their employment contracts. The computer was password protected, facing away from the customer, and assembled prescriptions awaiting collection were stored in the dispensary in a manner that protected patient information from being visible from the retail area. There was no privacy notice on display. So, patients may be unaware how the pharmacy intended to use their personal data.

The pharmacist had completed level 2 safeguarding training. The local contact details for seeking advice or raising a concern were present for staff to refer to. The pharmacy had a safeguarding SOP in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And it 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 the superintendent pharmacist and a medicines counter assistant on duty. The pharmacist and counter assistant appeared to work well together and manage the workload adequately. The pharmacist explained that he also employed another member of staff who worked part-time as an NVQ level 2 trained dispenser.

The counter assistant said the pharmacist was supportive and was more than happy to answer any questions she had. She explained that she kept up to date by reading through different pharmacy related journals and by speaking to pharmaceutical representatives. The counter assistant was aware of a process for whistleblowing and knew how to report concerns if needed.

The counter assistant 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 Nytol which she would refer to the pharmacist for advice. The pharmacist explained that there were no formal targets or incentives set for the staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. But there is no consultation room which may make it difficult to have confidential conversations with people.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. The counter assistant said that dispensary benches, the sink and floors were cleaned at the end of each day. The temperature in the pharmacy was controlled by heating units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the pharmacist and dealt with. Staff facilities included a kettle, outside WC with a wash hand basin that had hot running water and antibacterial hand wash available.

There was no consultation room and the pharmacist explained that any private conversations with patients were carried out when the retail area was empty, or in the rear of the pharmacy when no confidential information was visible. The pharmacist explained that they did not provide any pharmacy services that required a consultation room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and they are generally well managed. 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 generally stores its medicines appropriately. But it does not keep records of date checking, so it is not able to show that it checks all its stock.

Inspector's evidence

The pharmacy and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. Staff were clear about what services were offered and where to signpost to a service if this was not provided. For example, Medicines Use Review. The opening hours were displayed near the entrance.

There were no initials on the dispensed by or checked by boxes on the medicine labels and the pharmacist explained that this was due to him being the main pharmacist working in the dispensary and therefore he was responsible for the supply of all medicines. There were some occasions when a locum pharmacist was employed to cover annual leave. So, this may make it more difficult to establish who supplied medicines in the event of a dispensing error occurring.

The pharmacist explained that prescriptions that needed a schedule 2 CD to be added were kept clearly segregated until collection. He explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. He said schedule 3 and 4 CDs were not currently highlighted or segregated, which may increase the possibility of supplying a CD on a prescription that had expired.

The pharmacist said prescriptions for warfarin, methotrexate or lithium were not currently highlighted prior to collection. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. He had carried out an audit of patients prescribed valproate which identified they had no patients who met the risk criteria. Patient information resources were available if needed, including patient cards, patient information leaflets and warning stickers.

The pharmacist demonstrated how he clinically checked, dispensed and accuracy checked a prescription. Baskets were used to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing. He said if he dispensed and accuracy checked the same prescription, he would always take a short mental break between the dispensing and accuracy checking process.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily in the pharmacy. The pharmacist said date checking was carried out, but not recorded. A box of out-of-date stock medication was found from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy had signed up with a supplier to comply with the Falsified Medicines Directive (FMD). A

2D barcode scanner was installed. The pharmacist said he was decommissioning all stock medicines that were compliant with FMD.

Drug alerts and recalls were received by email from the MHRA. These were actioned by the pharmacist, but no record was kept, which means the pharmacy was not able to provide assurance that alerts and recalls were being appropriately dealt with.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely. It is in working order and it is used in a way that protects privacy.

Inspector's evidence

The BNF and BNFC were available. The staff also used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order but it was not PAT tested for safety, which meant there may be a possibility of the pharmacy team using unsafe equipment.

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 wasn't visible from the public area. A mobile telephone was available, and the pharmacist said he 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.