

Registered pharmacy inspection report

Pharmacy Name: Boots, 4 Hale Leys, High Street, AYLESBURY,
Buckinghamshire, HP20 1ST

Pharmacy reference: 1029076

Type of pharmacy: Community

Date of inspection: 29/04/2019

Pharmacy context

This is a community pharmacy located inside a shopping centre in the centre of Aylesbury in Buckinghamshire. A range of people use the pharmacy's services. The pharmacy dispenses NHS and private prescriptions. It also offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS) and a travel vaccination service. The pharmacy supplies medicines to care homes and some people receive multi-compartment compliance packs if they find it difficult to take their medicines on 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
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 identifies and manages most risks well. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from these. They understand how they can protect the welfare of vulnerable people. And, they protect people's privacy well. The pharmacy generally maintains the records that it must keep by law. But, some details about private prescriptions are missing from its records. So, it may not always be able to show exactly what has happened if any problems or queries arise.

Inspector's evidence

The pharmacy held a range of documented Standard Operating Procedures (SOPs) to support the provision of its services. These were from 2018 or 2019. Staff had read and signed SOPs. Both dispensaries were clear of clutter and organised. The team managed the workload well. The pharmacist in the main dispensary was observed asking other members of staff to double check details on prescriptions that were assembled by her. People being supervised for their medicines were asked to confirm their date of birth and provide a brief explanation of what they were expecting. This helped to ensure that the right medicine was supplied to the right person. When staff assembled additional medicines for residents in care homes, they also incorporated the batch number and expiry date onto the packaging. This helped ensure relevant details could be easily traced.

Staff used laminated cards to highlight higher-risk medicines and attached Patient Information Forms (PIFs) to each prescription when assembling. This provided relevant information when checking medicines for accuracy or handing out prescriptions. Care home staff attached Care Services PIFs to prescriptions for the homes and described identifying look-alike and sound-alike (LASA's) medicines on these.

Prescriptions for care homes and multi-compartment compliance packs were first labelled to order stock in, then clinically checked by pharmacists, before being assembled by staff and checked for accuracy. Accuracy Checking Technicians (ACTs) were not involved in other processes other than the final check. There was an SOP to cover this process.

Staff recorded near misses in both dispensaries. These were collectively reviewed every month by the ACT's and the pre-registration pharmacist. They completed the company's Patient Safety Review (PSR) in response and shared details with the team. Staff described focusing on reducing errors with pregabalin and gabapentin and were highlighting LASA's. LASA's in the main dispensary were identified, separated and stickers placed in front of stock as a further visual aid.

The pharmacy provided people with information about its complaint's procedure. Incidents were handled by the Responsible Pharmacist (RP) and investigated by the store manager. The process was in line with company requirements. Details of previous documented incidents could be viewed on the company system.

Staff were trained as dementia friends and could identify signs of concern to safeguard vulnerable people. They had completed the company's e-learning module. Pharmacists were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). There were local contact details and policy

information present.

There was no confidential material left within areas that faced the public. Staff were observed removing confidential information or turning prescriptions over if working on the front bench that faced people. They segregated confidential waste before this was disposed of through the company. Details on bagged prescriptions awaiting collection were not visible from the retail area.

The correct RP notice was on display. This provided people with details of the pharmacist in charge of operational activities. Most of the pharmacy's records were maintained in line with statutory requirements. This included records of unlicensed medicines, emergency supplies, a sample of registers seen for Controlled Drugs (CD) and the RP record, in general. For CDs, balances were checked and documented every month. On randomly selecting CDs held in the cabinet, their quantities matched entries in corresponding registers.

There were odd crossed out entries in the RP record. There were odd prescriber names and addresses missing from the electronic register for private prescriptions with some incomplete records seen. There were also five entries within the CD returns register where there were no details about their destruction recorded. These were from 2018. Professional indemnity insurance arrangements to cover the services provided were in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are trained well or are undertaking appropriate training courses. They have a sound understanding of their roles and responsibilities. And, they are provided with several resources to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy dispensed approximately 17,000 prescription items every month with 85 people receiving multi-compartment compliance packs and 20 people with instalment prescriptions. The team also provided medicines to over 40 care homes. The staffing profile included two pharmacists, a pre-registration pharmacist, four ACTs, one of whom was the pharmacy/assistant manager and 17 pharmacy advisors. The latter included four who were undertaking accredited training for their roles and there was also a pharmacy advisor undertaking accredited training for the NVQ 3 in dispensing. The store manager and four assistant managers were also trained as pharmacy advisors. Name badges were worn by staff. Certificates for the team's qualifications obtained were not seen.

