

Registered pharmacy inspection report

Pharmacy Name: Fferyllfa H H Parry Pharmacy, High Street,
Abersoch, PWLLHELI, Gwynedd, LL53 7DY

Pharmacy reference: 1043988

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

The pharmacy is located in Abersoch, North Wales. The pharmacy premises are accessible to most people as it has, an automatic entrance door and adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take their medicines at the right time. The pharmacy utilises an 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	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, and they get regular refresher training and assessment to provide assurance that they understand their responsibilities.
2. Staff	Standards met	2.4	Good practice	The pharmacy manager and regional leader supports the pharmacy team to identify and address their learning and development needs.
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 ✓ Good practice

Summary findings

The pharmacy manages the risks associated with its services and it 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 they 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 dispenser 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, and previously documented reviews were kept, after being shared with the pharmacy team. High alert stickers were observed to be placed on the dispensary stock shelves where previous near miss errors had occurred, and the dispenser explained that this was to act as a prompt for team members when dispensing these medicines. Amiloride and amlodipine medication stock had been separated due to previous near miss errors.

A complaints procedure was in place. The pharmacy had a practice leaflet with details of how people were able to raise a complaint. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose, but he 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. Some people surveyed had suggested that they were unaware the pharmacy team were able to signpost if needed. The dispenser explained that the pharmacy team were actively signposting patients when asked for services that were not provided. For example, needle exchange.

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. A balance check of a random CD was carried out and found to be correct. 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 screens 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 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 locum pharmacist and a dispenser, who was the acting manager, on duty. The team worked well together and managed the workload adequately. The pharmacy team participated in ongoing training using the e-Learning platform "moodles". The team members had completed a training module on GDPR in November 2019 and the dispenser said that they were allocated time to complete training modules during working hours.

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 dispenser said she and the other team members had received an appraisal with the regional leader in the last year. She said that her appraisal had been useful, it was an opportunity for her to provide feedback and also to receive feedback on her own performance.

The dispenser 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 targets or incentives in place for professional services, in his role as a 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 modified using 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 in an adequate state of repair. Maintenance problems were added to a maintenance log and reported to head office. Pharmacy team facilities included a microwave, kettle and toaster, 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 offers a range of healthcare services which are effectively managed, so people receive appropriate care. The pharmacy team members give advice when people are receiving higher-risk medicines, to make sure they take them in the right way. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure 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 bell situated outside the entrance and a mobile ramp was available for use. There was a selection of bilingual (Welsh / English) 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 assembled prescriptions awaiting collection were stored on hanging rails. Prescriptions containing schedule 2 CDs were highlighted with a CD sticker. The dispenser said this was to act as a prompt to remove it from the CD cabinet and include it with the rest of the prescription medication. She explained that prescriptions dispensed in the pharmacy containing schedule 3 or 4 CDs were highlighted with a CD sticker to ensure the date of the prescription was checked prior to supply. But some prescriptions for schedule 3 or 4 CDs dispensed offsite at a hub were not highlighted prior to collection, which may increase the possibility of supplying a CD on a prescription that had expired.

The dispenser explained that assembled prescriptions for warfarin, methotrexate and lithium were highlighted with a "see pharmacist" sticker attached to the assembled prescription bag, to enable the pharmacy team to provide counselling when handing out the prescription. She said people prescribed warfarin were asked to provide their INR results which were recorded on the computer patient medication record (PMR) system. The PMR for several people prescribed warfarin were reviewed, but INR results from the last six months were not present. So, the team may be missing some opportunities for monitoring. The pharmacy team were aware of the risks associated with the use of valproate. The dispenser explained that an audit of patients prescribed valproate had been carried out, with one patient who met the risk criteria identified. And this person was provided with the necessary patient information. Patient information resources for the supply of valproate were present.

The work flow 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.

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 dispenser 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 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. The dispenser 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 worked a week or two in advance for dispensing the multi-compartment compliance aids.

The pharmacy provided an influenza vaccination service for NHS and private patients. Copies of the up-to-date, signed patient group directives (PGD) were present. The pharmacy had in-date influenza vaccinations stored in the fridge, Emerade injections, a sharps bin, gloves, swabs and alcohol gel. The pharmacist explained how he provided the service which was in accordance with the SOP and PGD. He said that he asked people to wait for five minutes after he had administered the influenza vaccination to make sure they had not experienced an adverse reaction.

The pharmacist 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. A 2D barcode scanner had been installed at the 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 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 was stored in the fridge in a clear bag. The pharmacist 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 on an ongoing basis. 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 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. The team uses it 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 pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to a Facilities Management company. 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.