General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, Denbigh Street, LLANRWST, Gwynedd, LL26 0LL

Pharmacy reference: 1043974

Type of pharmacy: Community

Date of inspection: 18/04/2024

Pharmacy context

This pharmacy is situated amongst other retail shops in Llanrwst, north Wales. 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 medicines in multi-compartment compliance packs for some people, to help them take the medicines at the right time.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 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 regular training and assessment to make sure they know how to protect confidential information.
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	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy effectively manages the risks associated with its services and its team members take appropriate steps to protect peoples' information. They 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 try and stop 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 signature sheets showing members of staff had read and accepted them. Roles and responsibilities of the team members were set out in SOPs and a member of the pharmacy team clearly described her duties.

Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were reported on a near miss log and 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 and store manager, 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 March 2024. The store manager explained that following a dispensing error involving a post-dated prescription being supplied too early, the team had seperated all assembled post-dated prescriptions to a different area of the dispensary to help reduce the risk of it happening again.

The correct responsible pharmacist (RP) notice was displayed clearly. A complaints procedure was in place and copies of a practice leaflet with details of how people were able to raise concerns were present in the retail area. A member of the pharmacy team explained that she resolved complaints in the pharmacy at the time they arose, and referred people to the store manager, pharmacist, or head office if it was unresolved.

The pharmacy had up-to-date professional indemnity insurance. The private prescription record, emergency supply record, unlicensed medicines '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. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was collected in a designated bin to be collected by an authorised carrier. And confidential information was kept out of sight of the public. The pharmacy team had completed electronic information governance training when they commenced their employment and received refresher training annually. Computers were password protected and faced 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 displayed in the retail area explaining how the pharmacy intended to use people's personal data. Members of the pharmacy team had completed level 1 safeguarding training on e-learning. The contact numbers required for raising safeguarding concerns were present. And the pharmacists had completed level 2 safeguarding training.

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 two pharmacists, a store manager who was also a dispenser, and two other dispensers. Members of the pharmacy team appeared to manage the workload adequately and work well together. They used e-learning to help make sure their training was up to date. A member of the team explained they were expected to complete training on an ongoing basis, and she had recently completed a mental health training module. The dispensers said the store manager and pharmacists were supportive with learning and were happy to answer any questions. Team members were allowed 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 explained that they had found these useful. They were regularly given feedback. For example, they would be told about near miss incidents or any outstanding training. Team members were aware of the whistleblowing policy and knew how to report concerns. Details outlining the policy were available for reference.

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 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 store manager said there were targets in place for professional services, and she did not feel under pressure to achieve them.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy and is a suitable place to provide healthcare safely. 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 explained that dispensary benches, the sink and floors were cleaned regularly, and a record was kept. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

The pharmacy's maintenance problems were added to a maintenance log and reported to head office. Team facilities included a microwave, 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 people, and they are well managed, so people receive their medicines safely. The pharmacy team carries out extra checks when supplying higher-risk medicines, to make sure they are being used properly. 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 room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. 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 for services the pharmacy did not provide. For example, travel vaccinations. The opening hours and a list of the pharmacy's services were displayed in the window.

The pharmacy's workflow was organised into separate areas, with 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 laminated CD label attached to the prescription. A dispenser explained that this was to act as a prompt to add the CD before handing out. Schedule 3 and 4 CDs had a CD expiry date sticker attached to the prescription, as a reminder to check that the prescription was still valid when the medicines were collected. A pharmacist information form (PIF) was attached to all assembled prescriptions to highlight important information to the pharmacist such as a change in dose.

The pharmacy used an audit stamp on prescriptions to record who had clinically checked, dispensed and accuracy checked it. There was also a record of which team members supplied the medicines to people.

The pharmacy had laminated cards for warfarin, methotrexate, and lithium, which were kept with assembled prescriptions in the prescription retrieval system so that the pharmacist could provide appropriate counselling when handing out the prescription. The blood test results for each higher-risk medicine that required monitoring was written on a form. And the form was attached to each prescription for the pharmacist to review as part of their clinical check process prior to supply of the medicines. A pharmacist explained that if they did not have the up-to-date blood test results for a medicine that required regular monitoring, the GP practice issued a limited supply until the blood test had been completed and the results reviewed by a GP and a pharmacist at the pharmacy. The pharmacy team were aware of the risks associated with the use of valproate containing medicines during pregnancy, and aware of the updated rules around original pack dispensing. An audit of valproate medicines dispensed by the pharmacy team had not identified any people who met the risk criteria. Patient information resources for valproate were present and were supplied with each valproate prescription.

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 medicines. Disposable equipment was used. Patient information leaflets for the medicines

supplied were provided to people routinely with each supply of the packs. Hospital discharge summaries were kept for the pharmacist to refer to. The assembled compliance packs had individual medicine descriptions and patient information leaflets included.

A pharmacist explained how the NHS Common Ailments Scheme (CAS) was provided to people, including how consultation records were kept online. He and the 2nd pharmacist carried out approximately 12 consultations each week and these had been a mix of self-referrals, GP-referrals, and NHS 111 service referrals. The up to date, signed, patient group directives (PGD) for each condition were available to refer to. A pharmacist said that he recently carried out a consultation for a child, who presented with their mother, to access the 'sore throat test and treat' service. As a result of swabbing the child's throat the test came back as negative and no antibiotics were supplied. The pharmacist referred the child and their mother back to the NHS 111 service because of the seriousness of the child's throat condition, and after being reviewed by a GP, the child was prescribed antibiotics.

Stock medicine was sourced from licensed wholesalers and specials from a suitable manufacturer. Stock was stored tidily. CDs were stored appropriately, and a CD key log was available. Patient returned CDs were destroyed using denaturing kits. There were two clean fridges for medicines, equipped with thermometers, and the temperatures were checked and recorded daily. Different sections of stock medicines 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 to prevent the supply of expired liquid medicines. 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

The pharmacy team used the internet to access websites for up-to-date information, for example, Medicines Complete. A copy of the BNF and BNFc were present. 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.

There was a selection of clean liquid measures with British Standard and Crown marks. 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 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.