General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 832-834 Osmaston Road, Allenton, DERBY, Derbyshire, DE24 9AA

Pharmacy reference: 1030384

Type of pharmacy: Community

Date of inspection: 09/07/2019

Pharmacy context

This is a busy community pharmacy located in a parade of local shops and services in the Allenton area of Derby. People using the pharmacy are from the local community. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services.The pharmacy team dispenses medicines into multi-compartment compliance packs for people that can sometimes forget to take their medicines.

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	1.4	Good practice	People can provide feedback and raise concerns about the pharmacy in a number of different ways and this information is used to improve the pharmacy services.
2. Staff	Standards met	2.1	Good practice	The staffing levels and skills mix are regularly reviewed and changes are promptly made to meet the current business needs.
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 effectively manages the risks associated with the services to make sure people receive appropriate care. Members of the pharmacy team are clear about their responsibilities and follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they regularly review their processes and make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been implemented on various dates with a small section of SOPs updated every few months. SOPs had been reviewed by the new resident pharmacist (RP at the time of inspection) and store manager when they had at the branch earlier in the year, and SOP training logs had been countersigned by the pharmacist when she had assessed the staff member's compliance with the SOP.

All pharmacy staff were seen to have read and signed the SOPs relevant to their job role. But the healthcare advisors had not signed the SOPs activity related to medicine sales. So, they may not be familiar with the latest version. The core dispensing task SOPs had been reviewed and reissued by head office in May 2019. Roles and responsibilities of staff were highlighted within the SOPs.

A near miss log was used and team members were responsible for correcting their own error to ensure they learnt from the mistake. The near miss log contained notes with each near miss to aid the monthly review process. The RP and store manager completed a monthly near miss review and action planning document. The outcome of the review was shared with pharmacy team members. The store manager also carried out a weekly patient safety review and shared anything that she had identified with the team. An action plan was displayed in the dispensary to show the weekly and monthly patient safety priorities. 'Select with care' stickers had been sent from Head Office to attach near to LASA (look alike, sound alike) medicines.

A weekly clinical governance checklist was completed by the store manager and the outcome was recorded in the daily diary. A newsletter was sent from the pharmacy superintendent every month. The newsletter was read and signed by all members of the pharmacy team and included clinical governance updates and a case study. Dispensing incidents were recorded using an online incident reporting system. A member of staff completed the incident form and the store manager reviewed the incident and added any further action that they thought was required.

Members of the team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to responsible pharmacist absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role.

The complaints procedure was explained in the customer leaflet. The RP explained the process for handling a complaint or concern and explained that she would speak to the person first and would try to resolve the issue and she would refer to the store manager or head office if the complaint was unresolved. Customer feedback was gathered using the NHS CPPQ questionnaire, through surveys

being generated from the till, customer satisfaction cards and from verbal feedback. Customers could contact Boots Customer Care at head office by telephone, email, Twitter or Facebook with any feedback about the company or pharmacy. Various examples of how customer feedback had been used to make improvements were given. The results of the 2018 to 2019 customer survey were on display and were very positive.

The pharmacy had up to date professional insurance arrangements in place. The Responsible Pharmacist (RP) notice was clearly displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A CD balance check was completed weekly and a random balance check matched the balance recorded in the register. The balance check for methadone was done weekly and the manufacturer's overage was added to the running balance. A patient returned CD register was used. Private prescriptions and emergency supplies were recorded electronically. A sample of entries were seen to comply with legal requirements. Audit trails for prescription deliveries were seen, these were signed by the driver in the pharmacy to show they had been taken and by the person when they were delivered. A separate sheet was used to record when CDs had been delivered and this was retained in the pharmacy. Specials records were not available for inspection as they were not filed separately so the source to supply audit trail could not be confirmed.

Confidential waste was stored separately to general waste and transferred to confidential waste bags for destruction offsite. The pharmacy staff had completed an elearning module about information governance. The RP had completed Centre for Pharmacy Postgraduate Education (CPPE) training on safeguarding. Other members of the pharmacy team completed an elearning module every year as part of their annual compliance training. The safeguarding procedure and local contacts were available in the dispensary. A dispensing assistant described hypothetical safeguarding scenarios and how these could be related to people that had their medicines supplied in weekly compliance packs.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members plan absences so they always have sufficient cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions. And they receive ongoing training so that they can keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of a pharmacist, store manager (dispensing assistant), three pharmacy advisors and two medicine counter assistants. A pharmacy advisor was the job title used in Boots for a member of staff that had completed or was working towards a combined dispensing assistant and medicines counter assistant qualification.

The staffing levels and rotas were reviewed by the store manager on an ongoing basis and completed at least four weeks of rotas in advance to cover holidays and gaps in the schedule. Head Office had completed a time and motion study and informed store managers how many hours they should have in each job role based on the amount of pharmacy items, pharmacy services and retail sales they did each week. The branch was over the amount of staff that the budget allowed for and there was a plan in place to address this.

Holidays had been booked for the rest of the financial year and authorised by the store manager to ensure there was enough relief dispenser cover available. There were two relief dispensers for the area and the store manager was responsible for the relief dispenser's rota.

Staff members were given training materials to complete, such as the 30minute Tutor and e-learning modules. A healthcare advisor explained that she usually has training time at least every two weeks. All members of staff had to complete yearly mandatory e-learning based training. This was audited by head office and the store manager was accountable for ensuring the training is up to date. The RP had attended Let's Connect events, the RP explained these were held twice a year and covered business updates and contained CPD sessions.

The company policy for performance reviews had recently changed and pharmacy staff had in-the-moment performance coaching with the store manager or RP rather than a formal one-to-one discussion. The store manager and pharmacist had continued to have regular formal reviews with their line managers.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. As the pharmacy team worked closely together on a daily basis they discussed any near misses, incidents and pharmacy issues on a daily basis within the dispensary rather than at a formal meeting.

