

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 4 High Street, LLANGEFNI, Gwynedd, LL77  
7LT

**Pharmacy reference:** 1043960

**Type of pharmacy:** Community

**Date of inspection:** 09/03/2020

## Pharmacy context

The pharmacy is situated amongst other retail shops in the town of Llangefni, on the isle of Anglesey in Gwynedd. 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>	Standards met	1.7	Good practice	All members of the pharmacy team receive regular training and assessment to make sure they know how to protect confidential information.
<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 has written procedures to help make sure the team provide services effectively. Members of the pharmacy team are clear about their roles and responsibilities. They know how to protect private information. And they record some things that go wrong. But they do not record all their mistakes, so they may miss some opportunities to improve.

### Inspector's evidence

An audit stamp was used on prescriptions to record who had clinically checked, dispensed, accuracy checked and handed out. A list of look alike sound alike (LASA) medicines was displayed on a pharmacy computer. 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 errors were reported on the 'piers' computer system and learning points were included. Some near miss incidents were reported on a near miss log, but not all. 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 they reviewed the near miss log to identify learning points, which were then shared with the team. The near miss log was last reviewed in December 2019.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place and copies of a practice leaflet with details of how people were able to raise concerns were displayed in the retail area. 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. A member of the pharmacy team said because of some negative feedback received from some people regarding waiting times for their prescriptions to be dispensed, people were now provided with an estimated time for their prescription to be dispensed, which had helped at busier times.

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. Members of the pharmacy team had completed level 1 safeguarding training on e-learning. 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 ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are trained and work effectively together. They are comfortable about providing feedback to their manager. 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 store-based pharmacist, a store manager who was trained as a dispenser, a second dispenser and a trainee dispenser on duty. The pharmacy team appeared to manage the workload adequately and work well together. The pharmacy team used 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 she had completed a training module on customer care recently. The members of the pharmacy team said the store manager and pharmacist were supportive with learning and they were happy to answer any questions. A member of the pharmacy team said the store manager allowed team members time to complete training when the workload permitted.

Members of the pharmacy team 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 she suspected a customer might be abusing medicines such as co-codamol which she would refer to the pharmacist for advice. The pharmacist said there were targets in place for professional services, such as MUR. She said she 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. 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, but a record of this was not always kept up to date. 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. Team 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 and posters in the retail area. Members of the pharmacy team 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.

Schedule 2 CDs awaiting collection had a laminated CD label included with the prescription. A member of the pharmacy team 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. They explained that all schedule 3 and 4 CDs had a CD expiry date sticker included with the prescription, and an example of this was present for a diazepam liquid prescription awaiting collection. But a prescription awaiting collection for pregabalin had not been highlighted. This meant there was an increased possibility of supplying a CD on a prescription that had expired. 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.

Laminated cards for warfarin, methotrexate and lithium were kept with assembled prescriptions in the prescription retrieval system. A member of the pharmacy team said this was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. And INR results were 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 no people who met the risk criteria. 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 mid-cycle 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

and patient information leaflets included. A communications record 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 pharmacy provided a prescription delivery service. People's signatures were routinely obtained on a handheld electronic device. A separate printed delivery note was signed by people for the receipt of controlled drugs delivered. If a person was not at home at the time of delivery, a note was left, and the prescription medicines were returned to the pharmacy.

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 were two clean fridges for medicines, equipped with thermometers and the temperatures were 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

Members of the pharmacy team have the equipment and facilities they need for the services they provide and they are used in a way that protects privacy.

### 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 April 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.