In the absence of the RP, team members knew which activities were permissible. Staff working on the counter were observed using the company's sales of medicines protocol before selling over-the-counter (OTC) medicines. They ran any queries or uncertainty past the RP and demonstrated sufficient knowledge of OTC medicines. Staff were aware of the company's whistleblowing procedure and felt confident to raise concerns if required.

Team members in training were provided with protected time to complete course material. This included protected time for the pre-registration pharmacist. To assist with training needs, staff used resources from the company such as e-learning modules, tutor packs and newsletters, they read SOPs, counter intelligence booklets and were also signed up to complete training through CPPE.

Members of the pharmacy team received formal appraisals every six months. The store manager confirmed that observations of the staff were conducted to ensure that they were working in line with company procedures. Feedback was provided to them at the time. Team meetings or huddles and briefings occurred every week with meetings about the PSR held every month. Information was communicated verbally, through team meetings and communication books were also used.

One pharmacist described some service targets. These were in monetary units and displayed on the pharmacy's scorecard. The targets were described as mostly manageable with no pressure applied or repercussions felt if they were not achieved.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure and provide a professional environment for the delivery of pharmacy services.

Inspector's evidence

The premises consisted of a large retail area. The main dispensary was of a medium size and located towards the rear of the store. The care home and MDS dispensary including the stock room was situated on an upper floor and was not accessible to people. The main dispensary also contained a hatch where supervised consumption occurred or where people who required instalment prescriptions, accessed their medicines. The hatch opened onto an area that was kept clear of all confidential information.

The pharmacy was well presented, suitably lit and appropriately ventilated. All areas were clean. Pharmacy only (P) medicines were stored behind the front counter. Staff were always present. The consultation room was signposted and kept locked. The space was of a suitable size for the services provided and/or for holding private conversations. There was no confidential information present.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are in general, safe and effective. The pharmacy obtains its medicines from reputable sources. It takes the right action if any medicines or devices need to be returned to the suppliers. And, the pharmacy's team members generally ensure that medicines are stored appropriately. They also ensure that people have all the information they need so that they can use their medicines safely.

Inspector's evidence

The pharmacy could be accessed through the shopping centre. There was clear space outside the pharmacy area and wide aisles throughout the store. This helped people with mobility issues to easily access the pharmacy's services. Six seats were available for people waiting for prescriptions or services. People who were partially deaf could use the pharmacy's hearing aid loop or staff used the consultation room. Staff knew how to use the former. They could generate labels with a larger sized font for people who were partially sighted and described using Google translate for people whose first language was not English. The team signposted people to other organisations from their own local knowledge of the area and from the documented information that was present.

In addition to the Essential Services, the pharmacy provided supervised administration, a needle exchange service, a travel vaccination clinic as well as a few other vaccinations. The latter included vaccinations for pneumonia, the Human papilloma virus (HPV), Chicken Pox and Meningitis B. The travel vaccination service included administering yellow fever vaccinations. The second pharmacist was trained through company processes and had completed relevant training with the National Travel Health Network and Centre (NaTHNaC) to administer yellow fever vaccinations. She worked to defined procedures, SOPs were present, informed consent was obtained, a risk assessment was carried out and relevant paperwork under the Patient Group Directions (PGDs) that pharmacists worked to, were signed and readily accessible. The consultation room was used for services and relevant equipment to provide the vaccination service was available. This included adrenaline autopens and a sharps bin.

The RP explained that opportunistic MURs, interventions, and the NMS had made an impact on people. Through these services, pharmacists had identified for example, that people had stopped taking their new medicines because of side effects or were continuing with two different strengths of the same medicine when one should have been stopped. This was flagged to their GP and for the former, the RP suggested a suitable alternative.

Plastic tubs were used to hold prescriptions and medicines once assembled. Dispensing audit trails were in use to identify staff involved in various processes. This included through a facility on generated labels as well as a quad stamp on prescriptions. The latter was used by Accuracy Checking Technicians (ACTs) to determine whether prescriptions had been clinically checked.

