

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Y Maes, PWLLHELI, Gwynedd,
LL53 5HA

Pharmacy reference: 1043992

Type of pharmacy: Community

Date of inspection: 16/12/2019

Pharmacy context

The pharmacy is located amongst other retail shops in Pwllheli, North Wales. The pharmacy premises are easily accessible for people, with adequate space in the retail area. And it has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. It provides influenza vaccination services for both private and NHS patients. Some repeat prescriptions are assembled offsite 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	1.7	Good practice	All members of the pharmacy team receive Information Governance training when their employment begins, then get regular refresher training and assessment to provide assurance that they understand their responsibilities.
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 always review 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. Roles and responsibilities of staff were set out in SOPs. The pharmacy technician 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 records were supposed to be reviewed each month to identify trends and patterns, but this had not been done since August 2019. High alert stickers had been placed on dispensary shelves to highlight medicines where previous near miss errors had occurred. The pharmacist explained that this was to act as a reminder when dispensing these medicines, to help prevent a similar error. 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, and the results of the survey were displayed in the consultation room. Some patients had also provided negative feedback about stock availability. The pharmacy technician explained how the pharmacy team tried to manage stock shortages: for example, other branches were contacted, different wholesalers were contacted and if necessary, the GP was asked to consider prescribing an alternative medicine.

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 for a random CD was carried out and was 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 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. But, there are times when the pharmacy operates with a minimum number of suitably trained team members, which may compromise the ability of the pharmacy team to provide services effectively to people. The team members are comfortable about providing feedback to the pharmacist. And they receive feedback on their own performance. But the lack of time to complete ongoing training could mean their skills and knowledge may not always be up to date.

Inspector's evidence

There was a pharmacist manager, a pharmacy technician and a trainee dispenser on duty. The pharmacy team worked well together. They were kept very busy providing services and there were often queues of people waiting to be served, but the team generally managed the workload effectively. The pharmacy had operated with just a pharmacist and a trainee dispenser on some days recently, due to sickness absence of other team members.

Members of the pharmacy team had completed accredited training courses for their roles or were in the process of doing so. They participated in ongoing training using the e-learning platform "moodles". The pharmacy technician said that they were allowed time to complete training modules in work when the workload permitted. But because they were usually too busy she had last completed a training module in April 2019. Training records were kept and a list of outstanding training modules to be completed by the team was displayed.

The pharmacy team was 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 the team to refer to. Members of the team had received appraisals with the pharmacist manager in the last year and copies of these were present.

The trainee 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 targets in place for professional services such as MURs, and at times she had felt under personal pressure to achieve these. 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 air conditioning 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. 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. 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 assembled prescriptions awaiting collection were stored on hanging rails. But, due to the retrieval area being full, some assembled prescriptions were being stored in plastic boxes or in bags, directly on the floor of the retrieval area, which may increase the possibility of a medicine becoming damaged prior to supply.

Prescriptions containing schedule 2 CDs were highlighted with a sticker, to act as prompt for the team to add the CD at the point of collection. The pharmacist said some but not all prescriptions containing schedule 3 or 4 CDs that were awaiting collection were highlighted with a date check sticker, to ensure it was supplied within 28 days of the prescription date. This meant there was a possibility of supplying some CDs after the prescription had expired.

Prescriptions for warfarin were highlighted with a see pharmacist sticker 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 pharmacy technician explained that prescriptions containing methotrexate or lithium were also highlighted. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. The pharmacist explained that an audit of people prescribed valproate had been carried out, one person who met the risk criteria had been identified and had been given the necessary information. Patient information resources for the supply of valproate were present.

The work flow in the pharmacy was organised into separate areas with a small dispensing bench 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.

Some repeat prescriptions were being dispensed offsite at a hub, referred to by the pharmacy team as offsite dispensing solutions (ODS). The pharmacy technician 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, the assembled medicine would be received back in the pharmacy on the 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 offered an influenza vaccination service for NHS and private patients. Copies of the signed patient group directives (PGD) and SOP were present. The pharmacist explained how the service was provided and records were kept. The necessary equipment for the service was available, including, in-date influenza vaccinations, in-date Emerade injections, sharps bin, alcohol gel and swabs.

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 aid packs.

The pharmacy technician 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 unlicensed medicines from a specials 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 was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was 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 periodically. The pharmacy technician explained that they were approximately one month behind with the date checking schedule for some sections of stock, due to workload. 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

Members of the pharmacy team have the equipment and facilities they need for the services they provide and they are used in a way that protects privacy.

Inspector's evidence

Copies of the up-to-date BNF and BNFC were present. 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 the 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 and an electric tablet counter that was in working order.

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 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.