

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, Medical Hall, CEMAES BAY,  
Gwynedd, LL67 0HH

**Pharmacy reference:** 1043943

**Type of pharmacy:** Community

**Date of inspection:** 20/11/2019

## Pharmacy context

The pharmacy is located in Cemaes Bay on the isle of Anglesey, in North Wales. The pharmacy premises are easily accessible for people, with adequate space in the large 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
<b>1. Governance</b>	Good practice	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 staff receive Information Governance training when their employment begins, then get regular refresher training and assessment to provide assurance that they understand their responsibilities.
<b>2. Staff</b>	Standards met	2.4	Good practice	The pharmacist manager supports the pharmacy team to identify and address their learning and development needs.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Good practice	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Good practice

### 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.

### 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. The accuracy checking pharmacy technician (ACPT) was able to clearly describe her duties. Dispensing incidents were reported on the computer system and learning points were included. Near miss errors were recorded on a log and were discussed with the pharmacy team member at the time. Near miss errors were reviewed each month for trends and patterns, with previously documented reviews kept in the pharmacy, after being shared with the pharmacy team. High alert stickers were observed to be placed on the dispensary stock shelves where previous dispensing errors had occurred and the pharmacist explained that this was to act as a prompt for team members when dispensing these medicines.

A complaints procedure was in place. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer to head office if necessary. A customer satisfaction survey was carried out annually, with the results of the survey displayed in the consultation room. Separately to the customer satisfaction survey some patients had verbally provided negative feedback about stock availability. The pharmacist explained that other branches were contacted, different wholesalers were contacted and if necessary the GP was asked to consider prescribing an alternative medicine when there were manufacturing problems with stock.

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. There were details of local safeguarding contacts available.

## 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. 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 manager, an accuracy checking pharmacy technician (ACPT), a dispenser and two medicines counter assistants on duty. The pharmacy team worked well together and managed the workload adequately. The pharmacy was up-to-date with tasks such as general housekeeping and dispensing compliance aids.

The pharmacy team participated in ongoing training using the e-learning platform "moodles". The team members had completed a training module on influenza in October 2019 and the ACPT said that time to complete training modules in work was provided by the pharmacist when the workload permitted.

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 the pharmacist manager in the last year.

A 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 Solpadeine which she would refer to the pharmacist for advice. The pharmacist said there were targets in place for professional services such as MURs. She explained that she had returned from annual leave and not many MURs had been completed in her absence, so she felt under pressure to do them. She said she did not believe there was any compromise to the quality of services provided or the patient because of 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 heating units. Lighting was adequate. The pharmacy team cleaned the floor, dispensing benches and sinks regularly, 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. 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 ✓ Good practice

### 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 and a list of services provided was displayed.

The pharmacy had a prescription retrieval area where most assembled prescriptions awaiting collection were stored on hanging rails. But, some 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 CD prescriptions were kept segregated, then dispensed and accuracy checked at the time the patient presented in the pharmacy. Prescriptions containing schedule 3 or 4 CDs that were awaiting collection were highlighted with a date check sticker and the ACPT said this was to ensure it was supplied within 28 days of the prescription date.

Prescriptions for warfarin, methotrexate and lithium were highlighted with a sticker containing the name of the high-risk medicine attached to the assembled prescription bag. This was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. The patient medication record (PMR) for a patient prescribed warfarin was reviewed and it contained a history of previous INR records and warfarin doses. 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 no patients who met the risk criteria had been identified. Patient information resources for the supply of valproate were available.

The work flow in the pharmacy was organised into separate areas with 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 had some people's repeat prescriptions being dispensed offsite at a hub, referred to by the pharmacy team as offsite dispensing solutions (ODS). The ACPT 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 the ACPT. 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 were added to the assembled prescription at the point of collection. The pharmacy team members spoken to said that ODS had caused some disruption to the workload when it was initially rolled out, but this had improved since.

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 was working a week in advance for dispensing the multi-compartment compliance aids.

The 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.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily in the pharmacy. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. The pharmacy team were aware of the Falsified Medicines Directive (FMD) and had received training. 2D barcode scanners had been installed at each computer terminal. The pharmacy had FMD computer software installed and the pharmacy team were currently decommissioning FMD compliant prescription medicines at the point of collection.

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 was stored in the fridge in a clear bag. The 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. 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 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 used in a way that protects privacy. And the electrical equipment is regularly tested for safety purposes.

### Inspector's evidence

The up-to-date 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 had been PAT tested in October 2019. 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 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.