

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Drill Hall, Glynne Road,
Bangor, GWYNEDD, LL57 1AH

Pharmacy reference: 1088659

Type of pharmacy: Community

Date of inspection: 22/06/2021

Pharmacy context

The pharmacy is situated next to a GP medical centre, in a residential area of Bangor, 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 it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time. Some prescriptions are dispensed off-site at a hub pharmacy

Overall inspection outcome

✓ Standards met

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	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 the pharmacy team receive regular training and assessment to make sure they know how to protect confidential information.
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	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
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 their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again. 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 sign off records showing that members of the pharmacy team had read and accepted them. The pharmacy was in the transition of changing to updated SOPs online, where team members completed online training modules to demonstrate they had read and understood each SOP. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties.

The pharmacy team members adhered to social distancing measures when possible. For example, they maintained a minimum of a two-metre distance from colleagues during the dispensing process. All team members wore personal protective equipment (PPE) throughout the day, which included a facial mask. And they had access to alcohol hand gel. The pharmacist pharmacy manager had carried out covid-19 risk assessments for the pharmacy and for individual team members.

Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were recorded on a log and were discussed with the pharmacy team member at the time they occurred. The near miss records were regularly reviewed for trends and patterns, with the outcome of the review fed back to the pharmacy team. The pharmacy team provided examples of how they had learnt from near miss incidents or dispensing errors. For example, different strengths of stock inhaler devices had been separated because of several near miss incidents with this medicine. The pharmacist clinically checked prescriptions prior to being accuracy checked by the accuracy checking pharmacy technician (ACPT). The pharmacist's initials were added to the prescription to indicate the clinical check had been done.

A complaints procedure was in place. And copies of a practice leaflet explaining the complaints process were present in the retail area. 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. The company 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 CD register were in order. CD running balances were kept and audited regularly. Patient returned CDs were recorded appropriately. The responsible pharmacist (RP) record had the time the RP ceased their duty missing from some occasions in the last six months.

The pharmacy team shredded confidential waste and 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 and assessment 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

privacy notice was displayed, and a practice leaflet was present, with both explaining 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 to help them improve. 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 regular locum pharmacist, an accuracy checking pharmacy technician (ACPT), a dispenser and a trainee dispenser on duty. The usual staffing level included three additional dispensers. The pharmacy 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 an online training module on Information Governance in March 2021. A member of the pharmacy team logged into her e-learning account which showed that she was up to date with mandatory training. She 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 pharmacy team members had received an appraisal with the pharmacist manager in the last year. They said that the pharmacy manager was approachable, supportive and they were more than happy to ask her questions when needed.

A member of the pharmacy team 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 codeine linctus 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 generally 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 generally tidy. It had a waiting area. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good. The pharmacy team cleaned the floor, dispensing benches and sinks regularly, and a record was kept.

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 well managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. It sources and generally 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 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 highlighted prescriptions containing schedule 3 or 4 CDs with a date check sticker attached to the bag, but the schedule 3 or 4 CD prescriptions dispensed offsite at a hub were not highlighted in the same manner. This meant there was an increased possibility of supplying a schedule 3 or CD on an expired prescription.

Prescriptions for warfarin, methotrexate and lithium were highlighted with a "see pharmacist" sticker. This was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. The pharmacist gave an example that information obtained from people who were prescribed high risk medicines, such as the latest INR readings for those prescribed warfarin, were added to the computer patient medication record (PMR). The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of valproate had been carried out and two people who met the risk criteria had been identified. Both patients had pregnancy prevention plans (PPP) in place. The pharmacy had patient information resources to supply with valproate.

The workflow 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 ACPT explained the process for delivering prescriptions to people. Due to Covid-19 restrictions, with verbal consent of the patient, the delivery driver was adding a signature to the delivery record book when a delivery had taken place. If nobody was available to accept a delivery a note was left, and the medicines were returned to the pharmacy. The pharmacy supplied medicines in multi-compartment compliance aids for some people. The assembled compliance aids awaiting collection had individual medicine descriptions added, and patient information leaflets included.

The pharmacy sent some people's repeat prescriptions to be dispensed offsite at a hub. An 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 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 were three clean medicines fridges, equipped with thermometers. The minimum and maximum temperatures were being recorded daily. Fridge medicines were dispensed into clear bags and an assembled prescription for insulin was 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. The patient returned medicine (DOOP) bins were stored in the staff toilet. This meant there was an opportunity for unauthorised access to medicines.

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 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 to make sure it is safe.

Inspector's evidence

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 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 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. 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.