General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 25 Market Square, CAMELFORD, Cornwall, PL32 9PD

Pharmacy reference: 1030036

Type of pharmacy: Community

Date of inspection: 16/07/2019

Pharmacy context

The pharmacy is located on the main street of Camelford, a small town in North Cornwall. The pharmacy dispenses NHS and private prescriptions. It supplies medicines in multi-compartment devices for people to use in their own homes to help them remember to take their medicines. It also offers advice on the management of minor illnesses and long-term conditions. The pharmacy also offers flu vaccinations, emergency hormonal contraception, medicines for minor ailments and services for drug misusers.

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	1.2	Good practice	The pharmacy team records its errors and learns from them. It makes changes to stop them happening again.
2. Staff	Standards met	2.4	Good practice	Pharmacy team members receive protected time to learn to keep their knowledge up to date. They give each other regular feedback on their performance to help each other improve.
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 well. It reviews its practices to make them safer and more efficient. 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 generally 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 adequate processes in place to monitor and reduce risks. Near misses were routinely recorded on a paper log and contained details of the error but little reflection on the cause or the learning points. 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. Actions were then taken to prevent a reoccurrence. This included rearranging stock and placing alerts on shelf-edges. This included the locations of 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 team used the 'Pharmacist Information Forms' (PIFs) that were attached to all prescriptions to alert the pharmacist to these drugs and the strength dispensed.

A monthly patient safety report was completed which contained a review of all near misses and dispensing incidents and led to the generation of an action plan 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 most recent action plan had encouraged staff to record the time a near miss occurred. This was then going to be reviewed to ensure that the staff profiling was correct and break times were appropriate.

Pharmacy team members regularly observed each other and gave each other feedback on customer interactions, including selling medicines over the counter and handing out prescriptions. Team members were receptive to advice given to each other on how to improve. 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. The manager also attended a weekly patient safety conference call with staff members from other branches in the area. This was used as a tool to share information and learnings from errors in different stores.

SOPs were up to date and had been recently reviewed and adopted by the regular RP. It was unclear whether staff had read all of the SOPs as signatures were absent. For instance, the training log for the SOPs covering RP rules did not have any signatures. The roles and responsibilities matrix had not been completed. Observation showed that team members did seem to be following the 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. 88.7% of people completing the 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. The pharmacy had addressed a complaint about the availability of a particular brand of medicine appropriately by ensuring they stayed in regular contact with the person and offering an alternate brand.

Professional indemnity and public liability insurances were provided by the XL Insurance Company SE with an expiry of 01 August 2019. RP records were maintained in a log and the correct RP certificate was displayed. The pharmacy regularly used advanced declarations to allow dispensing activity to occur in the absence of the RP. The log did not reflect the advance declarations on most occasions they were used. For example, on 10 July 2019 an advance declaration was completed for 7.30am to 9am and the RP log showed a pharmacist signed in from 9am to 6pm. Similarly, on 12 July 2019, a declaration was completed for 6pm to 7pm. But the pharmacist had signed out as RP at 6pm.

Records of emergency supplies and private prescriptions were held on the patient medication record (PMR) system, Nexphase 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, and a random stock balance check of Palexia 50mg capsules 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 regulations. 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 patient medication record (PMR) stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 eLearning provided by the company. Local contacts for the escalation of concerns were displayed and staff were aware of the signs requiring referral.

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 makes changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection and consisted of the RP, a pharmacy technician and three NVQ2 level pharmacy advisors. The dispenser manager was working in a different branch to provide support. 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. The team had recently been recognised as regional winners of a company award for their work as a healthcare team.

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. Resources accessed included the 30-minute tutors supplied by the company, eLearning and CPPE packages and revised SOPs. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. As described in principle one, pharmacy team members regular observed each other selling medicines over the counter or handing out prescriptions. They gave each other constructive feedback and suggestions of how to improve.

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. The RP said that 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. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was located on the high street of a small town and was accessed from the street by two steps. A retail area led to a healthcare counter, and through to a small dispensary. A separate area off the main dispensary was dedicated for the preparation of multi-compartment medicines devices. On the lower ground floor there were two stock rooms and staff facilities. On the first and second floor there were two separate private residences.

A small consultation room was available on the shop floor. The room was soundproof and conversations could not be overheard. 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 but had very limited bench space for the assembly of prescriptions. There was a dedicated area for checking. The area used to assemble multi-compartment medicines devices was small but the pharmacy technician said that she had enough space and was organised with her work. Stock was stored on shelves and was generally tidy. The other areas of the pharmacy including the staff room and the stock rooms were well maintained, although there was a strong smell of damp on the lower ground floor.

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 the temperature was appropriate for the storage 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. They store them securely and regularly check that they are still suitable for supply. The pharmacy generally deals with medicines returned by people appropriately.

Inspector's evidence

The pharmacy was accessed by a small step. Staff described that they would support people with mobility issues to access the pharmacy and its services by serving at the door or helping them into the pharmacy. 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 all promoted services.

A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. A pharmacy advisor 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.

Baskets 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. Records of results were made on the patient medication record (PMR), as were details of significant interventions.

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. 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 medicines devices were prepared by the pharmacy for approximately 70 people based in the community. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets (PILs) were supplied in a folder supplied by head office and regular updates were sent to the pharmacy for distribution to the care home. ‘When required’ medicines were dispensed in boxes and the 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.

Substance misuse services were provided for six 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 patient group directions (PGDs) for the supply of emergency hormonal contraception and for the minor ailments service were seen, were in date and had been signed by the relevant staff.

Prescriptions containing owings 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.

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 weren't verifying nor decommissioning stock at the time of the inspection as the pharmacy didn't have the appropriate equipment nor computer software to do so. The pharmacy's SOPs had been reviewed to reflect the changes FMD would bring to the pharmacy's processes. But the pharmacy team didn't know when the pharmacy would become FMD compliant.

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 three months. Spot checks revealed several items which had expired the previous month and had not yet been removed from the shelves. These included Atarax tablets, levofloxacin tablets and Uniroid suppositories. They were highlighted with a short-dated sticker and the RP said that she routinely checked expiry dates when accuracy checking prescriptions.

CDs were stored in accordance with legal requirements in three 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 fridge was 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. Confidential patient information was not always removed or obliterated from patient returned medication. There was no hazardous waste bin available for the disposal of cytotoxic and cytostatic medicines. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

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.

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. Reference sources were available and the pharmacy could also access up-to-date information on the internet.

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. 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.