

Registered pharmacy inspection report

Pharmacy Name: Boughton Pharmacy, Boughton Medical Centre,
Hoole Lane, CHESTER, Cheshire, CH2 3DP

Pharmacy reference: 1029549

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

This is a health centre pharmacy located on a busy main road on the outskirts of Chester city centre. NHS dispensing is the main activity, primarily for patients of the medical centre. The pharmacy also provides a number of other NHS services and sells a range of over-the-counter medicines.

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	1.2	Good practice	Members of the pharmacy team record their mistakes so that they can learn from them. And they can give examples of things they have done to help prevent mistakes from happening again
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

Members of the pharmacy team follow written instructions to help them work safely and effectively. They record things that go wrong so that they can learn from them. And they take action to stop the same mistakes from happening again. The pharmacy keeps the records that it needs to keep by law. And staff participate in regular training so that they know how to keep private information safe.

Inspector's evidence

The pharmacy had a full set of written standard operating procedures (SOPs) in place that were dated to show they had been introduced in June 2019. Each SOP included a declaration that had been signed by staff to confirm acceptance.

The pharmacist explained that any dispensing errors would be reported to their insurers using a standard proforma, and a copy of the record would be sent to the superintendent pharmacist. Several records of previous incidents were available, the most recent of which was dated 2018. This related to an incident where rosuvastatin had been supplied in error instead of rivaroxaban. A warning sticker had been attached to the drawer where the medicines were stored to highlight the risk. Near miss incidents were recorded separately and the records were reviewed monthly to identify learning points. A recent action point that had been recorded was discussion with staff about taking care to look out for unusual dosage forms, such as nitrofurantoin capsules.

A responsible pharmacist (RP) notice was prominently displayed behind the medicines counter. Staff roles and responsibilities were described in the SOPs. And dispensing labels were initialled by dispenser and checker to provide an audit trail.

The pharmacy had a complaints procedure in place. Practice leaflets explained how people could make complaints or provide feedback. A current certificate of professional indemnity insurance was displayed in the retail area.

An electronic controlled drugs register was in use and appeared to be in order. Running balances were recorded and the records showed they were normally checked after each supply. A full audit of running balances was completed about once a month. Patient returned CDs were recorded separately in a paper register and the records appeared to be up to date. Records of RP, private prescriptions, emergency supplies and unlicensed specials were all in order.

An information governance (IG) policy was in place and an internal audit had been carried out in June to confirm compliance. All staff received regular IG training. Confidential waste was collected separately in a bag for destruction by a specialist contractor. The dispenser said anything with names or addresses on would be treated as confidential.

A safeguarding policy was in place and the pharmacist confirmed she had completed level 2 training. The dispenser said she had also done training as part of the NVQ3 course she had recently completed. She said if she had any concerns she would speak to the pharmacist in the first instance. A flow chart was available outlining the local reporting procedures and giving details of local contacts.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to safely manage the workload and they receive the training they need for the jobs they do. Members of the team work well together and they ask for help if they need it.

Inspector's evidence

The pharmacist manager worked four days a week and her day off was covered by a regular locum. The pharmacist was supported by a dispenser, who had recently completed NVQ 3 training and was waiting to register as a pharmacy technician, and an apprentice who had only very recently started working at the pharmacy. The apprentice was studying for a dispensing qualification but for the time being was only deployed on the medicines counter. She was being closely supervised and the pharmacist regularly intervened when medicines were requested. The pharmacy also employed two part-time medicines counter assistants. During the inspection the pharmacy team were kept busy but managed the workload effectively. The pharmacist said the staffing level was normally adequate and said staff could be drawn from another branch to cover absences.

The dispenser explained that she had completed various training courses and kept the certificates in a training file. Recent courses included first aid; information governance (GDPR); and healthy living pharmacy accreditation. She said staff also regularly completed training booklets about over-the-counter treatments, but this was not recorded.

The dispenser gave examples of questions she would ask when selling medicines, based on the WWHAM sales protocol. She said she would refer to the pharmacist if unsure, for example if the customer was taking other medicines. She was aware that codeine products were liable to abuse and said she would refer to the pharmacist if unsure. She gave an example of a patient who had made repeated requests for codeine and said the sales had been refused and the patient had been referred to their GP. The pharmacist worked in an area where she had good oversight of the medicines counter. Throughout the inspection she was seen to intervene when queries arose.

Members of the pharmacy team appeared to work well together and had good rapport with customers. A whistleblowing policy was in place and a member of head office staff had been nominated as the point of contact for any concerns. The dispenser said in the first instance concerns would normally be discussed with the pharmacist.

The pharmacist said some performance targets were set, including for MURs, but that she did not feel under pressure to meet them. She said the company's operations manager regularly visited the pharmacy to review how they were performing, and she found the visits helpful.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is small, but it is well organised to make best use of the space that is available. It is clean and hygienic, and it provides a suitable environment for healthcare.

