

Registered pharmacy inspection report

Pharmacy Name: Boots, 12 High Street, Sawtry, HUNTINGDON,
Cambridgeshire, PE28 5SU

Pharmacy reference: 1029273

Type of pharmacy: Community

Date of inspection: 04/02/2020

Pharmacy context

The pharmacy is in a village, close to the surgery. It provides NHS and private prescription dispensing mainly to local residents. The pharmacy sends some prescriptions for medicines which need to be supplied in multi-compartment compliance packs to a near-by branch for dispensing. Once done, these packs are sent back to this pharmacy to supply to people. Some other prescriptions are sent to an off-site dispensing facility each day and returned within an agreed time-scale. The pharmacy provides a supervised consumption service for people treated by the drug and alcohol team. And it has a vaccination service for flu and travel vaccines, although this is not well used.

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	N/A	N/A	N/A
2. Staff	Standards met	2.1	Good practice	The pharmacy team members work well together to improve the service they provide to people. The pharmacy reviews and monitors its staffing rotas to improve the efficiency of its team.
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 identify and manage risks effectively. The pharmacy has improved significantly since the last inspection. The team members are clear about their 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 which show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand 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. A number of SOPs chosen at random were found to have been reviewed within the last two years. The SOPs were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the dispensing process in order to learn from them. They regularly logged any issues and had a monthly meeting to discuss trends and learning from these near misses. Similar looking and sounding medicines (LASA) were separated on the shelves. It was reported that following the introduction of off-site dispensing, and once the staff and people using the pharmacy had got used to the system, the number of near misses had reduced. Also, the introduction of the new computer system in November 2019 had further reduced the number of near misses.

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 sought the view of people about the service provided by the pharmacy in an annual survey. The recent report had highlighted the need for somewhere to have a private conversation. Although there was a consultation room, it was located away from the counter, and people did not always know it was there. The staff were heard offering its use when dealing with customers during the inspection.

The pharmacy team recorded private prescriptions and emergency supplies on the computer, but the details of the prescriber and the date of the prescription were not always recorded accurately. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

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. Confidential waste was separated into bags and disposed of by a licensed waste contractor. Access to the NHS database was robust, with staff seen to remove their access cards when not using the computers.

The pharmacist had undertaken level 2 training on safeguarding and the whole team had done internal

training on the subject. There were local telephone numbers for the safeguarding boards available for use if needed. The pharmacy had professional indemnity and public liability insurances in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. They are reviewed and changed as needed to improve the efficiency of the team. Training is provided by the company and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was a locum pharmacist and three dispensers working in the pharmacy on the day of the inspection. One of the dispensers was training for that role. She said that she was supported by the other staff and the regular pharmacist. The dispensary was well organised with the team members dividing the tasks and changing their jobs regularly so that they all worked efficiently. One dispenser dispensed walk-in prescriptions, another dispenser unpacked the items sent from the off-site dispensary, and the third dispenser was unpacking the stock delivery.

Staff were given protected time for training and said that they were up to date with this. Topics covered had included general subjects such as safeguarding, and timely reminders such as cold and flu treatments. They had regular appraisals and said that they were well supported by the management team and were able to make suggestions about changes to processes in the pharmacy. The staffing rota had changed recently which had made the whole team calmer; one dispenser was now doing more hours on Saturdays. This had meant that the team caught up with any outstanding prescriptions so they were not carried over to the next week.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare. Care should be taken that confidential material is not accessible from the fire exit route.

Inspector's evidence

The shop was long and thin, with the dispensary towards the back of the shop. The medicines counter was a little way away from it and the consultation room at the far end of that counter, away from the dispensary. This meant that people did not always realise that there was a consultation room. The room was clean, tidy and bright with space for the less able to access it. There were two chairs and a table in the room. Sharps were stored appropriately.

The dispensary was clean, bright, tidy and well ordered, with separate areas for dispensing and checking. The shelving was in good order and suitable for the stock.

To the rear was a stock room, toilet facilities and two separate fire exits. Both fire exits were clearly accessible. One exit was accessed via a corridor leading from the shop floor and was signposted. The door to the corridor from the shop floor was usually kept closed but could not be locked in order to allow access in case of fire. There were some dispensed prescriptions stored here.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. They try to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently.

Inspector's evidence

Access to the pharmacy was level from the pavement, but was a narrow door, which would be tight for wheelchair and double-buggy users. People were signposted to other services available locally when required. There was a file containing details of local services which staff could refer to when needed.

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. Prescriptions where the person was waiting were put into red baskets to highlight this fact. Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced.

The branch had stopped managing repeat prescription requests on people's behalf, except in exceptional circumstances, and this had improved how the pharmacy was running.. People were now given the date they needed to order their repeat prescriptions themselves and were told the time needed to allow for dispensing. About 250-300 items a day were sent to be dispensed off-site at the company's dispensing hub, and this was now working smoothly.

Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being out more than 28 days after the date on the prescription. It was noted that these medicines were not all highlighted on the computer system, making it harder for staff to identify them. Prescriptions for warfarin, lithium or methotrexate were sometimes flagged by the pharmacists, and then staff would ask people about any recent blood tests or their current dose. But if the pharmacists did not flag the prescription, the staff would not always notice the medicine and ask the same questions. So, the pharmacy could not show that it was always monitoring the patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproates were routinely counselled about pregnancy prevention. And appropriate warnings stickers were available for use if the manufacturer's packaging could not be used.

A few people collected medicines supplied in multi-compartment compliance packs from the pharmacy. These packs were dispensed at another local branch and sent to this branch in sealed bags. These bags were handed to the patient unopened. There were clear lines of accountability and the person collecting their medicines in this way had consented to this service.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. The pharmacy was complying with the requirements of the Falsified Medicines Directive (FMD). 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

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.