

# Registered pharmacy inspection report

**Pharmacy Name:** Fferyllwyr Llyn, Fferyllwyr Llyn Cyf, Llys Ednowain, Trawsfynydd, Blaenau Ffestiniog, Gwynedd, LL41 4UB

**Pharmacy reference:** 9012498

**Type of pharmacy:** Community

**Date of inspection:** 06/11/2024

## Pharmacy context

This pharmacy is situated in a residential area of Blaenau Ffestiniog, 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 a consultation room 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. And they record their mistakes so that they can learn from them. 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 clearly described 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 he 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 and the controlled drugs (CD) register were in order. CD running balances were kept and audited regularly. Patient returned CDs were recorded appropriately. The pharmacist explained that no unlicensed 'specials' medicines had been supplied since the pharmacy opened two months ago, but he understood the record keeping requirements.

The pharmacy team placed confidential waste in a designated bin to be collected by an authorised carrier, 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 locum pharmacist and a dispenser on duty. They worked well together and managed the workload adequately. The pharmacy team 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 said that the pharmacist pharmacy manager was approachable, supportive and they were more than happy to ask him questions when needed.

The 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 a consultation room 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 heating 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 superintendent. 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 on the computer system, to act as a prompt for team members to add the CD and to check the date on the prescription to prevent them being supplied to people past its legal validity. The pharmacy team carried out a weekly audit on assembled prescriptions stored in the retrieval area. This ensured that people were contacted if their prescription had been dispensed and had not been collected, and that Schedule 3 and 4 CD prescriptions were supplied before the prescription expiry date.

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. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. The pharmacy had patient information resources to supply with valproate, and 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 was carried out, including, assessing the patient's record 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 was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and was within normal range. 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 had the expiry date on the medicine's container 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 people's 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 head office. All electrical equipment appeared to be in working order and was new when the pharmacy opened in September 2024.

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.