The pharmacy staff said that they could raise any concerns or suggestions to the RP or to the store manager. If they had wanted to raise a serious concern they could contact the area manager or contact a confidential helpline. The contact details for the helpline were on display in the staff area of the store.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services; the RP explained that she would use her professional judgment to offer services e.g. MURs when she felt that they were appropriate for the person.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Maintenance issues were reported to the One Number helpdesk at Head Office. A stock room was used for storing spare retail stock and dispensary sundries e.g. capped medicine bottles and dispensing bags. The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Weekly compliance packs were dispensed in a dedicated dispensary upstairs.

There was a private consultation room which was used by the pharmacist during the inspection. The consultation room professional in appearance and the door to the consultation room remained locked when not in use.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. The pharmacy team supports members of the public that may forget to take their medicines by providing them in weekly multi-compartment compliance packs and it has a well managed system in place to dispense these. People are actively given advice about their medicines when collecting their prescriptions. The pharmacy gets its medicines from licensed suppliers, and the team members store medicines securely and at the right temperature, and they make regular checks to make they are safe to use.

Inspector's evidence

The pharmacy was situated within a row of local shops and there was free parking available. The pharmacy had step free access from the car park and an automatic front door. A home delivery service was available for people that could not access the pharmacy. If a member of staff spoke an additional language, they had a flag printed on their name badge. The RP had the Indian flag printed on her name badge and gave several examples of when people had noticed the flag and spoke with her in Punjabi.

The range of services provided by the pharmacy were displayed. The pharmacy had a selection of health promotion leaflets available to people to select. The pharmacy staff referred people to local services, such as the smoking cessation services, when necessary. The pharmacy staff used local knowledge and the internet to support signposting.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Labelled shelves were used for completed prescription service prescriptions awaiting the final accuracy check. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions.

A ‘4-way stamp’ was used on prescriptions to identify which members of the team had been involved in different areas of the dispensing process, a sample of prescriptions was checked, and the 4-way stamp was routinely used.

A sample of prescriptions was observed to have a pharmacist information form (PIF) completed and attached. These forms allowed the pharmacist to be alerted to any information about the prescription, such as whether it was a new medicine or a change of dose and supported the clinical assessment of the prescription and any counselling the person needed. The original prescription for any items owing and an owing docked was kept until hand out to allow for any counselling to be given.

Prescriptions containing high-risk medicines; such as anticoagulants, methotrexate or CDs had a coloured, laminated cards attached to alert the staff member handing out the prescription that extra counselling or checks were required. This ensured the person received the information they needed about the prescription. A pharmacist had completed a sodium valproate audit and had a folder containing leaflets to support counselling available.Substance misuse prescriptions were dispensed weekly and stored in the controlled drug (CD) cabinet. This reduced work load pressure and the risk of dispensing incorrect doses when the person came to collect the prescription.

A pharmacy advisor managed the weekly compliance pack dispensing process and kept thorough

records so that any other member of staff could continue the process. The store was due to become a hub for dispensing weekly compliance packs for the other Boots' stores in the local area and the store manager explained that staffing levels would be reviewed as more workload transferred into the branch. The upstairs dispensary had a computer terminal and access to patient medication records (PMR) but did not have a printer for electronic prescriptions or dispensing labels. A dispensing label printer had been on order for two months and the pharmacy advisor explained that having to keep going downstairs was an inconvenience.

Prescriptions were ordered in advance to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. The pharmacy advisor telephoned each person before the prescription was ordered to ask if there had been any changes to their medicines, which ad-hoc items they required and whether they were due to see their GP or specialist.

A sample of weekly multi-compartment compliance packs were seen to have been labelled with descriptions of medication, an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were included with each monthly supply. A collection docket was signed if the weekly compliance pack was collected from the pharmacy and retained in the patient file.

Collection service prescriptions were managed using a computer programme called Webscript. Webscript was used to manage sending prescription requests to the surgeries and provided an audit trail of how many items had been ordered from the surgery and when. Any missing items could be chased before the person came to pick up their medication.

A section of the dispensary was date checked weekly and records were kept for date checking. A short-dated item list was kept and medicines due to go out before the end of 2019 were recorded. The list was checked in advance and short dated medication removed from the shelf to ensure they were not supplied.

Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. A range of licenced wholesalers was used. Split liquid medicines were marked with a date of opening. The RP was unaware of Falsified Medicines Directive (FMD) requirements and the pharmacy was not yet compliant. The store manager explained that other local branches were having a new computer system installed that was compliant with FMD and they were due to have it installed before the end of 2019.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Out of date CDs were clearly marked and were separated from normal stock.There was a medical fridge used to hold stock medicines and assembled medicines. Assembled medicines were in clear bags for easy identification. The medicines in the fridge were stored in an organised manner. Fridge temperature records were kept, and records showed that the pharmacy fridge was working within the required temperature range of 2 degrees Celsius and 8 degrees Celsius. Patient returned medicines were stored separately from stock medicines in designated bins.

The pharmacy was alerted to drug alerts by alerts sent by head office using the company intranet; Boots Live. There was a file for drug alerts. Each alert was signed to show it had been actioned and marked as actioned on Boots Live.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including BNF and BNF for Children. Internet access was available. This was mainly used for printing replacement patient information leaflets and for accessing Boots Live.

Patient records were stored electronically and there were enough terminals for the workload currently undertaken. Screens were not visible to the public as members of the public were excluded from the dispensaries. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

A range of clean, crown stamped measures were available. Separate measures were available for preparation of antibiotics. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines.

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.