

# Registered pharmacy inspection report

**Pharmacy Name:** J A Davies CYF, 32 High Street, CRICCIETH,  
Gwynedd, LL52 0BT

**Pharmacy reference:** 1043947

**Type of pharmacy:** Community

**Date of inspection:** 18/11/2019

## Pharmacy context

The pharmacy is situated amongst other retail shops, in Criccieth, North Wales. The pharmacy premises are accessible for people, with adequate space in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses 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.

## 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>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 sheets showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing incidents were recorded in a significant event book and were reviewed by the superintendent (SI). Near miss errors were discussed with the member of the pharmacy team at the time. The pharmacist explained that some near miss errors were reported, but not all.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place and a practice leaflet explaining the complaints process was displayed on the medicines counter for people to refer to. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose. A copy of the NHS "Putting Things Right" booklet outlining how people were able to raise concerns with the NHS was available.

A customer satisfaction survey was carried out annually with the results of the last survey displayed. The pharmacist explained that some patients had provided negative feedback about the stock availability of certain brands of medication. She said the pharmacy had a good working relationship with the local GP practice and the GPs would change the medication prescribed when there were manufacturing problems with specific brands.

The company had appropriate professional indemnity insurance in place. The private prescription record, emergency supply record and the CD register were in order. Patient returned CDs were recorded and disposed of appropriately. The responsible pharmacist (RP) record was up-to-date but had the time the RP ceased their duty missing on some occasions. The unlicensed specials record had the patient details missing from some records.

Confidential waste was shredded. Confidential information was kept out of sight of patients and the public. An information governance policy was in place and all staff had read and signed confidentiality agreements as part of their training. The computer was password protected, facing away from the customer and assembled prescriptions awaiting collection were stored in a manner that protected patient information from being visible. There was no privacy notice displayed. So, people may be unaware how the pharmacy intended to use their personal data.

The pharmacist had completed level 2 safe guarding training and all staff had read the safeguarding policy. The local contact details for raising a concern were present in the dispensary for staff to refer to.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. 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, to the benefit of people who use the pharmacy's services. But the lack of formal ongoing training could mean their skills and knowledge may not always be up to date.

### Inspector's evidence

There was a regular locum pharmacist, a dispenser and a medicines counter assistant on duty. The dispenser and medicines counter assistant had completed accredited training courses for their roles. The staff were busy providing pharmacy services. They appeared to work well together as a team and manage the workload adequately.

A member of the pharmacy team spoken to said both the SI and the pharmacist present were supportive and were more than happy to answer any questions they had. She explained that apart from reading updated SOPs, no ongoing training material was provided. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. They were regularly given feedback informally from the pharmacist. For example, about near miss errors.

The 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. The pharmacist explained that there were no formal targets set for professional services.

## 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 was free from obstructions and had a waiting area. The pharmacist said that dispensary benches, sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by heating units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the pharmacist and dealt with. Pharmacy team facilities included a microwave, kettle, toaster, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. 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 handrail and a bell situated outside by the entrance. The pharmacist said people were provided with assistance up the two small steps into the pharmacy if they used the bell. There was a selection of healthcare leaflets. Staff were clear about what services were offered and where to signpost to a service if this was not provided. The opening hours were displayed near the entrance.

The work flow in the pharmacy was organised into separate areas, with generally adequate dispensing bench space and a checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A member of the pharmacy team demonstrated that prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. She explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. She said prescriptions containing schedule 3 and 4 CDs were also highlighted with a CD sticker, and an example of this was present for a pregabalin prescription awaiting collection.

A member of the pharmacy team explained that prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted prior to collection. A pharmacist had carried out a clinical audit for patients prescribed valproate and had not identified any patients who met the risk criteria. The pharmacy had patient information resources for the supply of valproate.

The pharmacist explained how the sore throat test and treat service was provided to people. The service formed part of the wider common ailments scheme (CAS) that was provided under "choose pharmacy". Up-to-date patient group directives (PGD) were present. People accessing the service had mostly been referred by their GP practice. The pharmacist said because they were swabbing the throat they were able to identify whether the sore throat was due to a viral or bacterial infection and if necessary were able to issue appropriate antibiotics. She said that people had provided positive feedback about the service because if the sore throat was due to a viral infection they were being provided with reassurance, but not issued with antibiotics when they were not clinically indicated.

The pharmacist provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for changes to medication with the handwritten list of medicines and the computer patient medication record (PMR) being updated. Disposable equipment was used. Individual medicine descriptions were not added to each compliance aid pack. So, people may not be able to easily identify their medicines. Patient information leaflets were

included. There was no dispensing audit trail on the assembled compliance aid packs and the pharmacist explained that the SI was the only person involved in the assembly and checking of the compliance aid packs, which may increase the possibility of an error going unnoticed.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. Date checking was carried out and a record was kept. No out-of-date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. A balance check for a random CD was carried out and found to be correct. There was a clean fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy was compliant with the Falsified Medicines Directive (FMD). It had FMD software installed and a 2D barcode scanner. A blue dot sticker was placed on the assembled prescription bag to indicate that there were medicines being supplied that required decommissioning prior to handout. Alerts and recalls were received via NHS email. These were actioned on by the pharmacist or pharmacy team member 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 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 pharmacist. All electrical equipment appeared to be in working order and was PAT tested in October 2019.

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. The computer was password protected with the screen positioned so that it wasn't visible from the public areas of the pharmacy.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.