

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 5A Bridge Street, ABERAERON, Dyfed, SA46  
0AP

**Pharmacy reference:** 1043199

**Type of pharmacy:** Community

**Date of inspection:** 19/12/2019

## Pharmacy context

The pharmacy is situated amongst other retail shops in Aberaeron, Mid Wales. The pharmacy premises are easily accessible for people, with an automated entrance door and adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for 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
<b>1. Governance</b>	Good practice	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	All members of the pharmacy team receive Information Governance training when their employment begins, then get regular refresher training and assessment to provide assurance that they understand their responsibilities.
<b>2. Staff</b>	Good practice	2.2	Good practice	Members of the pharmacy team have protected time to learn while they are at work.
		2.4	Good practice	The store manager supports the pharmacy team to identify and address their learning and development needs.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Good practice

### 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 act to help stop the same sort of mistakes from happening again.

### Inspector's evidence

An audit stamp was routinely used on prescriptions to record who had clinically checked, dispensed, accuracy checked and handed out. A list of look alike sound alike (LASA) medicines were displayed on each of the computer terminals. A member of the pharmacy team explained that the list of LASA medicines had been identified across the organisation as being at an increased risk of a near miss or dispensing error. For example, amitriptyline and amlodipine, quetiapine and quinine, atenolol and allopurinol. 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 member of the pharmacy team was able to clearly describe her duties.

Dispensing incidents were reported on the 'piers' computer system and learning points were included. Near misses were reported on a near miss log. The near misses were discussed with the pharmacy team member at the time. A member of the pharmacy team had been nominated as patient safety champion and together with the pharmacist she reviewed the near miss log each month to identify learning points, which were then shared with the team. Members of the pharmacy team provided examples of stock medicines being highlighted to act as a prompt for them during the dispensing process, due to previous near miss errors, including, gabapentin and pregabalin.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. A member of the pharmacy team explained that she aimed to resolve complaints in the pharmacy at the time they arose, although she would refer the person to the store manager, regular pharmacist or head office if they felt it was unresolved. A customer satisfaction survey was carried out annually, with the results of the latest survey displayed in the consultation room. A member of the pharmacy team said because of some negative feedback received from some people regarding the waiting area, additional seating had been added.

The company had appropriate professional indemnity insurance in place. The private prescription record, emergency supply record, unlicensed specials record, responsible pharmacist (RP) record and the CD registers were in order. Records of CD running balances were kept and these were audited regularly. A balance check for a random CD was carried out and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was being collected in a designated bin to be collected by an authorised carrier. Confidential information was kept out of sight of the public. The pharmacy team had completed information governance training on e-learning when they commenced their employment and received refresher training annually. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A pharmacy fair data processing notice was displayed in the retail area.

The pharmacist said that members of the pharmacy team had completed level 1 safeguarding training on e-learning. And a member of the pharmacy team demonstrated she had completed this by logging into her e-learning account. The contact numbers required for raising safeguarding concerns were present. The pharmacist had completed both the in-house safeguarding training and level 2 safeguarding training.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are well trained and work effectively together. They are comfortable about providing feedback to their manager and receive feedback about their own performance. 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 and three dispensers on duty. The pharmacy team were busy providing pharmacy services, they appeared to manage the workload adequately and work well together. The pharmacy team used the intranet e-Learning to ensure their training was up to date. A member of the pharmacy team said they were expected to complete training on an ongoing basis and showed she had completed a training module on customer service recently by logging into her e-learning training record. The members of the pharmacy team spoken to said the store manager and regular pharmacist were supportive with learning and they were happy to answer any questions. A member of the pharmacy team said the store manager allowed staff dedicated time to complete training in work time.

Members of the pharmacy team spoken to had received informal appraisals with the store manager in the last six months and said that they had found these useful. The pharmacy team were regularly given feedback. For example, they would be told about near miss errors or any outstanding training. The pharmacy team were aware of a whistleblowing policy and knew how to report concerns if needed. Details outlining the policy were available for the team to refer to.

