General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Castle Square, CAERNARFON, Gwynedd, LL55 1AB

Pharmacy reference: 1043939

Type of pharmacy: Community

Date of inspection: 19/09/2019

Pharmacy context

The pharmacy is situated among other retail shops in Caernarfon, North Wales. The pharmacy premises are easily accessible for people, with an automated entrance door and 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 are 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	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 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. 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 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, with exception of the trainee counter assistants who had recently commenced their roles. Roles and responsibilities of staff were set out in SOPs. A dispenser was able to clearly describe her 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 not all. The near misses were discussed with the pharmacy team member at the time. The pharmacy team were now putting a cross on all split boxes of stock medication to help reduce the risk of an incorrect quantity being dispensed.

A complaints procedure was in place. The pharmacy manager explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer the customer to the regional lead or head office if necessary. A customer satisfaction survey was carried out annually. Some patients had provided negative feedback about waiting times. So, the pharmacy team were now advising patients of an estimated time for their prescription to be dispensed or supplied.

The pharmacy had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The private prescription record, emergency supply record, specials procurement 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.

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 the dispensary in a manner that protected patient information from being visible. A practice leaflet was present and explained how the pharmacy handled patient's personal data.

The pharmacy team had read the safeguarding policy and the pharmacists and ACPT had completed level 2 safeguarding training. There were no details of local safeguarding contacts available, which may make it more difficult for the pharmacy team to seek advice or raise concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy generally has enough staff to operate safely. But this is a busy pharmacy and the workload is challenging, which at times may make service provision less effective. Members of the pharmacy team work well together. They are comfortable about providing feedback to their manager and receive feedback about their own performance.

Inspector's evidence

There were two locum pharmacists, an accuracy checking pharmacy technician (ACPT) who commenced the role of pharmacy manager on 1 September 2019, two dispensers (one of which was a locum) and three trainee counter assistants on duty. The pharmacy manager explained that there had recently been a turnover of regular team members, which had led to the increase in locum cover in the short-term.

The pharmacy team appeared to work well together but were observed to be working under some pressure to ensure all tasks were completed with a number of patients waiting in the retail area, the telephone constantly ringing and both pharmacists busy clinically assessing and accuracy checking prescriptions. At times, the pharmacy had up to six waiting prescriptions being dispensed, substance misuse patients to serve, wholesaler deliveries to put away, offsite dispensing solutions (ODS) prescriptions to manage and a number of repeat prescriptions in the process of being dispensed. The pharmacy was up-to-date with tasks such as dispensing compliance aids and general housekeeping. The pharmacy manager explained that two pharmacists worked in the pharmacy on a Monday, Wednesday, Thursday and Friday of each week. The pharmacy was recruiting for a regular pharmacist and had recently recruited a pharmacy technician and a dispenser who were both due to commence their full-time roles in October 2019.

The pharmacy team participated in ongoing training using the e-learning platform “moodles”. A dispenser logged into her e-learning account to demonstrate how training modules were accessed. She said the pharmacy manager was supportive with learning, but it was difficult to find the time to complete training due to the workload and she had not completed any training recently.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns about a member of staff if needed. Details outlining the policy were available for staff to refer to. The pharmacy team members spoken to had received an appraisal with a previous pharmacy manager in the last 2 to 3 years.

A trainee medicines 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 co-codamol which she would refer to the pharmacist for advice.

A pharmacist explained that there was an expectation for him to complete MURs, but said he had not felt under any pressure to do this and he was not aware of any consequences to not completing MURs.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and generally 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 generally tidy. It had a waiting area. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good.

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. Staff facilities included a microwave, 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. But members of the pharmacy team do not always know when high-risk medicines are being delivered to people. So, they may not always make extra checks or take the opportunity to provide advice. The pharmacy generally stores its medicines appropriately. But it does not keep an up-to-date record of date checking, so it is not be able to show that it regularly checks all its stock.

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.

The pharmacy had a prescription retrieval area where the majority of assembled prescriptions awaiting collection were stored on hanging rails. But, a number of assembled prescriptions were being stored in bags, directly on the floor of the retrieval area, which may increase the possibility of a medicine becoming damaged prior to supply. 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 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 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 prescription. A prescription for warfarin awaiting collection had been highlighted, but patients who were prescribed high-risk medicines and had their prescriptions delivered were not highlighted.

The pharmacists were aware of the risks associated with supplying valproate. The pharmacy had identified two people who were prescribed valproate who met the risk criteria. One of these had been referred to their GP who had changed the medication and the other person was in the process of being referred by a pharmacist. The pharmacy had no patient information resources for the supply of valproate, including, patient cards, patient information leaflets and warning stickers, which meant they may not be able to supply all of the necessary information if valproate was dispensed.

The work flow in the pharmacy was organised into separate areas with adequate dispensing bench space and designated checking areas for the pharmacist and ACPT. 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.

The pharmacy were utilising the offsite dispensing facility for repeat prescriptions, referred to by the pharmacy team as offsite dispensing solutions (ODS). The pharmacy manager provided a detailed explanation and demonstration of how this service worked in practice. Once the prescription was received from the GP it was clinically checked by a pharmacist and accuracy checked by a pharmacist or ACPT. The accuracy check involved a check of each medicine prescribed and the dosage instructions. For example, if a medicine had been prescribed as 1 od, this was updated on the computer to 1 daily. 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 Monday it was assembled and received back in the pharmacy on a Wednesday. 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 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 routinely 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 supplied. At present some of the multi-compartment compliance aids were being dispensed offsite at another hub, to help reduce the workload for the pharmacy team. The pharmacy was working a week in advance for dispensing the multi-compartment compliance aids.

A dispenser explained how the prescription delivery service was carried out. Patient signatures were routinely obtained for receipt of prescriptions delivered and if patients were not at home when the delivery driver attempted to deliver, a note was left. The pharmacy provided a substance misuse service for some people. The pharmacy manager explained how this service was provided, which was in accordance with the SOP.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was generally stored tidily in the pharmacy. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. A random balance check for a CD was carried out and found to be correct.

The pharmacy team were aware of the requirements of the Falsified Medicines Directive (FMD). 2D barcode scanners had been installed at each computer terminal. But the pharmacy had no FMD computer software. And the pharmacy team were unaware of the timescale from head office for the pharmacy to become compliant with FMD. Therefore, the pharmacy was not yet complying with legal requirements.

There were two clean medicines fridges, equipped with thermometers. The minimum and maximum temperature were being recorded daily and the records were 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. Stickers attached to the stock drawers indicated that some of the stock had been date checked at the end of August. But the date checking record prior to this was missing. Short dated medicines were highlighted. No out-of-date stock medicines were seen from a number that were sampled. The date of opening for liquid medicines with limited shelf life was seen 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 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 BNF and BNFc were available. The staff used the internet to access websites for up to date information. For example, 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.

There was a selection of liquid measures with British Standard and Crown marks. A dispensette measuring device which was cleaned and calibrated between use and designated measures were used for methadone. 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 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.