

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Tyn-Y-Gongl, BENLLECH BAY, Anglesey, LL74 8TG

Pharmacy reference: 1043921

Type of pharmacy: Community

Date of inspection: 21/10/2019

Pharmacy context

The pharmacy is located within a short walking distance to a GP practice, in Benllech Bay, Anglesey, North Wales. The pharmacy premises are easily accessible for people with 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. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time. The pharmacy is utilising the offsite dispensing facility for repeat prescriptions.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards not all met	2.1	Standard not met	At times the pharmacy does not have enough staff to be able to provide its services safely and effectively.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Expiry date checks are not carried out regularly for all stock. And some stock medicines have been removed from their original containers and are not labelled with batch numbers or expiry dates. This increases the possibility of supplying a medicine that is not safe or fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Members of the pharmacy team work to professional standards. 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. The pharmacy keeps the records that are needed by law and it protects peoples' private information.

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 dispenser was able to clearly describe his duties.

Dispensing incidents were reported on the computer system and learning points were included. Some near miss errors were reported on a near miss log, but there were no near miss errors were reported in July 2019. It was documented on the near miss monthly analysis for July 2019 that there were no near miss errors recorded due to the pharmacy being under staffed and over worked, attributed to the roll-out of the offsite dispensing facility and a new nursing home racking system to deal with. The near misses were discussed with the pharmacy team member at the time.

A complaints procedure was in place. The dispenser explained that he aimed to resolve complaints in the pharmacy at the time they arose, but he would refer the customer to the pharmacy manager or head office if necessary. A customer satisfaction survey was carried out annually, with the results of the latest surveyed displayed in the consultation room. A member of the pharmacy team explained that seperately to the customer survey, some people had verbally provided negative feedback about their prescription not being ready for collection when they expected it, due to being dispensed at the offsite facility. So, the pharmacy team were dispensing these prescriptions locally to ensure that people had not gone without their medication.

The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The emergency supply record, unlicensed specials record and the CD register were in order. CD running balances were kept and audited regularly. Patient returned CDs were recorded appropriately. The responsible pharmacist (RP) record had the time the RP ceased their duty missing from some entries. The private prescription record had the date of the prescription or the date of dispensing missing from some records.

Confidential waste was shredded. Confidential information was kept out of sight of the public. The pharmacy team 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 in a manner that protected patient information from being visible. A practice leaflet was present and explained how the pharmacy intended to use patient's personal data.

The pharmacy team had read the safeguarding policy and the pharmacist had completed level 2 safeguarding training. The details of local safeguarding contacts were available.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy is very busy, and the workload is challenging. At times, it does not have enough staff to operate safely which makes service provision less effective. The pharmacy team feels supported by the pharmacy manager. And members of the team receive feedback to help them improve. But they don't always have time to complete additional training to keep their knowledge up to date.

Inspector's evidence

There was a pharmacist manager, a pharmacy technician and a dispenser on duty. The pharmacy team worked well together but appeared to be working under significant pressure to ensure all tasks were completed with several people waiting in the retail area, the telephone constantly ringing and the pharmacist busy accuracy checking prescriptions. During the inspection the dispenser had to leave for 30 minutes to carry out pharmacy related tasks, which left the pharmacist and pharmacy technician struggling to cope with the workload. And this took place daily. The pharmacy was not up-to-date with tasks such as date checking and cleaning. The pharmacy team were a week behind with dispensing repeat prescriptions and there was also a backlog of prescriptions that should have been sent to the offsite dispensing facility. People were observed to be attempting to collect repeat prescriptions that had been received by the pharmacy up to a week ago, but the prescriptions were found to be in the pile waiting to be sent to the offsite dispensing facility. When the pharmacy attempted to dispense these some medicines were found to be out of stock. Due to current sickness and recruitment challenges the pharmacy team said that on some occasions recently they had been operating with just a pharmacist and two assistants. According to the pharmacy team's rota, the next day between 15:15pm and the pharmacy closing there was going to be just a pharmacist and one assistant. The pharmacy team participated in ongoing training using the e-learning platform "moodles". The dispenser was unable to log into his e-learning account to demonstrate how training modules were accessed, due to technical issues. He said the pharmacy manager was supportive with learning, but it was difficult to find the time to complete training due to the workload. He said he was unable to recall the last time he had completed any training.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns if needed. Details outlining the policy were available for staff to refer to. The members of the team felt supported by the pharmacy manager and had received an appraisal with her in the last year.

