

Registered pharmacy inspection report

Pharmacy Name: Boots, Union Square, ST. COLUMB, Cornwall, TR9
6AP

Pharmacy reference: 1030040

Type of pharmacy: Community

Date of inspection: 17/02/2020

Pharmacy context

The pharmacy is located in the market town of St Columb Major in Cornwall. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS) and flu vaccinations.

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	N/A	N/A	N/A
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 its risks appropriately. Team members record their errors and review them as a team to identify the cause of errors. This allows the pharmacy team to make the necessary changes to stop mistakes from happening again. The pharmacy has adequate written procedures in place for the work it does and has an acceptable level of insurance cover. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy keeps the records required by law. And it 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 appropriate processes in place to monitor and reduce risks. Near misses were routinely recorded on a paper log and contained details of the error and a brief reflection on the cause and the learning points. Dispensing incidents were recorded on the internal pharmacy incident and error reporting system (PIERs). When errors were identified, they were discussed as a team to identify the potential contributing factors. The pharmacy had recently upgraded to a new patient medication record (PMR) system (Columbus). The responsible pharmacist (RP) described how products were now scanned after they had been labelled and dispensed. This had reduced selection errors as the PMR alerted the dispenser when the product did not match the item labelled. Near misses since the upgrade had mainly involved data entry errors, potentiated by the local GP practice not using the electronic prescription service. The pharmacy team were focussing on reducing these errors by ensuring that prescriptions were double checked by dispensers before handing to the pharmacist for an accuracy check.

Shelf-edge alerts had been placed at the locations of selected drugs as part of the company's 'look-alike, sound-alike' (LASA) campaign. Laminated signs were displayed on computer terminals listing the fourteen 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, along with any other clinically relevant information.

Monthly patient safety reports were completed by team members 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 individual briefings. The most recent action plan had focussed on ensuring LASA drugs were highlighted on PIFs. The pharmacy team received and reviewed the monthly Professional Standard document supplied by the company's head office.

Standard operating procedures (SOPs) were in place to cover all activities carried out in the pharmacy. They were up to date and were regularly reviewed. Team members had signed the SOPs to show that they had read and understood them. The pharmacy team discussed new SOPs when they had been read to ensure they were all aware of any changes to previous processes. The SOP covering the absence of the RP was in place. 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. 91.7% of respondents to the most recent CPPQ survey had rated 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. 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. Emergency supplies were generally made under a locally commissioned service and were also reported on Pharmoutcomes. Records of the supply of unlicensed specials medicines were kept. But certificates of conformity did not contain 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 was accurate. Patient returns were recorded in a separate register and were destroyed promptly in the presence of a witness. Both signatures were recorded.

All staff had completed training on information governance and the General Data Protection Regulation. The most recent Professional Standard document contained a reminder to ensure confidentiality was maintained. 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 dispensary. Staff were aware of the signs requiring referral.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, and three NVQ2 level pharmacy advisors. A full-time accuracy checking pharmacy technician and a part-time pharmacy advisor were not working that day. The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. Pharmacy team members had clearly defined roles and accountabilities and tasks were allocated to individuals daily. They worked regular days and hours. Absences were usually covered by rearranging shifts or by part-time staff increasing their hours. In an emergency, the pharmacy could get additional support from nearby stores.

Team members completed training packages on the company eLearning system. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of the team. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The team felt confident to raise concerns and give feedback to the manager and the area manager, who they found to be receptive to ideas and suggestions. A pharmacy advisor reported that they were able to make suggestions for change to improve efficiency and safety. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place.

The manager said the targets set were manageable. The RP felt able to use his professional judgement to make decisions and described that all services undertaken 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 private room where people can have conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was located in the market town of St Columb Major in Cornwall. The retail area was well presented. A small healthcare counter led through to the dispensary. There was also a large office which was also used as a consultation room. People were escorted to the consultation room as needed. No confidential information could be seen on the route. No patient information was stored in the consultation room.

The dispensary was of an appropriate size and was well organised. Stock was stored neatly on pull out shelves. Prescriptions awaiting collection were stored using a retrieval system in the dispensary and confidential information was not visible to waiting customers. 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 controlled by an air-conditioning unit.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and an automatic door. The consultation room was off the retail area and was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. If a requested service could not be provided at that time, the pharmacy team signposted to other nearby pharmacies. A sign-posting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online.

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 schedules 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. Paediatric doses were routinely checked. The manager and the RP described that team members 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. Details of significant interventions were recorded on the patient medication record (PMR).

The pharmacy offered a range of additional services including flu vaccinations and the supply of emergency hormonal contraception. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declarations of competence for the pharmacists offering the flu vaccination service were seen. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics. There was a poster displayed to support the current national campaign of 'help us to help you'.

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 approximately 40 people based in the community. The pharmacy had a proforma to decide if a compliance aid was the most appropriate solution for a person requesting it. The pharmacy could offer reminder charts or medication administration records as an alternative. A selection of completed compliance aids were 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 the pharmacy team were 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 shelves used to store stock were organised and tidy. The stock was arranged alphabetically on shelves. Date checking was undertaken each week and the entire dispensary was checked every three 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 AAH. 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 by the Professional Standards Office to reflect the changes FMD would bring to the pharmacy's processes.

CDs were stored in accordance with legal requirements in 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 manager 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 removed or obliterated from patient returned medication. No hazardous waste bin was available due to the collection of them not being commissioned by NHS England in the county.

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

Crown-stamped measures were available for liquids to be measured. 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. The dispensary sink was clean and in good working order. The PMR system went offline during the inspection. The pharmacy team were able to access support from the company head office to resolve the issue promptly.

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.