

Registered pharmacy inspection report

Pharmacy Name: Boots, 29 Fore Street, ST. AUSTELL, Cornwall, PL25
5EP

Pharmacy reference: 1030024

Type of pharmacy: Community

Date of inspection: 05/09/2019

Pharmacy context

The pharmacy is located in the centre of St Austell. It has a large retail area selling health and beauty products. A healthcare area is at the rear of the store. The pharmacy dispenses NHS and private prescriptions. It supplies medicines in multi compartment devices for people to use in their own homes. It also supplies medicines to the residents of care homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, emergency hormonal contraception, medicines for minor ailments and drug user services.

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	The pharmacy records any mistakes it makes and learns from them. It shares this learning between team members working in different areas of the business well.
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 risks appropriately. It reviews its practices to make them safer and more effective. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has appropriate insurance for its services. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had three separate dispensaries. The first was in the main shop and was used to dispense walk-in prescriptions and those collected from local surgeries. The second and third dispensaries were located on the first floor in the stock room. One was dedicated for the preparation of multi compartment devices supplied to people living in their own homes and the second for the supply of medicines to residents of care homes.

The pharmacy had good processes in place to monitor and reduce risks. Near misses were routinely recorded on a paper log and contained details of the error, a brief reflection on the cause and the learning points. Each dispensary had its own near miss log. Dispensing incidents were recorded on the pharmacy incident and error reporting system (PIERs). The responsible pharmacist (RP) said that when errors were identified, they were discussed as a team to identify the potential contributing factors. Following a dispensing incident involving carbamazepine, each form and strength had been clearly separated on the shelves with white boxes. These boxes were clearly labelled with warnings for the dispenser to take additional care when selecting products. Shelf-edge alerts had been placed at the locations of selected drugs, including amitriptyline and amlodipine, as part of the company's 'look-alike, sound-alike' (LASA) campaign. Laminated signs were displayed on computer terminals listing the twelve drugs highlighted as high risk by the superintendent's office. All staff were briefed to say the name of LASA drugs out loud when picking to try and reduce errors. The pharmacy had recently added alerts to the locations of pregabalin and gabapentin following company-wide incidents. The team used the 'Pharmacist Information Forms' (PIFs) that were attached to all prescriptions to alert the pharmacist to these drugs and the strength dispensed.

Monthly patient safety reports were completed by team members in each dispensary which contained a review of all near misses and dispensing incidents and led to the generation of action plans to reduce errors. The action plans generated through the patient safety report were shared with all team members through a team huddle and through individual briefings. The RP ensured that the action plans in each dispensary were shared with all staff. The most recent action plan had encouraged staff to utilise company resources, such as an accuracy checking tool, to ensure that a final check was completed by the dispenser before passing to the RP for a final accuracy check. Also, due to an increase in new pack sizes of medicines being received from the suppliers, the RP said that she now highlighted the quantity prescribed on the prescriptions of affected drugs. The pharmacy team received and reviewed the monthly professional standard document supplied by the company's head office. A locally produced clinical governance document was also reviewed which outlined common themes across the region.

Standard operating procedures (SOPs) were up to date and were regularly reviewed. But they had been not yet been adopted by the regular RP who had been in post for several months. Staff had signed the SOPs to show that they had read and understood them. Roles and responsibilities of the pharmacy team members were detailed in the RP SOPs. A pharmacy advisor could describe the activities that could not be undertaken in the absence of the RP.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey, and by handing customers cards inviting them to complete an online survey. 96.6% of people completing the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. A complaints procedure was available in the practice leaflet which was displayed in the retail area. Professional indemnity and public liability insurances were provided by the XL Insurance Company SE with an expiry of 31 July 2020.

RP records were maintained in a log and the correct RP certificate was displayed. Records of emergency supplies and private prescriptions were held on the patient medication record (PMR) system and were in order. Records of the supply of unlicensed specials medicines were kept and certificates of conformity contained the details of to whom the product had been supplied. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly. A random stock balance check of MST Continus 5mg tablets was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 e-Learning provided by the company. Local contacts for the escalation of concerns were displayed on the wall of the main dispensary. Staff were aware of the signs requiring referral and gave examples of when they had made appropriate referrals.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are well trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, there were three NVQ2 trained pharmacy advisors and a customer advisor in the main dispensary. There were an additional three trained dispensers working in the dispensaries on the first floor. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from other local stores.

