

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: 05/08/2020

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 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 and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	All members of the pharmacy team receive regular training and assessment to make sure they know how to protect confidential information.
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	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
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 people's 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.

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 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. The near miss records were reviewed for trends and patterns each month, with the outcome of the review fed back to the pharmacy team as part of a patient safety briefing.

COVID-19 information posters were displayed throughout the premises. Strict social distancing measures were in place for people entering the premises, including, floor markings and a restriction of the number of people permitted to enter the retail area at any one time. A screen had been installed in front of the medicines counter and all team members wore personal protective equipment (PPE) throughout the day. This included a facial mask, gloves, a facial visor if necessary, and they had access to alcohol hand gel. A COVID-19 premises risk assessment had been carried out by the pharmacy manager. And individual COVID-19 risk assessments had been completed for each team member.

A complaints procedure was in place. The pharmacy team members aimed to resolve complaints in the pharmacy at the time they arose, but they would refer to the pharmacy manager or head office if necessary. A customer satisfaction survey was carried out annually, and the results of the latest survey were displayed in the consultation room.

The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The responsible pharmacist (RP) record, private prescription record, 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.

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 present.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are trained and work effectively together. They are comfortable about providing feedback to their manager and receive feedback about their own performance to help them improve. The pharmacy 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 a pharmacist pharmacy manager, an accuracy checking pharmacy technician (ACPT), two dispensers and a trainee dispenser on duty. This was the usual staffing level. The pharmacy team worked well together and managed the workload adequately. The pharmacy team participated in ongoing training using the e-Learning platform "moodles". A detailed training record for each team member was kept, to help ensure they completed the training modules in a timely manner. A dispenser said that they were provided with adequate time to keep up to date with any outstanding training. Each pharmacy team member had completed or was in the process of completing a COVID-19 training module.

The pharmacy team were aware of a whistleblowing 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.

A member of the pharmacy team covering the medicines counter was clear about their role. They knew what questions to ask when making a sale and when to refer the patient to a pharmacist. They were clear which medicines could be sold in the presence and absence of a pharmacist and said they would refer to the pharmacist for advice if they suspected a customer might be abusing medicines. The pharmacist explained that there were targets for some of the services such as Medicines Use Reviews (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 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 in the pharmacy was controlled by air conditioning units. Lighting was adequate. The pharmacy team cleaned all areas of the premises regularly, including, the floor, dispensing benches and sinks, and a record was kept.

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 met

Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. It sources and 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 patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours were displayed. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily on hanging rails. Prescriptions that included a CD were highlighted with a sticker, to act as a prompt for team members to check the date on the prescription when handing out.

Prescriptions for warfarin, methotrexate and lithium were highlighted with a "see pharmacist" sticker attached to the assembled prescription bag. This was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. The pharmacist gave an example that information obtained from people who were prescribed high risk medicines, such as the latest INR results for those prescribed warfarin, was added to the computer patient medication record (PMR). The pharmacist was aware of the risks associated with the use of valproate during pregnancy. The pharmacy had carried out an audit of patients prescribed valproate 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 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.

Repeat prescriptions for some people were being dispensed offsite at a hub. Once the prescription was received from the GP it was clinically checked and accuracy checked. 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 matched up with the respective prescription and placed in the retrieval area. 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 were labelled with descriptions so that

individual medicines could be identified. Patient information leaflets were included for all medicines. The pharmacy team were working up to two weeks in advance for the supply of compliance aids. The pharmacy provided a prescription delivery service for some people. 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 tidily. 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 all prescription medicines, including those dispensed offsite at the hub.

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 would be 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 on a three-monthly cycle. A date checking matrix was in place. 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. 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.