

Registered pharmacy inspection report

Pharmacy Name: Boots, 33 High Street, ST NEOTS, Cambridgeshire,
PE19 1BN

Pharmacy reference: 1029270

Type of pharmacy: Community

Date of inspection: 16/08/2019

Pharmacy context

The pharmacy is situated on the High Street and it dispenses mainly to local residents. It provides medications in multi-compartment compliance trays for many people who need help managing their medicines. The pharmacy also has a home delivery service. It provides flu vaccinations during the flu season.

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	1.8	Good practice	The team use their training to safeguard vulnerable people.
2. Staff	Standards met	2.2	Good practice	Team members receive time set aside at work to do ongoing training. And they get regular feedback to help them identify any gaps in their knowledge or skills.
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

Members of the pharmacy team work to professional standards and usually identify and manage risks effectively. They are clear about their own roles and responsibilities. They log any mistakes they make during the pharmacy processes. And they learn from these to avoid problems being repeated. The pharmacy keeps its records up to date to show that it is providing its services safely and legally. It manages and protects people's personal information well and it tells people how their private information will be used. The team members have a good understanding of how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. Some SOPs were chosen at random and were found to have been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The closure of a near-by pharmacy had presented challenges to the team due to the sudden influx of prescriptions. A relief Accredited Checking Pharmacy Technician had been brought in to help and the area contingency pharmacist was based in the branch when not needed elsewhere. The store had been the company 'Store of the Year' in 2018.

The pharmacy recorded near misses on templates. Records included the medicines involved and sometimes included contributing factors. The pharmacy team completed monthly reviews of these near misses to keep track of trends. The team investigated the reasons for these trends and identified 'Look-alike and sound-alike' (LASA) medicines to ensure these were suitably highlighted. Team members said that they were highlighting the use of warning laminates to help with counselling when handing out prescriptions to people. The team discussed improvements to make during monthly discussions. Monthly reviews were recorded which allowed all team members to refer to the action plan. Changes made as a result of learning from near misses were embedded using the near miss log. For example, quantities which were not whole packs were circled to highlight this fact. If this was not done a near miss would be recorded.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when needed.

The pharmacy encouraged people to fill in an annual survey to capture feedback about the pharmacy. The results of the most recent survey were on the side of the dispensary and showed that the results were very positive, although the comfort of the available seating could be improved as could access to the consultation room. Waiting times had been highlighted as an issue and the team had introduced red 'waiting' baskets so that these prescriptions could be identified more easily. The time the patient put the prescription in and the time given to collect it was recorded on the prescription, so that the team knew what had been told to the person waiting. A complaints procedure was in place. The team said that they would escalate complaints to the responsible pharmacist or pharmacy manager.

The pharmacy had professional indemnity and public liability insurances in place. The pharmacy team recorded private prescriptions and emergency supplies on computer, and this was accurately done. The controlled drugs registers were up to date and legally compliant. The team did weekly checks on

the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Where there had been no stock and no stock movement for 13 weeks the register would be sealed. Fridge temperatures were recorded daily and were within the recommended range. Unlicensed specials records were found to be kept and maintained adequately.

All pharmacy team members had completed information governance training. The pharmacy team members did not share each other's NHS smart cards. They used these to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS Code of Confidentiality was found in the pharmacy's practice leaflet. Confidential waste was segregated by team members. They said that the waste was collected from the pharmacy and then destroyed securely.

All staff had completed training about protecting vulnerable adults and children. The pharmacist had done some formal training and the rest had completed in-house training. They said that they would escalate any concerns they had to the responsible pharmacist. Contact details for local safeguarding organisations were available in the pharmacy. Staff reported that they had identified a person who had not picked up their compliance device for three weeks, and the team members had escalated the concern. The pharmacy reported that since this incident they were being informed of patients receiving compliance trays who had been admitted to hospital.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough, well-trained staff to provide the services required. They work well as a team and are flexible in the tasks they perform. The team members complete suitable qualifications and try to keep up to date with ongoing training. The pharmacy shares feedback with its team members so they can develop in their roles and make improvements to the pharmacy's services.

Inspector's evidence

At the time of the inspection there were two pharmacists, an Accredited Checking Pharmacy Technician and at least six dispensers and two pharmacy advisors present. The pharmacy advisors were completing an appropriate qualification to allow them to work in the dispensary and pharmacy counter. The staffing level at the time of the inspection appeared adequate to comfortably manage the workload. It was observed that there was a good rapport within the team, which worked efficiently in a calm manner.

Team members said that discussions were used to share messages. They said that key messages were repeated to staff who were not present at the meeting. Team members said that the pharmacy manager and head office kept records of completed qualifications. This was to make sure that appropriate training had been completed by the pharmacy team.

The team completed ongoing training on the company's e-learning platform. Completed topics focussed on health and safety and safeguarding. The completion of this training was monitored to make sure that it had been completed by all team members. Team members got time set aside to complete training at work. The company provided clinical training booklets to the team. Team members said that these were provided every month and they were usually completed within the given time frame.

