

Registered pharmacy inspection report

Pharmacy Name: Boots, 45 Church Street, Church Street, Caversham,
READING, Berkshire, RG4 8BA

Pharmacy reference: 1028971

Type of pharmacy: Community

Date of inspection: 21/05/2019

Pharmacy context

This is a community pharmacy located in the centre of Caversham, a suburb of Reading, Berkshire. A range of people use the pharmacy's services. The pharmacy dispenses NHS as well as private prescriptions. It offers a few services such as Medicines Use Reviews (MURs) and the New Medicines Service (NMS).

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 some of the risks associated with its services appropriately. Pharmacy team members deal with their mistakes responsibly. But, they may not be recording all the details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. Members of the pharmacy team understand how they can help to protect the welfare of vulnerable people. But, the pharmacy does not always maintain records that must be kept, in accordance with the law. This means that team members may not have all the information they need if problems or queries arise.

Inspector's evidence

A range of documented Standard Operating Procedures (SOPs) were available to cover the services provided. SOPs were dated from 2017/18. Roles and responsibilities of the team were defined through a completed matrix and team members had signed to state that they had read the SOPs.

The dispensary was small for the current volume of dispensing (see Principle 3) and some areas were cluttered. This included the way that the pharmacy's stock was held as this was disorganised (see Principle 4). This increased the likelihood of mistakes occurring. The Responsible Pharmacist (RP) explained that another local pharmacy had recently closed, and the pharmacy's workload had subsequently increased.

On checking the retrieval system, the company's Patient Information Forms (PIFs) were not always attached to every prescription. This meant that relevant information could be missed when prescriptions were handed out. The team routinely recorded their near misses, and these were collectively reviewed every month by the pharmacist store manager. The company's Patient Safety Review (PSR) was used to collate this and other relevant information about incidents and the team was briefed about common mistakes every month. Staff described seeing common trends with quantities and they ensured that a triangular check routinely occurred, where details were checked against the generated label, prescription and medicine. However, details about contributing factors or what may have caused the near miss was routinely missing from the log and not filled in by the team.

The pharmacy informed people about its complaint's procedure. This was through its practice leaflet that was on display. Pharmacists handled incidents and their process was in line with the company's policy. The team knew that people's private information required protecting. They segregated confidential waste and placed this into a separate designated bin, this was then disposed of through company procedures. Staff had completed the company information governance e-learning training and were trained on the EU General Data Protection Regulation (GDPR). The pharmacy also informed people about how their private information was stored and protected. This was through a notice that was on display.

Assembled prescriptions awaiting collection were, in general stored in a way where sensitive details could not be easily viewed from the front counter (see Principle 3). However, there were some uncollected assembled prescriptions that had been removed from the shelves and were placed in a tote under the pharmacy's front counter. Although, sensitive details on these bags were not readily visible, the panel where these were stored next to, was made up of clear glass, hence there was a risk that the details could be potentially viewed.

Staff could identify groups of people that required safeguarding and signs of concern. In the event of a concern, they informed the RP. Their knowledge was from taking instruction from the RP, team members also completed training through e-learning and updated this knowledge every six months. The procedure to follow with relevant and local contact details was readily accessible. Pharmacists were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE).

The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities. A sample of registers seen for Controlled Drugs (CDs) were maintained in line with statutory requirements. Balances for CDs were checked and documented every week and on selecting a random selection of CDs held (Shortec, MST), the quantities held, corresponded to the running balance stated in the registers.

The minimum and maximum temperature of the fridge was routinely monitored to ensure that medicines requiring cold storage were appropriately stored. Records were maintained to verify this. The company's pharmacy duty records and the CD returns register was complete. The RP record was complete, however, there were odd entries seen where pharmacists had made the entry out of sync i.e. it was not made in date order, there were odd entries where the pharmacist had not recorded the time that their responsibility ceased as well as odd crossed out entries and odd overwritten details.

