General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 455 Linthorpe Road, Linthorpe, MIDDLESBROUGH, Cleveland, TS5 6HX

Pharmacy reference: 1029948

Type of pharmacy: Community

Date of inspection: 29/09/2019

Pharmacy context

The pharmacy is in Middlesbrough, Cleveland. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations.

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	2.2	Good practice	The pharmacy provides all team members with opportunities to complete more training. The pharmacy provides feedback to team members on their performance. And it encourages team members to identify opportunities to develop their 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

The pharmacy has adequate processes and written procedures in place to protect the safety and wellbeing of people using its services. It keeps the records it must have by law and keeps people's private information safe. The team is well equipped to help protect the welfare of vulnerable adults and children. The pharmacy's team members record and report any errors made when dispensing, and they show that they learn from them.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. These provided the team with information on how to perform tasks supporting the delivery of services. The SOPs covered procedures such as incident reporting and dispensing. The team members were in the process of reading the updated Domiciliary Dosage System (DDS) SOPs. And these needed to be completed by 13 September 2019. All the team members had read and signed the SOPs that were relevant to their role. They were seen working in accordance with the SOPs.

The pharmacy had a process in place to report and record errors that were made while dispensing. The manager explained the procedure. The pharmacist having spotted the error let the team member know that they had made an error. The prescription was handed back to the dispensing assistant responsible to correct. The number of near misses recorded each month were decreasing. And there were eight recorded in July 2019. The pharmacy had gone live with the new Columbus computer system in May and the reduction in errors was in part attributed to this. The prescription and medicine were scanned into the system and if there was a mismatch between the label, the medicine and the prescription the system flashed this up on the screen. One of the dispensing assistants was the patient safety champion. And a monthly patient safety review (MPSR) was completed. But this was not referenced back to the near misses recorded that month. Knowledge and training on calculations was an area highlighted for improvement. Because there had been some confusion about converting milligrams to millilitres for liquid ranitidine dosing. The pharmacist had discussed this with the pharmacy team members, and had given them some training on conversion calculations. There was a procedure in place for recording dispensing incidents. Errors were recorded electronically on the pharmacy incident and errors reporting system (PIERS). There was an error when a person received 45mg Mirtazapine when 15mg was required. The manager had spoken to the pharmacy team about this. An action taken to help prevent a similar error was to re-read the dispensing SOP. When date checking stock on the pharmacy shelves the inspector had noticed that the 45mg and 15mg Mirtazapine were mixed together, so this may have contributed to the error. The manager agreed that this may in hindsight have contributed to the error. He said that they were aware that some of the shelves were untidy, and they were in the process of tidying and reorganising the shelves.

The pharmacy had a leaflet on display that gave details of the various ways people could make a complaint or raise a concern. The pharmacy organised an annual survey to establish what people thought about the service they received. And there were “tell us what you think” cards on the counter. And these were placed in people bags of completed medicines to encourage them to provide feedback. A person had expressed concerns that the pharmacy no longer ordered their medicines for them. The manager had explained that it was now NHS policy in the area that people ordered their own

prescriptions. But because the person was housebound the manager had got permission from the GP surgery to order their prescriptions in future. The person was happy with this.

Appropriate professional indemnity insurance was in place. The responsible pharmacist (RP) notice displayed the correct details of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. A sample of controlled drug (CD) registers were looked at and were found to be in order including completed headers, and entries made in chronological order. Running balances were maintained. And they were checked every week. A CD destruction register for patient returned medicines was correctly completed. The pharmacy retained records of private prescription and emergency supplies. Private prescriptions had a reference number on them which corresponded with the electronic entry. The pharmacy retained completed certificate of conformities following the supply of an unlicensed medicine.

The team held records containing personal identifiable information in staff only areas of the pharmacy. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was destroyed off site. There was a notice prominently displayed in the retail area about pharmacy fair data processing. This explained to people how the pharmacy processes their data . The pharmacy team members had completed annual information governance training. The team members completed training each year via an internal online training module on safeguarding. The team had a policy available to them which guided them on how to manage and report a safeguarding concern. The pharmacy team members said that they would discuss their concerns with the manager at the time.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the right qualifications and skills for their roles. And for the services they provide. They have regular performance reviews. So, they can identify any development needs. They have access to ongoing training. And they can raise professional concerns if necessary.

Inspector's evidence

At the time of the inspection there was the store pharmacist, the non-pharmacist manager who was a dispensing assistant. And three additional dispensing assistants. The manager explained that because of the increase in business they were recruiting for an accredited checking technician (ACT). The manager thought that they managed with the current level of staff. Holidays were planned in advance and there was a four-week staff rota. The pharmacy team were usually self-sufficient. But members of the pharmacy team worked extra hours if necessary.

There was a constant stream of customers at the pharmacy counter. And these were dealt with efficiently. The pharmacy team members involved the pharmacist when offering advice to people who were purchasing over-the-counter products. And they asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The pharmacy provided training to the team, through an online training portal. The portal consisted of compulsory modules and assessments. These covered topics from all aspects of the pharmacy. Including medical conditions, health and safety, law and ethics and over-the-counter products. The team members could voluntarily choose a module to work through if they felt their knowledge in an area of their work needed improvement. The manager confirmed that the score card was green, demonstrating that all the members of the pharmacy team were up-to-date with their mandatory training.