People prescribed higher risk medicines were identified, counselled and relevant parameters checked. This included residents in care homes. The team checked the International Normalised Ratio (INR) level for people prescribed warfarin. Details were seen recorded to verify. Staff were aware of risks associated with valproate. Audits to identify people at risk had been completed and relevant people's records were highlighted. The RP spoke to care home staff to highlight and check whether people in the

at-risk group who had been prescribed this medicine were enrolled on the pregnancy prevention programme. There was also literature available to provide to people.

Multi-compartment compliance packs were supplied to people after initiation through the person's GP and their suitability assessed. Staff explained that these were only provided to people who were vulnerable or where a need was identified. The pharmacy ordered prescriptions on behalf of people and when received, details on prescriptions were cross-referenced against individual records to help identify changes or missing items. These were checked with the prescriber and audit trails were maintained to verify this. Patient Information Leaflets (PILs) were routinely supplied. Descriptions of medicines within the compliance packs were provided. All medicines were de-blistered into the packs with none left within their outer packaging. Mid-cycle changes involved trays being retrieved and supplying new trays.

Medicines were provided to the home either as original packs or inside blistered packs with the racking system. The latter was being phased out. Once the care homes had requested prescriptions, a duplicate copy of the Medication Administration Record (MAR) detailing the requests was provided and prescriptions were checked against this to ensure all items had been received. A missing items form was faxed to the care home if items were outstanding. Interim or mid-cycle items were dispensed at the pharmacy. The team obtained information about allergies and recorded this on MAR charts. Staff had been approached to provide advice regarding covert administration of medicines to care home residents. Documented details were maintained. A three-way conversation and agreement were required between the pharmacy, care home or representatives and the person's GP. Pharmacists used relevant guidelines and resources to assess suitability here.

Medicines were delivered through the company's 'PDC' system. Audit trails were maintained to verify when and where medicines were delivered. CDs and fridge items were highlighted with separate sheets used to record details of the former. People's signatures were obtained when they were in receipt of their medicines. Failed deliveries were brought back to the branch, notes were left to inform people about the attempt made and re-delivery occurred. Medicines were not left unattended.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Unlicensed medicines were obtained through Alliance. Most staff were unaware about the processes involved for the EU Falsified Medicines Directive (FMD). Other than pharmacists, only the store manager knew about this as she was a member of the Local Pharmaceutical Committee. The pharmacy was not set up to comply with the process. There was no relevant equipment present or guidance information for the team.

Medicines were stored in an organised manner. These were date-checked for expiry every week in the main dispensary and every three months in the stock room that was used to dispense medicines to the care homes. Schedules were in place to verify the process. Short-dated medicines were identified using stickers. There were no mixed batches or date expired medicines seen. Pre-packed blistered medicines were ordered in through the company's head office for the care homes. These were labelled with batch numbers and expiry dates. Liquid medicines when opened, were marked with the date that this occurred.

There was one unlabelled bottle containing de-blistered tablets that was stored inside the original packaging (ferrous fumarate). Relevant details could not have been retrieved if the packaging was lost or inadvertently disposed of. Once highlighted, this was immediately disposed of by staff.

CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. There was a CD key log in use to verify this process.

There were odd missing details seen within this.

The team stored prescriptions once they were assembled within an alphabetical retrieval system. Fridge items and CDs (Schedules 2 to 4) were identified using stickers, PIFs and laminates. Assembled CDs that required safe custody and fridge lines were stored within clear bags. Uncollected medicines were removed every week.

Medicines brought back by people for disposal were stored within appropriate receptacles. People requesting sharps to be disposed of, were referred to the local council. Returned CDs were brought to the attention of the RP, these were segregated in the CD cabinet prior to destruction. Relevant details were entered into a CD returns register. Drug alerts were received through the company system. The process involved checking for stock and acting as necessary. This included passing relevant information to the care homes. A full audit trail was present to verify the process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services that it provides.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and had access to online resources. Computer terminals were positioned in a manner that prevented unauthorised access. The team used their own NHS smart cards to access electronic prescriptions. The smart cards were taken home overnight.

Necessary equipment for both dispensaries were present. This included a range of crown stamped conical measures for liquid medicines, designated measures for CDs, counting triangles as well as separate triangles for cytotoxic medicines. There were three heat sealers present for care home dispensing. The sinks in both dispensaries, used to reconstitute medicines were clean. There was hot and cold running water available as well as hand wash present.

Fridges were maintained at appropriate temperatures for the storage of medicines. Temperature records were maintained daily to verify this. CD cabinets were secured in accordance with statutory requirements.

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.