There was missing information seen within records of unlicensed medicines, incorrect prescriber details were recorded for entries within the electronic private prescription register and the nature of the emergency was sometimes recorded for emergency supplies. The pharmacy held appropriate indemnity insurance arrangements to provide its services.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy provides services using a team with a range of skills and experience. But, the pharmacy's current staffing levels means that they could struggle with the workload. Pharmacy team members have a solid understanding about their roles and responsibilities. They are provided with resources to complete ongoing training. This helps to ensure that their skills and knowledge are kept up to date.

Inspector's evidence

The pharmacy dispensed 10 - 11,000 prescription items every month with 10-15 people receiving their medicines through instalment prescriptions. The pharmacy did not supply Monitored Dosage Systems (MDS), the RP explained that they had been moved to another branch around six months before the inspection.

There were two pharmacists present, one was the regular pharmacist and store manager, the other was a locum pharmacist. There were also three pharmacy advisors, a pre-registration pharmacist and a Medicines Counter Assistant (MCA). The inspector was told that the pharmacy was currently recruiting for a pharmacy technician, dispensing assistant/pharmacy advisor and MCA and some members of the team were due to leave employment imminently. The store manager mentioned that the area manager was supporting the situation and that he could take on as many staff members as he required. Staff could also potentially be deployed from other branches.

At the inspection, the team were observed to be somewhat stretched because of the volume of dispensing and the limited numbers of staff present. The pharmacy was busy with steady streams of people arriving to use the services. The workload was just about manageable but there was a risk that if the team continued to operate at the same capacity with limited staff present, this could affect the level of service provided. Staff wore name badges outlining their roles but their certificates to demonstrate the qualifications obtained, were not seen.

Staff knew which activities were permissible in the absence of the RP. If the pharmacist failed to arrive first thing, the store remained closed. The team used established and company sales of medicine protocols before selling medicines over the counter (OTC) and they referred to the pharmacist appropriately. Team members who had recently completed their training described studying and completing course material at home but not at work. Staff had access to e-learning modules and 30-minute tutor packs to keep their knowledge up to date. They described sometimes completing the former at home and were up-to-date with the company's mandatory training. Performance reviews for the team occurred annually. The locum pharmacist had not been set any commercial targets to achieve services. The RP explained that there was an expectation to achieve 400 MURs annually, but this had not been achieved this year by the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate to deliver its services. But, the pharmacy is small and there is limited space to store dispensed medicines and stock safely. The company is reviewing this to improve the amount of space available. The pharmacy's premises are clean and secure. But, people can enter the place where medicines are assembled. And, they can see confidential information if they stand here. This means that the team may not always be protecting other people's privacy and confidentiality.

Inspector's evidence

The premises consisted of a medium sized retail area with a much smaller, dispensary at the rear, on the left-hand side of the building. There was limited room. Not more than a few people could be present in the dispensary at any one time and there was limited space to store stock. There were also totes of excess stock present on the floor of the dispensary that staff were observed filtering through to locate some medicines. The rest of the excess stock was stored upstairs. The store manager explained that the pharmacy was due to be re-fitted the following month and that this would create the required space in the dispensary.

The pharmacy was clean and areas that faced the public were professional in appearance. The pharmacy was also suitably lit and ventilated. A signposted consultation room was available for services and private conversations. The room was of a suitable size for services. The door was kept unlocked but there was no confidential information present or readily accessible.

