

Registered pharmacy inspection report

Pharmacy Name: Boots, 45 Broad Street, LYME REGIS, Dorset, DT7
3QF

Pharmacy reference: 1030564

Type of pharmacy: Community

Date of inspection: 24/04/2019

Pharmacy context

This is a community pharmacy located on the high street in Lyme Regis. It serves its local population which is mostly elderly and includes some tourists. The pharmacy opens seven days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and provides drug misuse 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	1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and can demonstrate having used these for the benefit of their patients.
2. Staff	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
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 written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months displayed in the dispensary. The pharmacy team highlighted 'sound alike' and 'look alike' medicines on the dispensary shelving. Based on previous errors, staff had very clearly highlighted the need to check both the name and address of the patient thoroughly whilst handing out a medicine by putting a reminder notice to staff on the wall in the dispensary.

Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Every month, a Patient Safety Review was carried out by the pharmacist and trends are looked for as well as changes that need to occur to reduce the incidence of errors occurring. Following one of these reviews, the team had a general discussion about the areas they need to watch out for and the pharmacist would talk to each individual member of the pharmacy team about the areas they each need to be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback on an annual basis using Community Pharmacy Patient Questionnaires (CPPQs).

A certificate of public liability and indemnity insurance was held electronically on the company's intranet and was valid and in date. Records of controlled drugs (CD) and patient returned controlled drugs were seen to be retained. Out-of-date and patient returned CDs were appropriately labelled and separated from regular CD stock.

The responsible pharmacist record was seen as being retained and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and were always in the two to eight degrees Celsius range.

Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. Short dated stock was marked for with stickers. The private prescription and emergency supply were retained and were seen to be in order. Specials records were retained but entries sometimes omitted the patient's and doctor's name and address.

There were cordless telephones available for use and confidential waste was collected in confidential waste bins and this was removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team were required to complete an e-learning programme on IG.

There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff were required to complete. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Staff could readily locate contact details to raise safeguarding concerns or ask for advice about them.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and two dispensing assistants present during the inspection. The staff were observed to be working well together and providing support to one another when required.

Staff performance was monitored and reviewed formally annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff reported that they completed training online and had regular updates to their knowledge and understanding of products and services. Staff reported that they received time to complete their required training. Professional standards documents were released by head office and staff signed these to demonstrate that they had read them. Staff reported that their pharmacy was due to trial the new Columbus patient medical record system from 9 May 2019 and so they were undergoing training for this.

The pharmacy team reported that they would hold patient safety meetings monthly and advise staff on the learning from the patient safety reviews. A communications book was used to pass information between staff on different shifts.

Staff explained that they felt comfortable to raise any concerns they had with the pharmacy manager or their area manager. There was also a whistleblowing policy in place which staff were aware of and were happy to use should they require it. There were targets in place but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy was clean, tidy was presented in a professional manner. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing

Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The pharmacy was not equipped with a consultation room. The pharmacy team reported that if people needed to have a confidential conversation, they could take them to a quiet area of the pharmacy.

The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

Access to the pharmacy was step free with an electric assisted door. There was adequate seating for patients and customers who were waiting for services. Services were displayed on a ladder in the pharmacy window. A hearing loop was available for patients with hearing difficulties. Large label printing was available for patients with sight difficulties.

The pharmacy team dispensed MDS trays for 27 domiciliary patients. One MDS tray was examined and an audit trail to demonstrate who dispensed and checked the tray was complete. Descriptions were routinely provided for the medicines contained within the MDS trays. Audit trails were kept to record who dispensed and checked the trays. Patient information leaflets were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during dispensing to valproate to all female patients. The pharmacist reported that she would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

Pharmacist information forms (PIFs) were used to highlight services that staff had identified may be beneficial to patients. A text message was sent to patients to advise them when their medication was ready for collection.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via Alliance specials. Invoices from these wholesalers were seen.

Destruction kits for the destruction of controlled drugs were on order. Doop bins were available and being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was not available for use at the time of the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. A bottle of Calcichew-D3 Forte did not have a batch number and expiry date on the container. The inspector proffered advice about this. Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were appropriately marked.

The pharmacy team were aware of the European Falsified Medicines Directive (FMD). Boots head office was currently in the process of rolling equipment and software out to their pharmacies. The fridge was

in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the pharmacy electronically through the company's intranet and the pharmacist explained that these were actioned appropriately. Audit trails to demonstrate this were incomplete and the inspector proffered advice about this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for methadone. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Doop bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.