The pharmacy team reported that they were allocated protected time to learn during working hours, although many chose to complete their learning at home. Resources accessed included the 30-minute tutors supplied by the company, e-Learning and CPPE packages and revised SOPs. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Staff were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

The staff felt able to raise concerns and give feedback to the store manager and the RP, both of whom they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP described that she felt supported by the store manager and the stores in the wider area. She was in regular communication with pharmacists working in nearby stores. The RP said the targets set were manageable and that they did not impede her professional judgement. She would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. But the presence of large unused fixtures and fittings make the pharmacy look less professional than it could. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was in the town centre of St Austell. There was a large retail area stocking a large range of health and beauty products. The healthcare counter and main dispensary were at the rear of the shop. The second and third dispensaries were located on the first floor in the stock room. One was dedicated for the preparation of multi compartment devices supplied to people living in their own homes and the second for the supply of medicines to residents of care homes. These dispensaries were closed to the public.

A small consultation room was available on the shop floor. It had a glass door and a curtain was available to provide privacy. But the room was not soundproofed and conversations could potentially be overheard from outside. The RP said that she managed this by talking quietly. It was locked when not in use and no patient information was stored in the consultation room.

The main dispensary was of an adequate size and was tidy and well organised. Stock was stored neatly on shelves and in pull out drawers. But there was a large carousel unit in the middle of the dispensary. This was no longer used and held no stock. It created an obstruction so that people could not see into the dispensary. Staff reported that people often asked if the pharmacy was closing as the empty carousel made it appear that the pharmacy held no stock. The removal of the carousel, and the creation of more bench space in its place, had been discussed with multiple managers and head office representatives, including the CEO, but it had not yet been removed. The second and third dispensaries were well-equipped and well maintained, as were the other areas of the store including the staff room and the offices. There was a damp patch on the wall of the stairwell to the first floor which a dispenser said was due to the air-conditioning unit in the second dispensary. This had been reported to the maintenance department.

Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The benches were clear of clutter. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It makes a record of this additional advice to demonstrate that it has been given. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. The pharmacy generally deals with medicines returned by people appropriately. But it does not always dispose of it in the correct container. This may increase the risk of harm caused to the environment or staff.

Inspector's evidence

The pharmacy had step-free access and an automatic door. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. Services provided by the pharmacy were advertised in the pharmacy and the RP was accredited to provide most of the promoted services. She was currently undertaking the required training to allow her to make supplies of emergency hormonal contraception on a locally commissioned patient group direction.

A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. The RP described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online. Records of signposting referrals were kept on the PMR.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Coloured laminates were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with laminates. The RP described that she checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Laminates were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Records of results were made on the PMR, as were details of significant interventions. Substance misuse services were provided for 15 people. The RP described how she would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. The RP and the other regular pharmacist kept a record of pickups in the form of a register to ensure missed doses were easily highlighted.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. Stickers were available for staff to

highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for 380 people based in the community. The pharmacy used a proforma to decide if a compliance aid was the most appropriate solution for a person requesting it. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process. The dispensary used to prepare the compliance aids was well organised and calm despite the high volume of people accessing the service.

The 40 care homes receiving medication from the pharmacy were supplied with medicines administration record (MAR) sheets. The majority of the care homes were supplied with patient packs. A handful received medicines in multi-compartment compliance aids. A dedicated care services pharmacist carried out advice visits regularly and provided additional support as needed.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every 3 months. Spot checks revealed no date expired stock or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AHH. Specials were obtained from Alliance Specials. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they were not verifying nor decommissioning stock at the time of the inspection. The updated PMR system had the capability to be FMD compliant. The pharmacy's SOPs were being updated to reflect the changes FMD would bring to the pharmacy's processes.

CDs were stored in accordance with legal requirements in six approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridges were clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

Patient returned medication was dealt with appropriately. Hazardous waste was not segregated as its collection had not been commissioned by the Local Pharmaceutical Committee (LPC). Confidential patient information was generally removed or obliterated from patient returned medication.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible and were in date. The dispensary sinks were clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

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.