The team members had regular huddles. And the manager had regular check ins with team members. The team members also received an annual performance review. The reviews were designed to allow the team to give feedback on how to improve the pharmacy’s service, discuss various aspects of their performance, including what they had done well and, what could be improved. There was a whistleblowing policy on display in the rest room. So, the team members knew how to raise a concern anonymously. The pharmacy asked the team to meet targets in areas such as prescription volume, and the number of medicine use review (MUR) and New Medicines Service (NMS) consultations completed. The team were booking in people for flu vaccinations. The pharmacist was able to exercise her professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure when the pharmacy is closed and adequately maintained. It has a sound-proof room where people can have private conversations with the pharmacy’s team members.

Inspector's evidence

There were front facing dispensing stations and a small dispensary to the rear. The pharmacy was professional in its appearance. And was generally clean, hygienic and adequately maintained. There was a clean, well-maintained sink in the dispensary for medicines preparation. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities and a desk. The room was professional in appearance and was locked when not in use. There was air conditioning and the temperature was comfortable throughout the inspection.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. The services are generally well managed. And it identifies and manages its risks appropriately. The pharmacy gets its medicines from reputable suppliers. And it stores and manages these safely. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use.

Inspector's evidence

There was direct access from the street through wide, automatic doors at the front of the store. And people in wheelchairs and those with mobility problems could access the pharmacy. The pharmacy advertised its services and opening hours in the window. Seating was provided for people waiting for prescriptions. A range of healthcare related leaflets were available for people to select and take away.

People could request multi-compartmental compliance packs. And these were supplied to people to help them take their medicines at the right time. The team recorded details of any changes, such as dosage changes, on the master sheets and on the PMR. The team supplied the packs with backing sheets which contained dispensing labels. And information which would help people visually identify the medicines. Patient information leaflets were supplied with the packs each month.

The pharmacy kept records of the delivery of medicines from the pharmacy to people. The records included a signature of receipt. A separate delivery sheet was used for controlled drugs. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity.

The team checked the expiry dates of the stock every thirteen weeks. And the team kept records of the activity. The team used stickers to highlight medicines that were expiring in the next six months. For example, oxazepam had been marked as going out of date in November 2019. The team recorded the date the pack was opened on liquid medicines. This allowed them to identify medicines that had a short-shelf life once they had been opened. And check that they were fit for purpose and safe to supply to people. But there was a bottle of Sytron which was out of date. And this was removed from the shelf for destruction.

Alert cards were kept with prescriptions to alert the team to issues on hand out. For example, interactions between medicines or the presence of a fridge or a controlled drug that needed to be added to the bag. An audit trail was in place for dispensed medication using dispensed by and checked by signatures on labels. The dispensary had a manageable workflow with separate areas for the team members to undertake the dispensing and checking parts of the dispensing process. Tubs were available to hold prescriptions and medicines. This helped the team to stop people’s prescriptions from getting mixed up. The team used patient information forms (PIFs), and these were held with prescriptions. The team recorded any additional information on the forms, such as if the person was due for a service e.g. an MUR. The pharmacy used clear bags to store dispensed fridge and CD items. Which allowed the team to do a further check of the item against the prescription. And by the person

during the hand out process.

The team sometimes identified people who were prescribed high-risk medication such as warfarin. And they were given additional verbal counselling by the team member handing it out. But details of these conversations were not usually recorded on people’s medication records. So, the pharmacy could not demonstrate how often these checks took place. INR levels were not recorded on the four people chosen at random. The team were aware of the pregnancy prevention programme (PPP) for people who were prescribed valproate. And they had completed an audit and identified an eligible patient. The person had been given the information. And was referred to her GP. The PPP guidance and advice pack was in a drawer. And the pharmacy had ran out of cards. The pharmacist said that she would re-order these.

The team were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). No software, scanners or a SOP were available to assist the team to comply with the directive. The team had not received any training on how to follow the directive. The pharmacy was due to go live with an FMD compliant system in later in the year. The manager advised that some stores were already using the system. Fridge temperatures were recorded daily using a digital thermometer. A sample of the records were looked at. And the temperatures were consistently within the correct range. The pharmacy obtained medicines from several reputable sources. Drug alerts were received via Boots live and actioned. The pharmacy kept a record of the action the team had taken. And these were retained to provide an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

References sources were in place. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of CE quality marked measuring cylinders. There were a range of measuring cylinders used solely to measure methadone. These were marked. Tweezers and gloves were available to assist in the dispensing of multi-compartmental compliance packs. The fridge used to store medicines was of an appropriate size. Medicines were organised in an orderly manner. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't on view to the public. The computers were password protected. Cordless phones assisted in undertaking confidential conversations. Members of the pharmacy team had their own NHS smart cards.

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.