

Registered pharmacy inspection report

Pharmacy Name: Boots, 123-125 High Street, HONITON, Devon,
EX14 1HR

Pharmacy reference: 1030755

Type of pharmacy: Community

Date of inspection: 17/05/2019

Pharmacy context

The pharmacy is located on the high street of Honiton, a busy market town. It has a large retail area selling health and beauty products. A designated healthcare area is at the rear of the store. The pharmacy dispenses NHS and private prescriptions. It also offers advice on the management of minor illnesses and long-term conditions. The pharmacy also offers flu vaccinations and supplies emergency hormonal contraception.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	3.1	Standard not met	The pharmacy has a leak in the roof which means water pools in the pharmacy when it rains heavily. This may present a trip hazard.
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. 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 has written procedures for the activities it carries out. 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. But it does omit some details which may make it difficult to see exactly what has happened. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members take necessary action to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to monitor and reduce risks. Near misses were routinely recorded on a paper log and contain details of the error but little reflection on the cause or the learning points. Dispensing incidents recorded on the pharmacy incident and error reporting system (PIERs). Following company-wide incidents, the pharmacy team had segregated high risk medicines such as those used to treat diabetes, methotrexate and quetiapine.

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 focused on ensuring the review was completed on time the following month. It also encouraged staff to 'check the finer details of prescriptions'.

Caution labels were seen on several shelf-edges, including 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 12 drugs highlighted as high risk by the superintendent's office: quinine, quetiapine, atenolol, allopurinol, amlodipine and amitriptyline, prednisolone, propranolol, carbamazepine, carbimazole, azathioprine and azithromycin. 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.

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.

SOPs were up to date and had been recently reviewed and adopted by the regular responsible pharmacist (RP), and had been signed by staff. The pharmacy technician, who was not working on the day of the inspection, was accountable for ensuring all staff read new SOPs. She also tested their understanding through the use of quizzes. The SOPs covering RP regulations had recently been reviewed and had been read by all staff. A pharmacy advisor could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities which were

documented in the RP SOPs. They were clear on their job role and wore name badges.

The pharmacy was due to have their patient medication record system updated within the following month. All staff had received training in advance and reference guides were available. SOPs had been amended to reflect the changes and were in the process of being read and signed by the staff.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey which had shown that 96.9% of respondents rated the pharmacy as very good or excellent. Staff also gave out small cards to people inviting them to complete an online survey. The store manager planned to address comments that people were not aware there was a consultation room by signposting it more clearly. A complaints procedure was available in the practice leaflet which was displayed in the retail area. The store manager was not aware of any recent complaints.

Indemnity insurance was provided by the XL Insurance Company SENPA and expired on 30 June 2019. 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, Nexphase. The prescriber details on records of private prescriptions were found to often be inaccurate. The nature of the emergency was not always recorded when emergency supplies were recorded. Records of the supply of unlicensed specials medicines could not be located by the store manager, who had been working in the pharmacy for only two weeks.

Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly, and a random stock balance check of a CD 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 Smart cards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician, who was not working on the day of the inspection, 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 reporting concerns were available, and staff were aware of what signs required 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 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 and consisted of the RP, who was a locum, an NVQ2 pharmacy advisor who was the store manager and two customer advisors. The RP was a locum and the store manager had moved to the pharmacy two weeks prior to the inspection. He was working in the pharmacy covering holidays and sickness. He said that staffing levels were lower than usual. But the team appeared to be coping with the workload.

Rotas were completed four weeks 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 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 which were detailed in standard operating procedures, and tasks and responsibilities were allocated to individuals on a daily basis.

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, e-Learning 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. A customer advisor was observed referring to the pharmacist when she was unsure.

The staff felt able to raise concerns and give feedback to the store manager and the regular 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 said that he had not been set targets. The manager felt that his targets were manageable and that they did not impede his professional judgement. The RP said that he would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. But it has a leak in the roof which means water pools in the pharmacy when it rains heavily. This may present a trip hazard.

Inspector's evidence

The pharmacy was located on the high street of Honiton, a busy market town. There was a large retail area. The healthcare counter and dispensary were at the rear of the shop. A consultation room was available which was of an appropriate size and was soundproof. It was locked when not in use. No patient information was stored in the consultation room. The consultation room was some distance from the dispensary and the only signage was on its door. The dispensary was of an appropriate size and was well organised. Stock was stored neatly on pull out shelves.

The pharmacy team reported that the building had a leak in the roof. When rain was heavy, they said that water poured through an air-conditioning vent into the lavatories upstairs and also into the shop floor down a pillar. They felt that this presented a trip hazard to people and that they had to frequently mop the water up. This had been reported to the maintenance department but the work had not yet been carried out.

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 well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy obtains its medicines from reputable suppliers. It stores medicines securely and regularly checks that they are still suitable for supply. The pharmacy deals with medicines returned by people appropriately.

Inspector's evidence

The pharmacy and consultation room were 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 on the outside of the pharmacy and the regular 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. The store manager described how if a patient requested a service not offered by the pharmacy, he would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A signposting 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 including tramadol. 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 he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were usually made on the patient medication record (PMR), as were details of significant interventions.

The regular RP had completed an audit of patients who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. Additional counselling had been given to patients who may become pregnant receiving valproate and records had been made on the PMR. Stickers were available for staff to apply to the boxes of valproate products for any patients in the at-risk group, and information cards present to be given to eligible patients at each dispensing.

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. The pharmacy did not have the required hardware, software or scanners to be compliant with the European Falsified Medicines Directive (FMD).

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged

alphabetically. Date checking was undertaken each week and the entire dispensary was checked every three months. A tracking sheet was completed detailing stock that was due to expire in the coming months. Spot checks revealed no date expired stock. A bottle of methocarbamol 750mg tablets was found not to bear an expiry date or batch number.

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 patients based in the community 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.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication. Records of recalls and alerts were seen and were annotated with the outcome, the date and who had actioned it.

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 customers, and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves.

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.