

# Registered pharmacy inspection report

**Pharmacy Name:** Johns's Pharmacy, Albert House, High Street,  
Pentre, BAGILLT, Clwyd, CH6 6ED

**Pharmacy reference:** 1043090

**Type of pharmacy:** Community

**Date of inspection:** 16/04/2024

## Pharmacy context

The pharmacy is situated on the high street in the village of Bagillt. 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 provides an NHS Common Ailments Scheme for people, 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. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record some things that go wrong, so that they can learn from them. But they do not regularly record or review all their mistakes, so they may miss some opportunities to improve. The pharmacy keeps the records required by law.

### Inspector's evidence

The pharmacy had 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 team members were detailed in the SOPs. A member of the pharmacy team was able to clearly describe her duties.

Team members recorded dispensing errors that had been identified after people received their medicines on the pharmacy's computer system and learning points were included. As a result of a dispensing error with amlodipine and allopurinol, the dispensary shelf containing the medicines stock had been highlighted with a warning sticker attached to help prevent another picking error. Mistakes noticed before people received their medicines, known as near misses, were discussed with the pharmacy team member at the time it occurred, but a record was not always made. This meant that opportunities to learn and improve may be missed.

The pharmacy had a complaints procedure in place. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, in her role as superintendent. The pharmacy had current professional indemnity insurance. The correct responsible pharmacist notice was clearly displayed. The records for emergency supplies, private prescriptions, unlicensed medicines (specials), responsible pharmacist (RP), and the controlled drug (CD) register were in order. CD running balances were kept and audited approximately every 3 months. Patient returned CDs were recorded appropriately.

The pharmacy team shredded confidential waste, and confidential information was kept out of sight of the public. The pharmacy team had read the information governance SOP, and computers were password protected, facing away from the customer so that the screens weren't visible. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information. A privacy notice was not displayed. This meant people may not know how the pharmacy used their 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 staff to manage its workload safely. And the team members 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

The pharmacy team consisted of the superintendent pharmacist, who was also the pharmacy manager, a dispenser, and a medicines counter assistant. This was the usual staffing level. The pharmacy team worked well together in a busy environment and managed the workload adequately. The pharmacy team participated in ongoing training using an e-learning platform. The team members had recently completed an online training module on mental health, and the dispenser explained that training was completed when the workload permitted.

The pharmacy team were aware of the pharmacy's whistle blowing policy and knew how to report concerns. Details outlining the policy were available for the team to refer to. The dispenser said that the pharmacist was approachable, supportive and they were able to ask her questions or provide feedback when needed.

A member of the pharmacy team working at the medicines counter was clear about her role. She knew what questions to ask when making a sale and when to refer people to the pharmacist. She was clear which medicines could be sold in the presence and in the short absence of a pharmacist. And they demonstrated a clear understanding of medicines liable to misuse and would speak to the pharmacist if they had concerns about individual requests. The pharmacist said there were no professional service targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and is a suitable place to provide healthcare services safely. And it has a consultation room so that people can have a conversation in private with a member of the pharmacy 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 good. 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 pharmacist. 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.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access, and are 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. The pharmacy sources medicines safely 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 room 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 shelves. 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. Team members did not highlight schedule 3 and 4 CD prescriptions, and the risks of this were discussed with the pharmacist. This meant there was a chance of handing out a CD on a prescription that had expired.

Prescriptions for higher risk medicines such as warfarin, methotrexate and lithium were not routinely highlighted to ensure people received appropriate advice and counselling. This meant people may not be aware of the ongoing monitoring requirements of these medicines. The pharmacy team were aware of the risks associated with the use of valproate containing medicines during pregnancy, and aware of the updated guidance around original pack dispensing. An audit of valproate medicines dispensed by the pharmacy had been carried out, and had not identified any people who met the risk criteria. The pharmacy had patient information resources that were supplied with all valproate prescriptions.

The workflow in the pharmacy was organised into separate areas with a designated checking area for the pharmacist. The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing.

The pharmacist explained how the NHS Common Ailments Scheme (CAS) was provided to people, including how consultation records were kept online. She said she had carried out three or four consultations each week and these had been a mix of self-referrals and GP-referrals. The up-to-date, signed, patient group directives (PGD) for each condition were available to refer to.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned medicines were disposed of appropriately. And patient-returned CDs were destroyed using denaturing kits. There were two clean medicines fridges, equipped with thermometers, and the minimum and maximum temperatures were being recorded daily and were in range.

Stock medicines were divided up into sections for date checking purposes, with different sections date checked periodically. Short-dated medicines were highlighted with an elastic band placed around the

medicine's container. No out-of-date stock medicines were found present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles to ensure it was supplied before the expiry date. Alerts and recalls were received via email. 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 pharmacist. All electrical equipment appeared to be in working order and was PAT tested for safety in March 2024.

There was a selection of clean liquid measures with British Standard and Crown marks. Designated measures were used for methadone to prevent cross-contamination. The pharmacy had clean 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.