The pharmacy technician 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 targets for some of the services such as MURs but said she had not felt under any pressure to achieve the targets. She said she was not aware of any consequences to not hitting the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is in an adequate state of repair. But, cleanliness and tidiness are below expected levels. The pharmacy has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy had a large retail area and a waiting area. The temperature in the pharmacy was controlled by heating units. Lighting was adequate. The pharmacy team were responsible for cleaning the floor, dispensing benches and sinks, but according to the cleaning rota this had not been completed for some time. There was litter on the floors where the pharmacy team worked. The pharmacy manager said the general house-keeping tasks had not been carried out regularly because some members of the pharmacy team had been on sick leave and staff had struggled to cope with the workload.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were added to a maintenance log and reported to head office. The pharmacy team facilities included a microwave, toaster, 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 not all met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed. But members of the pharmacy team do not always know when high-risk medicines are being supplied to people. So, they may not always make extra checks or take the opportunity to provide advice. Stock medicines are not regularly checked to make sure they are in good condition and some are not labelled with batch numbers or expiry dates. This means there is an increased risk of supplying a medicine that is not safe or fit for purpose.

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.

Schedule 2 CDs awaiting collection had a CD sticker attached to the bag. This was to act as a prompt for a member of the pharmacy team to remove it from a CD cabinet at the time of collection. Prescriptions containing schedule 3 or 4 CDs were not always highlighted prior to collection, which may increase the possibility of supplying a CD on a prescription that had expired.

Prescriptions for warfarin, methotrexate and lithium were supposed to be highlighted with a see pharmacist sticker attached to the assembled bag. This was to enable the pharmacist to provide the appropriate counselling when handing out the medicine. But a prescription for warfarin awaiting collection had not been highlighted. The pharmacist was aware of the risks associated with supplying valproate. She explained that a clinical audit of patients prescribed valproate had been carried out and had identified two people who met the risk criteria. Both people were referred to the prescriber. The pharmacy had patient information resources to supply with valproate.

The work flow 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.

Repeat prescriptions for some people were being dispensed offsite at a hub, referred to by the pharmacy team as offsite dispensing solutions (ODS). The pharmacist provided a detailed explanation of how this service worked in practice. Once the prescription was received from the GP it was clinically checked and accuracy checked by the pharmacist. The accuracy check involved checking that the prescription data had been correctly inputted before it was sent to the hub. An audit trail for these tasks was kept on the computer. Each stage of the process was clearly defined, and the pharmacy team were able to track this. If a prescription request was sent to the hub from the pharmacy on a Tuesday it was assembled and received back in the pharmacy on a Thursday. The pharmacy team informed people of the timescales and turnaround times for their repeat prescriptions to be dispensed offsite and if necessary prescriptions were dispensed locally by the branch. Once the assembled prescription was received back from the hub, it was supposed to be matched up with the respective prescription and placed in the retrieval area. But, this was not happening which made it more time consuming for the pharmacy team at the point of collection. Fridge medicines and CDs were dispensed locally by the

pharmacy and not the hub. And then were added to the assembled prescription at the point of collection.

The pharmacy supplied medicines in multi-compartment compliance aids for some people. Patient information leaflets were included, and hospital discharge summaries were kept for the pharmacist to refer to. The assembled compliance aids awaiting collection had individual medicine descriptions added and patient information leaflets included for all medicines. The pharmacy team were dispensing the compliance aids that were due to be supplied the following day, which may not provide adequate time to sort any issues out and may increase the possibility of error. The pharmacy provided a prescription delivery service for some people. People's signatures were routinely obtained for receipt of medicines delivered and if people 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 untidily with different medicines mixed together on the dispensary shelves. Loose cut blisters of stock medications were present, and some had no batch number or expiry date details. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits.

The pharmacy team were aware of the Falsified Medicines Directive (FMD). 2D barcode scanners had been installed at each computer terminal. The pharmacy had FMD computer software installed and the pharmacy team were currently decommissioning prescription medicines dispensed offsite at the hub, but not those dispensed locally due to workload pressure. Therefore, the pharmacy was not yet fully complying with legal requirements.

There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete. 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. A dispenser explained that the insulin box was shown to the patient upon collection to confirm it was what they were expecting.

The medication stock had been divided up into sections for date checking purposes, with different sections date checked periodically. According to the date checking record some areas of the dispensary had not been date checked since January 2019. Short dated medicines were supposed to be highlighted, but a box of sodium valproate 500mg tablets was due to expire at the end of October 2019 and two containers of Betoptic 0.25% eye drops were due to expire at the end of October 2019 and these had not been 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 and MHRA. These were read, acted on by a member of the pharmacy team 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 appropriately maintained and 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, BNF, BNFc 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 October 2020.

The blood pressure monitor and weighing scales were in working order and were due to be recalibrated in October 2020. 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 of the pharmacy. A cordless telephone was available in the pharmacy. 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.