

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Holyhead Road,
LLANFAIRPWLLGWYNGYLL, Gwynedd, LL61 5UJ

Pharmacy reference: 1043961

Type of pharmacy: Community

Date of inspection: 25/10/2023

Pharmacy context

The pharmacy is situated in a residential area of Llanfairpwllgwyngyll, Gwynedd, 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 both private and NHS prescriptions. It has a consultation room available for private conversations. And some prescriptions are dispensed off-site at a hub pharmacy.

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. They record some things that go wrong, so that they can learn from them. But they do not always record or review all their mistakes, so they may miss some opportunities to improve. The pharmacy keeps the records required by law.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with records showing that members of the pharmacy team had read and accepted them. Team members completed online training modules to demonstrate they had understood each SOP. Roles and responsibilities of staff were set out in SOPs. When questioned, a member of the pharmacy team was able to clearly describe her duties.

Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were discussed with the pharmacy team member at the time they occurred and were supposed to be recorded on a log. However, no near miss incidents had been recorded between May 2023 and September 2023 and there was no evidence of the records being used to identify trends or patterns.

A complaints procedure was in place. And practice leaflets explaining the complaints process were present in the retail area. The pharmacy manager explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer to head office if necessary. The pharmacy had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The emergency supply record, private prescription record, unlicensed medicines (specials) record, and the controlled drug (CD) register were in order. CD running balances were recorded and audited regularly. A record of patient returned CDs was available. The responsible pharmacist (RP) record was generally in order but had the time the RP ceased their duty missing from some occasions in the last six months. This meant it wasn't always clear when an RP had been present.

The pharmacy team shredded confidential waste and confidential information was kept out of sight of the public. The pharmacy team had completed information governance training. Computers were password protected and faced away from customers. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was displayed explaining how the pharmacy used patient's personal data. The pharmacy team had completed in-house safeguarding training and read the safeguarding policy. 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 staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacy manager. All members of the team complete the training they need to do their jobs. And they complete ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

There was a locum pharmacist, a pharmacy manager who was undertaking NVQ level 2 training, a relief dispenser and four trainee dispensers on duty. This was the usual staffing level. The pharmacy team worked well together in a busy environment and managed the workload adequately. The pharmacy team participated in ongoing training using an e-learning platform. The team members had completed an online training module on Information Governance in September 2023. A member of the pharmacy team explained that training was completed 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 the team if needed. Details outlining the policy were available for the team to refer to. The team members said that the pharmacy manager was approachable, supportive and they were more than happy to ask her questions when needed.

A trainee dispenser covering the medicines counter 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 said there were no specific professional service targets in place, in his role as locum.

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. And the pharmacy team cleaned the floor, dispensing benches and sinks regularly.

The premises were maintained in an adequate state of repair. Maintenance problems were reported to a facilities management company. The pharmacy team had use of a WC with wash hand basin and antibacterial hand wash. The consultation room 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 handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy sources medicines safely and carries out 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 people with mobility difficulties and wheelchairs. There was a selection of leaflets in the retail area to provide information about various healthcare topics. The opening hours were displayed. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily on hanging rails. Schedule 2 CD prescriptions were highlighted with a CD sticker attached to the assembled prescription bag, to act as a prompt for team members to add the CD and to check the date on the prescription before handing out. The pharmacy team also highlighted schedule 3 or 4 CD prescriptions in the same manner.

Prescriptions for warfarin, methotrexate and lithium were not routinely highlighted. This meant the team may not be aware when they were being handed out so may not always give people advice about them. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of valproate patients had been carried out and two people who met the risk criteria had been identified. Both patients had been referred to the prescriber for review. The pharmacy had patient information resources to supply with valproate. And the pharmacist was aware of the recent change to the rules around supplying valproate in original packs.

The workflow in the pharmacy was organised into separate areas with dispensing bench space and 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. A trainee dispenser explained the process for delivering prescriptions to people. The delivery driver kept a record of all prescription deliveries. And if nobody was available to accept a delivery a note was left, and the medicines were returned to the pharmacy.

The pharmacy sent some people's repeat prescriptions to be dispensed offsite at a hub. 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 and accuracy checked by a 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 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 form and placed in the retrieval area.

Fridge medicines and CDs were dispensed locally by the pharmacy and not the hub.

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. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was being recorded daily. Fridge medicines were dispensed into clear bags and an assembled prescription for insulin was being stored in the fridge in a clear bag. A member of the pharmacy team explained that the insulin box was shown to the patient upon collection to confirm it was what they were expecting. Patient returned medicines were stored tidily in clinical DOOP bins.

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 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 head office. 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 used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete, BNF and BNFc. 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 had been PAT tested in October 2023.

There was a selection of liquid measures with British Standard and Crown marks. 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. A cordless telephone was present, 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.