

Registered pharmacy inspection report

Pharmacy Name: Fferyllfa J Ellis Jones Pharmacy, Brook House, High Street, Llanberis, Caernarfon, Gwynedd, LL55 4SU

Pharmacy reference: 9012233

Type of pharmacy: Community

Date of inspection: 14/02/2024

Pharmacy context

The pharmacy is situated on the high street in Llanberis, Gwynedd. 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 two consultation rooms available for private conversations. The pharmacy provides a common ailments scheme for patients, to treat different conditions.

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 effectively. 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 take positive steps to help reduce the risk of similar 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. 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.

Dispensing errors were recorded 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 involved in the dispensing process at the time they occurred. The near miss records were regularly reviewed for trends and patterns, with the outcome of the review shared with the pharmacy team. The superintendent regularly reviewed dispensing errors and near miss errors across all branches in the group, and shared common trends to the pharmacy team, to help prevent the same errors from occurring.

A complaints procedure was in place. And a poster explaining how to raise a complaint was present in the retail area. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, but referred to the superintendent as a point of escalation. The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The responsible pharmacist (RP) record, emergency supply record, private prescription record, unlicensed medicines (specials) record, and the controlled drugs (CD) register were in order. CD running balances were kept and audited regularly. Patient returned CDs were recorded appropriately.

The pharmacy team shredded confidential waste and confidential information was kept out of sight of people using the pharmacy. The pharmacy team had completed information governance training so they were aware of how to protect people's data. Computers were password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that prevented patient information from being visible. A privacy notice was displayed, explaining how the pharmacy used people's personal data. The pharmacy team had read the safeguarding policy, and the pharmacist had completed level 3 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. And 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. And the team has access to ongoing training.

Inspector's evidence

There was a relief pharmacist, a dispenser, and a trainee dispenser on duty. The usual pharmacy team also included a pharmacy technician. They worked well together and managed the workload adequately. The trainee dispenser explained that the regular pharmacist was mentoring her through the NVQ2 course to become a dispenser, and she felt supported by the pharmacists and team members. They participated in ongoing training periodically, using an e-learning platform, and had completed training in the last three months.

The pharmacy team were aware of the whistle blowing policy that was in place and knew how to report concerns. Details outlining the policy were available for the team to refer to. The pharmacy team said that the pharmacist pharmacy manager was approachable, supportive and they were more than happy to ask him questions when needed.

The trainee dispenser covering the medicines counter was clear about her role. She knew what questions to ask when selling a medicine 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. In such cases she would refer to the pharmacist for advice. The pharmacist said there were no professional service targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide the services that it offers. It has two consultation rooms so that people can have a conversation in private with members of the team.

Inspector's evidence

The pharmacy was clean and tidy and 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.

The premises were maintained in a good state of repair. Maintenance problems were reported to the pharmacy manager. The pharmacy team had use of a WC with wash hand basin and antibacterial hand wash. The consultation rooms were uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people, and they are well managed, so people receive their medicines safely. The pharmacy team completes extra checks when supplying higher-risk medicines, to make sure they are being used properly and safely. It sources and stores medicines appropriately and carries out checks to help make sure that they are kept in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation rooms and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours were displayed on the entrance door. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily on shelving. 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 so that it is not supplied to people past its legal validity. Schedule 3 and 4 CD prescriptions were also highlighted to check the date on the prescription before handing out.

The pharmacist explained that prescriptions for warfarin, methotrexate and lithium were highlighted by the patient medication record (PMR) computer system to help ensure that patients were counselled, and the medicines were being monitored appropriately. For example, obtaining confirmation that regular blood tests were being undertaken by the GP practice. And she provided an example of this for a high-risk medicine. 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 had not identified any patients who met the risk criteria. The pharmacy had patient information resources to supply with valproate. The pharmacy team were aware of the recent changes to the rules with regards to supplying valproate.

The pharmacist explained how a common ailments scheme (CAS) consultation would be carried out, including, assessing the patient and record keeping. There were up to date, signed, patient group directives (PGD) present for each condition treated. The workflow in the pharmacy was organised into separate areas and a designated checking area for the pharmacist. An audit trail of dispensing, accuracy check, clinical check and hand out was present on the PMR. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily and 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. Patient returned medicines were disposed of appropriately.

The medicine stock had been divided up into sections for date checking purposes, with different sections date checked periodically. Short-dated medicines were highlighted by the PMR system. 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 people's 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 and was new when the pharmacy opened 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 have 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.