

Registered pharmacy inspection report

Pharmacy Name: Boots, Victoria House, Station Crescent,
LLANDRINDOD, Powys, LD1 5BB

Pharmacy reference: 1044006

Type of pharmacy: Community

Date of inspection: 30/12/2019

Pharmacy context

The pharmacy is situated amongst other retail shops in the town of Llandrindod Wells, Mid Wales. The pharmacy premises are easily accessible for people, with 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.

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
1. Governance	Standards met	N/A	N/A	N/A
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	N/A	N/A	N/A
5. Equipment and facilities	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. And they record things that go wrong. The pharmacy keeps the records required by law, but some information is missing, and some records are kept on loose pages, which could be mislaid or make it harder to understand what has happened if queries arise.

Inspector's evidence

An audit stamp was routinely being used on prescriptions to record who clinically checked, dispensed, accuracy checked and handed out. A list of look alike sound alike (LASA) medicines was kept in the dispensary. 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 dispenser had been nominated as patient safety champion and together with the pharmacist they reviewed the near miss log each month to identify learning points, which were displayed for team members to read.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, although she would refer the customer to the store manager or head office if they felt it was unresolved. A customer satisfaction survey was carried out annually. The pharmacist said because of receiving negative feedback verbally from some people about waiting times to be served, they now had a member of the pharmacy team working on the front counter to deal with people in a more efficient manner.

The company had appropriate professional indemnity insurance in place. The private prescription record, unlicensed specials record, emergency supply record and responsible pharmacist (RP) record were in order. CD headers were missing from some of the pages in the CD register and some pages in the CD register were loose, which does not comply with legal requirements. 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 members of the pharmacy team spoken to said they had completed information governance training on e-learning when they commenced their employment. Computers were all password protected with screens faced away from the customer. Assembled prescriptions awaiting collection were 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 team members had completed level 1 safeguarding training on e-Learning, and she had completed both level 1 and level 2 safeguarding training. The local contact numbers required for seeking advice or raising a safeguarding concern were present.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are comfortable about providing feedback to the store manager or pharmacist. But the lack of time to complete ongoing training could mean their skills and knowledge may not always be up to date.

Inspector's evidence

There was a relief pharmacist, a dispenser, two trainees who were undertaking the NVQ2 to become dispensers, a trainee who was undertaking the NVQ3 to become a pharmacy technician and a medicines counter assistant on duty. The pharmacy team were busy providing pharmacy services and appeared to manage the workload adequately.

The pharmacy team used the intranet e-Learning to ensure their training was up to date. A dispenser said they were expected to complete training on an ongoing basis and this was done when the workload permitted. The medicines counter assistant said she had last completed a training module on e-Learning in March or April.

The members of the pharmacy team spoken to said both the store manager and regular pharmacist were supportive, happy to listen to feedback, but said they had not received a performance appraisal in the last year. The pharmacy team were regularly given feedback. For example, they would be told about near miss errors or any outstanding training. The 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.

The medicines counter assistant was clear about her 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 explained that there were some professional service targets, but said she had not felt under any pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and generally 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 generally 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 when the workload permitted. A designated serving hatch at the side of the dispensary was used by people using the substance misuse service.

The temperature in the pharmacy was controlled by air conditioning and heating units. Lighting was adequate. The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were added to a maintenance log and reported to head office. Pharmacy 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 offers a range of healthcare services which are effectively managed, so people receive appropriate care. It supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure 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 selection of 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 a small dispensing bench, a designated checking area for the pharmacist and a designated area upstairs for the assembly of multi-compartment compliance aid packs. 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.

A member of the pharmacy team explained that schedule 2 CDs awaiting collection had a laminated CD label included with the prescription. They 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 also explained that prescriptions dispensed in branch for schedule 3 and 4 CDs had a CD expiry date sticker included with the prescription and examples of these were present. But, repeat prescriptions for schedule 3 or 4 CDs that were dispensed offsite were not routinely highlighted prior to collection, which may increase the 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.

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 or team member to provide the appropriate counselling when handing out the prescription. No assembled prescriptions for high-risk medicines were present to demonstrate this. The pharmacist and team members were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had been carried out, but the pharmacist was unaware of the outcome of this. Patient information resources for the supply of valproate were not present. So, the pharmacy team may not be able to provide people with the necessary information when valproate was supplied.

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. Copies of 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.

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 as part of a routine cycle and a record was kept. Short-dated medicines were highlighted with a sticker added to the medicine and the expiry date written on. 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

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 March 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.

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.