General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Fferyllwyr Llyn Cyf Ltd, The Pharmacy, Abersoch Road, Llanbedrog, Pwllheli, Gwynedd, LL53 7TH

Pharmacy reference: 9010120

Type of pharmacy: Community

Date of inspection: 09/07/2019

Pharmacy context

The pharmacy is located near to the coastal town of Pwllheli, North Wales. The pharmacy premises are easily accessible for people, with adequate space in the consultation room and wide aisles in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses NHS 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	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 aims to identify and manage risks associated with its services. Members of the pharmacy team are clear about their roles and responsibilities. The pharmacy generally keeps all of the records it needs to by law. They record their mistakes so that they can learn from them. And 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 signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was following the SOPs that were relevant to her role and was able to clearly describe her duties.

The pharmacist demonstrated that dispensing incidents and near miss errors were reported online. Near miss errors reported from the three branches in the group were reviewed by the superintendent pharmacist each month. The near misses were discussed with the pharmacy team member at the time. As a result of a near miss error trend being recently identified by the superintendent across the branches with Tegretol m/r and plain Tegretol, the stock was to be separated in each branch.

The accuracy checking pharmacy technician (ACPT) showed the inspector that they had a stamp that was used on prescriptions to identify that it had received a clinical check from a pharmacist. She said any prescriptions she was asked to accuracy check that had not been clinically checked were passed back to the pharmacist.

The correct responsible pharmacist (RP) notice was displayed prominently in the pharmacy.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 the customer to the superintendent if they felt it was unresolved.

A customer satisfaction survey was carried out annually. The pharmacist explained that because of a patient providing negative feedback regarding their prescription not being ready when they expected it to be, the patient had been spoken to, to explain the process for requesting a prescription from the pharmacy and the turnaround time of 48 hours to receive the prescription back from the GP practice, prior to dispensing. She said by speaking with the patient after receiving their feedback, it had allowed the pharmacy team to help provide clarity and manage the patient’s expectation.

The company had appropriate insurance in place.The private prescription record, specials procurement record and the electronically held CD register were in order. Patient returned CDs were recorded and disposed of appropriately. The emergency supply record had the reason for supply missing from some records. The responsible pharmacist (RP) record had the time the RP ceased their duty missing on some occasions.

Confidential waste was placed in designated bags to be collected by an authorised carrier. Confidential information was kept out of sight of patients and the public. An information governance SOP was in place and all staff had read and signed confidentiality agreements. The computers were password

protected, facing away from the customer and assembled prescriptions awaiting collection were stored on shelves in the dispensary in a manner that protected patient information. An information leaflet for patients was present, “how we look after and safeguard information about you”.

The pharmacist had completed level 2 safe guarding training. A copy of the Royal Pharmaceutical Society safe guarding guidelines had been read and signed by the pharmacy team. The local contact details for raising a concern were not present, which may make it more difficult for the pharmacy team in the event of a concern arising.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are trained and work well together. They 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.

Inspector's evidence

There was a pharmacist manager, an accuracy checking pharmacy technician (ACPT), a dispenser, a medicines counter assistant and a delivery driver on duty at the time of inspection. The staff were busy providing pharmacy services throughout the inspection. They appeared to work well together as a team and manage the workload adequately.

The staff said the pharmacist manager was very supportive and was more than happy to answer any questions they had. The dispenser and medicines counter assistant explained that no ongoing training material was provided. The lack of a regular training programme might restrict the ability of staff to keep up to date.

The staff were aware of a process for whistle blowing and knew how to report concerns about a member of staff if needed. A dispenser said that they had been able to identify and request a development opportunity that had been fully supported by the pharmacist manager, for example they had been enrolled on the NVQ level 3 course to become a pharmacy technician. Staff were regularly given feedback informally from the pharmacist manager, for example 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 Nytol. i.e. she would refer the patient to the pharmacist for advice.

The pharmacist explained that there was an MUR target set in the pharmacy and she had not felt under any organisational pressure to achieve this. She said she felt there was no compromise to patient safety or the quality of services provided because of the target and she was not aware of any consequences to not hitting the MUR target.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

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, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good.

The pharmacy premises were maintained and in a good state of repair. Maintenance problems were reported to the pharmacist and dealt with.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.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access, and they are generally well managed. 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 generally stores its medicines appropriately. But it does not keep records of date checking, so it is not be able to show whether all stock has been checked.

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. 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 an assembly area for MDS, dispensing bench space and a 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 in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A dispenser explained 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 schedule 3 and 4 CDs were not currently highlighted, which may increase the risk of supplying a CD on a prescription that had expired.

The ACPT explained that assembled prescriptions containing warfarin were highlighted with an INR sticker attached to the bag. She said this was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. She said that patients prescribed warfarin were asked to provide a copy of their latest INR results in order to record them on the patient medication record (PMR). A warfarin patients' medication record was reviewed on the PMR and they had their latest INR reading documented. She said patients prescribed methotrexate or lithium were not currently highlighted.

The pharmacy had patient information resources for the valproate alert, including, patient cards, patient information leaflets and warning stickers. The pharmacist had carried out a clinical audit for patients prescribed valproate and had identified no female patients who met the risk criteria.

The MDS assembly area was clean and tidy. The ACPT provided a detailed explanation of how the MDS service was provided. She said that the pharmacy currently dispensed MDS into traditional disposable compliance packs for approximately 30 community patients. MDS was organised with an audit trail for changes to medication being added to a handwritten individual patient record which was kept in the pharmacy and the computer PMR being updated. Disposable equipment was used. She explained that patient information leaflets for the medicines supplied were not routinely included. Some of the assembled MDS packs awaiting collection had tablet descriptions included but not all, and no patient information leaflets. So, patients may not be able to easily identify their medicines and may not have

the most up-to-date medicines information.

The pharmacy had a robot installed for the supply of medicines into compliance pouches. The pharmacist explained that the compliance pouches were supplied to one care home with 18 residents in total, and community patients who had carers to assist them. The dispenser demonstrated how the robot operated and dispensed medicines into the compliance pouches. The individual compliance pouches included the patient name, medicine details, time of day to take and medicine descriptions. A dispensing audit trail was included on the compliance pouches supplied.

The delivery driver explained how the prescription delivery service was provided to patients. He said at present patient signatures were obtained for receipt of CDs delivered and not other prescription deliveries. Therefore, the pharmacy would not have a robust audit trail for the supply for all medicines. The delivery driver said if a patient was not at home at the time of delivery a note was left, and the prescription was returned to the pharmacy.

Stock was stored tidily in the pharmacy but there were a small number of medicines that had been decanted from their original containers into medicine bottles and had no batch number or expiry date on, and a bottle of atenolol 25mg / 5ml oral solution with no date of opening on. The pharmacist disposed of these medicines and said that she would speak to the pharmacy team to ensure stock medicines were not kept in this manner in future. Date checking was carried out but not documented. Short dated medicines were highlighted with the expiry date written on. 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 an electronic record was kept. A balance check for 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). 2D barcode scanners were observed in use. All staff had received FMD training and the pharmacist provided a demonstration of how FMD worked during the dispensing process. Alerts and recalls etc. were received via 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 the service safely.

Inspector's evidence

The staff used the internet to access websites for up to date information. e.g. 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.

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 of the pharmacy.A cordless telephone was available in the pharmacy and the staff said they used these 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.