The team described verbal feedback that was provided about past performance. Team members said that the manager relayed feedback that had been provided from people who visited the pharmacy. They said that the manager was receptive to improvements and suggestions. They had made suggestions to help process waiting prescriptions more efficiently. There were several targets in place for the pharmacy team. Team members said that they felt that the targets were achievable. They said that they did not feel any undue pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was very clean and tidy throughout. The layout of the premises protected people's confidential information from the view of others. Workbenches were segregated for the use of specific tasks to make sure the pharmacy's workflow was efficient. Two areas of the stock room were used to dispense; one was for the community multi-compartment compliance trays and one was where the care homes were supplied from in manufacturers' patient packs. A third area had been installed as an extra checking bench. These three areas were surrounded by metal caging, with lockable doors to prevent unauthorised access to the confidential information contained within them.

A consultation room was available on the premises, which was suitable for private consultations and counselling. But this was situated at the other end of the store from the dispensary and chemist counter, which could account for the comments on the customer survey about the lack of a confidential area to speak in. It was clean, tidy and bright.

There was adequate heating and lighting throughout the premises. Running hot and cold water was also available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It gets its medicines from reputable sources it manages them well. Pharmacy team members are helpful and give advice to people about where they can get other support. The pharmacy takes the right action in response to safety alerts, to make sure that people get medicines and medical devices that are safe to use.

Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for people using wheelchairs. The pharmacy had practice leaflets which advertised its services as well as notices on the windows.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Colour-coding of the baskets helped to identify the type of prescription so that priorities could be addressed. The pharmacy team said that most people ordered their prescriptions directly with the surgery. Computer-generated dispensing labels included relevant warnings. Creams and ointments were labelled on the tube rather than the box, to ensure that the patient still had the instructions once the box was thrown away. If this did not happen it was recorded as a near miss.

The team used laminates to highlight certain items that needed particular care when handing out to people. These included fridge items, methotrexate, lithium, and warfarin. Team members said that they asked people about their blood tests when they were supplied with warfarin. Schedule 4 controlled drug prescriptions were consistently highlighted to staff who were to hand them out. The pharmacy had completed an audit to make sure sodium valproate was provided with the correct information about pregnancy prevention to the people in the at-risk group. Team members had made notes on people's medication records to state that this information had been provided to people. Relevant booklets and treatment cards were available in the pharmacy to provide to people.

The prescriptions for methadone were dispensed in one of the upstairs rooms. There was suitable storage. The prescriptions were dispensed weekly using glass measuring cylinders. The pharmacy had two or three manual pumps, but despite having been calibrated by Head Office were found not to be accurate by the team, and so were not used. This added to the time needed to dispense the prescriptions. Many people were being supplied their medicines in multi-compartment compliance trays. These trays were labelled with the information the person needed to take their medicines in the correct way. The trays also had tablet descriptions to identify the individual medicines and patient information leaflets were supplied. There was a list of the trays required each week. And each person had a sheet with a summary of their medicines, with any changes made annotated on it. This meant that any pharmacist who was checking the trays could see which trays needed to be done each week and any recent changes, so they could answer questions raised by the person collecting the tray.

People in care homes were dispensed their medicines in original packs. There was a list of homes due to be dispensed each week, with a tracking system for prescriptions received, dispensed, checked and delivered, so that any member of the team could pick up the process. People receiving compliance packs or residing in care homes and taking high-risk medicines had their INR details emailed to the pharmacy from the clinic and these were checked by the technician before their repeats were

dispensed. This helped ensure that their blood tests had been done and that the results were within normal ranges. And that the medicines being supplied were suitable for the current dose they were taking. The pharmacy did not have scanning equipment in place to meet the requirements of the Falsified Medicines Directive. The team said that the pharmacy company was currently trialling the use of scanners in some of its stores.

People's medicine deliveries were logged daily and delivered by a company. The team said that recipients recorded their signatures. This created an audit trail for completed deliveries. Separate records were available for deliveries of controlled drugs. Controlled drugs were stored and managed appropriately during the inspection. Expired controlled drugs were segregated to prevent mixing up with in-date medicines. Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags. This provided the opportunity for additional accuracy checks when they were collected by people.

The pharmacy had a regular process of date-checking and rotating stock to ensure medicines were still safe to use and fit for purpose. This process took place quarterly; records were maintained of this process which displayed the date of checking. A sample of medicines were chosen at random and were found to be in date. Most opened bottles of liquid medicines had been labelled with the date of opening. Expired stock and medicines people had returned were disposed of in pharmaceutical waste bins for destruction. These bins were stored securely and away from other medication. Team members said that they were all able to sort returned medicines for destruction.

Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

The pharmacy's equipment appeared safe and fit for purpose. Its team members had access to a telephone number to escalate maintenance issues. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing. The sinks provided hot and cold running water. Crown-marked measuring cylinders were available. Triangles were also available for counting tablets. Separate triangles were used for cytotoxic medications.

Computers and labelling printers were used in the pharmacy. Information produced by this equipment was not visible to people in the retail area. Computers were password protected to prevent unauthorised access to confidential information. Other patient-identifiable information was kept securely away from the public view. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice.

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.