

Registered pharmacy inspection report

Pharmacy Name: Towyn Pharmacy, Unit 1, Pario Business Park,
Towyn Road, Towyn, Abergele, Conwy, LL22 9HB

Pharmacy reference: 9012447

Type of pharmacy: Community

Date of inspection: 08/10/2024

Pharmacy context

This pharmacy is situated amongst other retail shops and restaurants, in the coastal town of Towyn, North Wales. The pharmacy premises are easily accessible for people and has adequate space in the retail area. It has a consultation room available for private conversations with its team members. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medicines in multi-compartment compliance packs to some people, to help them take the medicines at the right time.

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	1.2	Good practice	The pharmacy records, reviews, and shares adverse dispensing incidents with the pharmacy team members, to identify learning points which are then incorporated into day to day practice to help manage future risk.
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. They record their mistakes so that they can learn from them. And take appropriate steps to help reduce the risk of 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 records demonstrating that team members had read and accepted them. Roles and responsibilities of staff were set out in the SOPs and a member of the pharmacy team clearly described her duties. The pharmacist reported dispensing errors to the superintendent, and recorded them online, after investigating how and why they occurred, for learning purposes. Near miss incidents were discussed with the pharmacy team member at the time they were identified, and a record was kept. The superintendent pharmacist reviewed the near miss incidents for trends and patterns and provided feedback to the team, periodically. As a result of a near miss error with different pack sizes of isosorbide mononitrate 20mg, the dispensary stock had been separated.

The correct responsible pharmacist (RP) notice was displayed. A complaints procedure was in place. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, although she would refer the person to the superintendent if they felt it was unresolved. The pharmacy had up-to-date professional indemnity insurance in place. The responsible pharmacist (RP) record, private prescription record, emergency supply record, and the controlled drug (CD) registers were in order. Records of CD running balances were kept and regularly audited. A balance check for a random CD was carried out and found to be correct. Patient returned CDs were recorded and disposed of appropriately. There was no unlicensed specials record available. The pharmacist explained that she could not recall an unlicensed special being supplied since the pharmacy opened a few months ago, and provided assurance that a record would be kept of future supplies.

Confidential waste was shredded, and private information was kept out of sight of people using the pharmacy. The pharmacy team had read the information governance SOP. Computers were all password protected and screens faced away from the people using the pharmacy. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. The pharmacy practice leaflet included information on how people's personal information would be used by the team. Members of the pharmacy team had read the safeguarding SOP, and the pharmacist had completed level 3 safeguarding training. The contact numbers required for raising safeguarding concerns were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement.

Inspector's evidence

There was a regular pharmacist and a dispenser on duty. They appeared to manage the workload adequately and worked well together. The dispenser explained they were expected to read SOPs when they had been updated to help ensure they were familiar with any changes to a process. She felt that the pharmacist was supportive and was happy to answer any questions. Team members were allowed time to complete training when the workload permitted.

Members of the pharmacy team were regularly given feedback from the pharmacist. For example, they were told about near miss errors. Staff were aware of the whistleblowing policy and knew how to report concerns if needed. Details outlining the policy were available for reference.

The dispenser was clear about her role. She knew what questions to ask when speaking to patients and when to refer the patient to a pharmacist. For example, if a patient had been commenced on a new medicine, she would ask the pharmacist to intervene and provide counselling. The pharmacist explained that 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 services. It has a consultation room so that people can have a conversation in private with a member of the team.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team explained that dispensary benches, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

Any maintenance problems were reported to the superintendent. Team facilities included a microwave, kettle and toaster, WC with wash hand basin and antibacterial hand wash. There were three consultation rooms available which were uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and are generally managed effectively, so people receive their medicines safely. But members of the pharmacy team do not always know when higher-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them safely. The pharmacy sources 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 or wheelchairs. There was a selection of healthcare leaflets and posters in the retail area. Members of the pharmacy team were clear about what services were offered and where to signpost people to services the pharmacy did not provide. The opening hours and a list of the pharmacy's services were displayed in the window.

The workflow in the pharmacy was organised into separate areas, with adequate bench space for dispensing prescriptions and a designated checking area for the pharmacist. 'Dispensed-by' and 'checked-by' boxes were initialled on the dispensing labels to provide an audit trail. Plastic containers were used to separate prescriptions during dispensing, to reduce the risk of medicines becoming mixed up. Schedule 2 CDs awaiting collection had a CD sticker attached to the prescription. The pharmacist explained that this was to act as a prompt to add the CD before handing out. Schedule 3 and 4 CD prescriptions were not always highlighted. This meant there was a possibility of handing out a CD on an expired prescription.

The pharmacist explained that prescriptions for higher-risk medicines, including, warfarin, methotrexate, and lithium were not routinely highlighted prior to collection. This meant there was a missed opportunity for them to provide appropriate counselling when handing out the prescription. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy and the updated guidance around original pack dispensing. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were available.

A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance pack service was provided. The service was organised with an audit trail for mid-cycle changes to medication. Disposable equipment was used. Patient information leaflets for the medicines supplied were not routinely provided. This meant people may not have the most up to date information about their treatment. Hospital discharge prescription summaries were kept for the pharmacist to refer to. The assembled compliance packs currently awaiting collection had no individual medicine description included. Therefore, it was more difficult for people to identify their medicines. The dispenser said she would include patient information leaflets for the medicines, and individual medicine descriptions on compliance packs supplied in the future.

The pharmacy had up to date, signed patient group directives (PGD) in place for the NHS Common Ailment scheme service, and the pharmacist had completed appropriate training. The pharmacist

explained that she recently had a patient who accessed the sore throat test and treat service, who had been referred by their GP. The patient had a consultation and was treated with antibiotics, in accordance with the respective PGD.

Stock medications 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 was a clean fridge for medicines, equipped with a thermometer, and the temperature was checked and recorded daily, and in normal range. The pharmacist explained that different sections of stock medication in the dispensary and retail area were date checked periodically, and a record of date checking was available. Short-dated medicines were highlighted with a sticker added to the medicine container. 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 NHS email and MHRA. These were acted on by the pharmacist or pharmacy team member, but no record was kept. This meant there was no audit trail or assurance that the alerts and recalls were dealt with appropriately.

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 in working order.

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 superintendent. All electrical equipment appeared to be in working order.

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. Cordless telephones were available and were 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.