Inspector's evidence

The pharmacy was a small unit and the lack of space was challenging. But the pharmacy had been re-fitted to maximise the space and was well organised to make best use of the space that was available.

The pharmacy was clean and tidy and there was sufficient clear bench space to allow safe working. Part of the dispensary floor was being used to store crates of excess stock and the bags and belongings of staff. This was kept within a confined area to minimise the impact, but did make it more difficult to move around the dispensary and could be a trip hazard.

A consultation room was available for privacy. It was clean and tidy and suitably equipped. The availability of the room was advertised by a sign on the door. Staff were able to use the toilet facilities in the medical centre.

There was a dispensary sink and a separate sink in the consultation room. Both were fitted with hot and cold water. Air conditioning was fitted, and all parts of the pharmacy were well lit. The front entrance of the pharmacy was lockable and the interface with the medical centre could be secured by a metal shutter that was operated from the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services and they are easy to access. It manages them effectively so that people receive appropriate care and get the advice they need. It obtains medicines from licensed suppliers, and it carries out checks to make sure that they are in good condition.

Inspector's evidence

The pharmacy could be entered directly from the medical centre and the access route was level and suitable for wheelchairs. There was also a separate entrance that led to the road and car park. There was a service ladder in the pharmacy window identifying the services available and further information about them was provided in practice leaflets. A signposting folder was available, and a chart was used to record details of occasions when people had been signposted to other service providers.

The pharmacy offered a delivery service. Staff confirmed that the delivery driver always collected signatures from the recipient to acknowledge delivery. This was done by signing a label attached to the bag, which the driver then removed and attached to the delivery sheet. Another delivery sheet was used to collect separate signatures to specifically acknowledge receipt of any controlled drugs that were delivered. A note was left if there was nobody home to receive the delivery and the medicines were returned to the pharmacy. Medicines were sometimes left with a neighbour, but this was only allowed if the patient had given consent when they rang to order the prescription.

Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during dispensing. Dispensed medicines awaiting collection were bagged and kept in a bay of drawers. Prescription forms were filed separately in alphabetical order so that they could be retrieved when the medicines were handed out. The drawers were checked about every three months and patients would be contacted to confirm whether uncollected medicines were still wanted. The pharmacist said they would write on the prescription form to highlight when controlled drugs were present, so they could check the prescription had not expired before handing out. She said patients prescribed warfarin were asked to show their INR results, and if there was doubt they would check with the surgery. Prescriptions for warfarin and other high-risk medicines would have a note attached as an alert that counselling was needed.

The dispenser said people were always asked to confirm their name and address before medicines were handed out, to make sure they were correctly identified. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied.

The pharmacist was aware of the risks associated with the use of valproate during pregnancy. She said the pharmacy did not currently have any patients who met the risk criteria, but she knew that such patients should be counselled, and educational material was available to supply.

The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for about 40 patients. A file was kept containing record sheets for all the patients, showing their current medication, dosage times and date the medicines were due. This information was checked against repeat prescriptions and

any changes would be confirmed with the surgery. The MDS trays were labelled with descriptions so that individual medicines could be identified. And the dispenser confirmed that patient information leaflets were routinely supplied.

The pharmacy obtained its medicines from licensed wholesalers and unlicensed specials were ordered from a specials manufacturer. No extemporaneous dispensing was carried out.

The pharmacy computer was fitted with scanners and had appropriate software to allow stock medicines to be scanned and decommissioned in line with the requirements of the falsified medicines directive. A dispenser demonstrated how medicines were scanned and decommissioned before they were supplied.

Stock medicines were stored in orderly fashion. Expiry date checks were recorded on a matrix. The records showed that some checks had been carried out recently, but some medicines had not been checked since January. A sample of stock was checked, and no expired medicines were found. There was a medicines fridge in the dispensary. It was clean and tidy and equipped with a thermometer. The maximum and minimum temperatures were recorded daily and had remained within the required range.

Controlled drugs were appropriately stored in a standard cupboard. Waste medicines were disposed of in dedicated bins that were kept in the dispensary. The bins were collected periodically by a specialist waste contractor.

Drug alerts were received by e-mail from the superintendent pharmacist. The e-mails were checked daily by the pharmacist or the dispenser and records were kept to show that they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use, and use it in a way that protects privacy.

Inspector's evidence

The pharmacy had various reference books, including recent editions of BNF and Martindale, and the team could access the internet for general information. Crown stamped measures were used to measure liquids.

Electrical equipment appeared to be in good working order and stickers showed that PAT testing was next due in April 2020. A blood pressure meter was in use. There was no record of calibration, but the pharmacist said the machine was less than two years old and was due to be replaced.

The dispensary was screened to provide privacy for the dispensing operation. The consultation room was used for services that required privacy and for confidential conversations and counselling. A cordless phone was available so that phone calls could be made without being overheard. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public.

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.