

Registered pharmacy inspection report

Pharmacy Name: Pritchards Pharmacy, 165 Meliden Road, Meliden, PRESTATYN, Clwyd, LL19 8NA

Pharmacy reference: 1043138

Type of pharmacy: Community

Date of inspection: 13/12/2022

Pharmacy context

The pharmacy is situated in a residential area of the village of Meliden. The pharmacy premises are easily accessible for people, with adequate space in the retail area. It has a consultation room available for private conversations. 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 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	1.2	Good practice	The pharmacy records, reviews, and shares adverse dispensing incidents with the pharmacy team members, 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. 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 the records required by law.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with sign off records showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were recorded on a log and were discussed with the pharmacy team member at the time they occurred. And they were shared with the pharmacy team, so they were all able to learn from them. A dispenser provided an example of how they had learnt from near miss incidents. For example, different formulations of aspirin had been separated because of several near miss incidents with this medicine.

A complaints procedure was in place. And a poster explaining the complaints process was present in the retail area. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer to the pharmacy owner if necessary. The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The responsible pharmacist (RP) record, emergency supply record, private prescription record, unlicensed medicines (specials) record, and the CD register were in order. CD running balances were kept and audited regularly. A balance check of a random CD was carried out and was found to be correct. Patient returned CDs were recorded appropriately.

The pharmacy team shredded confidential waste and confidential information was kept out of sight of the public. The pharmacy team completed information governance training when they commenced their employment. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was displayed, explaining how the pharmacy used patient's personal data. The pharmacy team had read the safeguarding policy and the pharmacist had completed level 2 safeguarding training. There were details of local safeguarding contacts available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy generally has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team generally has access to training periodically.

Inspector's evidence

There was a regular pharmacist and two dispensers on duty. This was the usual staffing level. The pharmacy team worked well together in a busy environment and managed the workload adequately. The pharmacy team participated in training if necessary. For example, when a new medicine became available, or a new service was commenced.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns about a member of the team if needed. The pharmacy team members received an appraisal with the pharmacy owner when they commenced their roles, as part of their probationary period. The team members said that the pharmacist was approachable, supportive and they were more than happy to ask her questions when needed.

A dispenser who was 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 Nurofen Plus which she would refer to the pharmacist for advice. The pharmacist explained that there were no professional service targets in place.

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 had a waiting area. The temperature was controlled by an air conditioning unit. Lighting was good. The pharmacy team explained that they cleaned the floor, dispensing benches and sink regularly.

The premises were maintained in an adequate state of repair. Maintenance problems were reported to the pharmacy owner. The pharmacy team had use of a small staff area and WC with wash hand basin and antibacterial hand wash. The consultation room 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 well managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. It sources and generally 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 people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours were displayed on the entrance. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily on shelving. Schedule 2 CD prescriptions were highlighted, to act as a prompt for team members to add the CD and to check the date on the prescription before handing out. The pharmacy team were not routinely highlighting prescriptions containing schedule 3 or 4 CDs. This meant there was an increased possibility of supplying a schedule 3 or 4 CD on an expired prescription.

A dispenser explained that prescriptions for warfarin, lithium and methotrexate were highlighted during the dispensing process with an additional warning label created by the patient medication record (PMR) computer system, to allow the pharmacist to provide counselling at the point of collection. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of valproate had been carried out and no patients who met the risk criteria had been identified. The pharmacy had patient information resources to supply with valproate.

The workflow in the pharmacy was organised into separate areas with dispensing bench space and a designated checking area for the pharmacist. 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. Multi-compartment compliance aids included individual medicine descriptions, patient information leaflets and a dispensing audit trail. The pharmacy had up to date, signed, patient group directives (PGD) in place for the influenza vaccination service and for the Sore Throat Test and Treat service. The pharmacist explained how the Sore Throat Test and Treat service was provided and said this service had been extremely busy lately with 25 patients seen in the last week.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was 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 being recorded daily. Patient returned medicines were stored tidily in clinical DOOP bins.

The medication stock was date checked regularly and a record was kept. Short-dated medicines were highlighted. No out-of-date stock medicines were present from a number that were sampled. 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, acted on by a member of the pharmacy team, and a record of these was present.

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 to make sure it is safe.

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 pharmacy owner. All electrical equipment appeared to be in working order and had been PAT tested for safety.

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. Computers were password protected and screens were positioned so that they weren't visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people 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.