Pharmacy only (P) medicines were stored behind the front pharmacy counter. There was no barrier to prevent people from accessing these medicines at either end of the counter, however, staff were always within the vicinity to prevent these medicines from being self-selected. There was also no barrier to prevent people from entering the dispensary. Staff stated that people did not venture into this area, however, one person was observed to briefly stand in this location whilst waiting to speak to the pharmacist. Details on bagged prescriptions, computer screens and the pharmacy's dispensing processes could be viewed from here.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources. But, it stores them in a disorganised way. This increases the chance of mistakes happening. The team are making some checks to ensure that medicines are not supplied beyond their expiry date. But, the pharmacy has no up-to-date written details to demonstrate this. So, it may not always be able show that the stock is safe to use. In general, the pharmacy provides its services safely and effectively. The team takes extra care with people receiving higher risk medicines. This helps to ensure that people can take their medicines safely. But, team members don't always record relevant information when people receive these medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

There were automatic doors at the front of the store and people could enter the pharmacy at street level. In addition, the wide aisles and clear open space, inside the premises, enabled people with wheelchairs to easily access the pharmacy's services. There were two seats available for people waiting for prescriptions. Staff described speaking clearly for people who were partially deaf to enable them to lip read and they physically assisted people who were partially sighted. Team members spoke Eritrean, Portuguese and Spanish if required to help communicate with people whose first language was not English.

Staff used their own knowledge and described accessing online reference sources to signpost people to other organisations if required. The team used plastic tubs to hold prescriptions and items when assembling medicines and this helped prevent any inadvertent transfer occurring. A dispensing audit trail from a facility on generated labels as well as a quad stamp on prescriptions assisted in identifying staff involved in the various processes.

Staff highlighted prescriptions for people prescribed higher risk medicines by using laminated cards and they asked about relevant information. This included asking about the person's dose, strength and blood test results such as the International Normalised Ratio level (INR) for people prescribed warfarin. However, they did not routinely document this information.

Team members were aware of risks associated for people who may become pregnant that were prescribed valproate and the pharmacy held relevant material to provide this to them upon supply. No prescriptions for females at risk had been seen according to staff. Medicines were not delivered from the pharmacy and the team signposted people to the next nearest pharmacy if this service was required.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Unlicensed medicines were obtained from Alliance Specials. The team

were aware of the processes involved for the European Falsified Medicines Directive (FMD). This was from reading some information from trade publications. There was no relevant equipment on site or guidance information present.

Most of the pharmacy's stock was stored on shelves in a haphazard manner. There were some medicines seen where stickers were used to identify the short expiry, however, some medicines that were due to expire in May 2019 (such as ciclosporin), were not identified and were still present on shelves. A date checking schedule was in place, however, this was last completed on 10 April 2019.

There were no date-expired medicines or mixed batches seen and when liquid medicines were opened, they were marked with the date that they were opened. CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight and the team maintained a CD key log as an audit trail to demonstrate this. However, there were some missing entries within this.

Assembled prescriptions awaiting collection were stored within an alphabetical retrieval system. Laminated cards were used to highlight relevant information such as CDs (Schedules 2-3), fridge and higher risk medicines. Schedule 4 CDs were identified using stickers and PIFs. Clear bags were used to hold fridge and CD items once assembled. Uncollected prescriptions were checked and removed every five weeks.

Medicines brought back by the public that required disposal, were accepted by staff, stored in appropriate containers and collected in line with the pharmacy's contractual arrangements. People bringing back sharps to be disposed of were referred to the local council. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their destruction. Relevant details were entered into a CD returns register. Drug alerts were received through the company system, the process involved checking for affected stock and acting as necessary. The team maintained an audit trail to help demonstrate the process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy held current versions of reference sources. The CD cabinet conformed to legal requirements. Medicines were seen stored packed within the fridge, but this was operating at an appropriate temperature. There were clean, crown stamped, conical measures available for liquid medicines with designated ones used for methadone. Counting triangles were present with a separate one for cytotoxic medicines.

The sink in the dispensary used to reconstitute medicines could have been cleaner. There was antibacterial hand wash and hot and cold running water available here. There were two computer terminals in the dispensary, these were, in general, positioned in a manner that prevented unauthorised access and staff used their own NHS smart cards to access electronic prescriptions. These were taken home overnight. Staff could use lockers to store their personal belongings.

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.