A member of the pharmacy team who was covering the counter was clear about their 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 understood what action to take if he suspected a customer might be abusing medicines such as co-codamol which she would refer to the pharmacist for advice. Care cards had been placed on the shelves next to some P medicines to act as a prompt for staff, as they were to be referred to the pharmacist for further advice prior to the sale. The pharmacist said there were targets in place for professional services, such as MUR. He said he did not believe there was any compromise to the quality of services provided because of the targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. And it has a consultation room so that people can have a conversation in private.

### 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 said that dispensary benches, the sink and floors were cleaned regularly, and a cleaning rota was displayed. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

Maintenance problems were added to a maintenance log and reported to head office. There was a small room situated off the dispensary that was only used to store patient returned medication containers and sharps bins, which had a significant problem with damp on the walls and ceiling. The issue had been reported and was currently under investigation. But, until the issue was resolved, this area of the premises may not provide a suitable working environment for the pharmacy team. Staff facilities included a microwave, toaster, 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 accessible to most people and they are managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. It sources and stores medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a hearing loop in working order. There was a selection of bilingual (Welsh / English) healthcare leaflets in the retail area. Staff were clear about what services were offered and where to signpost to a service if this was not provided. For example, travel vaccinations. The opening hours and a list of services provided were displayed.

The work flow in the pharmacy was organised into separate areas, with adequate dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Plastic containers were used to separate prescriptions during dispensing, to reduce the risk of medicines becoming mixed up.

The pharmacist explained that schedule 2 CDs awaiting collection had a laminated CD label included with the prescription. He explained that this was to act as a prompt to remove it from the CD cabinet. An example of this was present for a schedule 2 CD stored in a CD cabinet. He explained that all schedule 3 and 4 CDs had a "CD not in CD cupboard – check date – this script must be collected within 28 days" laminated label included with the prescription and examples of these were present. A member of the pharmacy team explained that a pharmacist information form (PIF) was used with all assembled prescriptions to highlight important information to the pharmacist such as a change in dose. Assembled prescriptions awaiting collection had PIFs included.

A member of the pharmacy team explained that laminated cards for warfarin, methotrexate and lithium were kept with assembled prescriptions in the prescription retrieval system. She said this was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. And INR results were observed to be added to the computer patient medication record (PMR) for people prescribed warfarin. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified one patient who met the risk criteria. The pharmacist spoke to the patient's GP practice and the patient was clinically reviewed. Patient information resources for valproate were present.

A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for changes to medication. Disposable equipment was used. The team member explained that patient information leaflets for the medicines supplied were provided to people routinely with each supply of medication. She said that hospital discharge prescription summaries were kept for the pharmacist to refer to. The assembled compliance aids packs awaiting collection had individual medicine descriptions included and patient information leaflets. A communications book was used to record and convey messages between the team members regarding people who received compliance packs. For example, when a person was

in hospital.

The pharmacist provided an example of a discharge medicine review (DMR) for a patient. He said the patient had been prescribed felodipine both generically and by brand on their hospital discharge prescription and had been supplied with both medicines to take home. The pharmacist contacted the patient and informed them to stop one of the duplicated medicines. He also spoke to the patients GP to advise and ensure the patients clinical records were updated.

Stock medications were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. A CD key log was available. There was a clean fridge for medicines, equipped with a thermometer and the temperature was checked and recorded daily. The pharmacy team were aware of the Falsified Medicines Directive (FMD). An FMD pilot was being carried out across some branches in the organisation. The pharmacy currently had no process for FMD in place. Therefore, the pharmacy was not complying with legal requirements.

Different sections of stock medication in the dispensary and retail area were date checked each month and a record was kept. 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, MHRA and head office. These were acted 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 services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

### Inspector's evidence

A copy of the up-to-date BNF and BNFC were present. The pharmacy team also used the internet to access websites for up to date information, for example, Medicines Complete. Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order and had been PAT tested for safety in November 2019.

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.