

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: 21/01/2020

Pharmacy context

The pharmacy is located on the high street of Honiton. 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), flu vaccinations and services for substance misusers.

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 usually 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. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services. 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 its 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 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 errors in the quantity of medicines dispensed. The pharmacy technician explained that she now circled the quantity on the prescription as she labelled it if it was different to the usual pack size.

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 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 pharmacy had recently added LASA alerts to the locations of folic acid and finasteride following several near-misses. The team used the 'Pharmacist Information Forms' (PIFs) that were attached to all prescriptions to alert the pharmacist to LASA 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 pharmacy team received and reviewed the monthly professional standard document supplied by the company's head office.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the pharmacy team. Team member's understanding of the SOPs was assessed by observation and through written quizzes. The SOPs were signed by the appropriate staff. The pharmacy technician could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

The RP said that if she was asked to implement a new service, she would ensure the pharmacy would be able to accommodate the work and that it would be applicable to the local population. She would complete a risk assessment on the new service. She would review staffing levels to ensure provision of

the service could be maintained and would check that she and her staff had access to the appropriate equipment and training to provide the service.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 96.9% of respondents to the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. The pharmacy responded to feedback that people were often unaware that there was a consultation room available by placing clear signs advertising it at the dispensary counter. A complaints procedure was in place and was displayed in the customer charter leaflet. Professional indemnity and public liability insurances were provided by the XL Insurance Company SE with an expiry of 31 July 2020.

Records of the responsible pharmacist were maintained appropriately, and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained appropriately. Balance checks were completed weekly. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were held on the PMR and were in order. Emergency supplies were also recorded in the on the PMR and contained the nature of the emergency. Specials records were maintained, and certificates of conformity were stored with all required details completed.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed, and a record of access was made on the patient medication record (PMR).

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. A safeguarding policy was in place and signed by staff and local contacts were available. Staff were aware of signs of concerns requiring escalation. Local contacts for referrals were stored in the pharmacy duty folder and also on the wall of the dispensary.

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, a pharmacy technician, an NVQ2 level pharmacy advisor and a customer advisor. 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.

Team members were set yearly development plans and had six-monthly performance reviews. 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 dispenser 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 RP said the targets set were manageable. The RP felt able to use her 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 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 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 a notice had been placed at the dispensary to advertise that it could be used for private conversations.

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 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. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. Team members described that they communicated with people with hearing impairments in the consultation room, using pen and paper if needed. 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. The regular RP, who worked four days a week, was accredited to provide all of the promoted services. The RP described how if a patient requested a service not offered by the pharmacy at the time, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the patient medication record (PMR).

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as to 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.

Stickers 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. All prescriptions for CDs were checked by at least three people. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. Stickers 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 flu vaccinations. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations 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.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy had the information booklets and cards to

give to eligible women.

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. 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.

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 stored appropriately and were annotated with the outcome and the date actioned.

The fridge in the dispensary was clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. Team members 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. A hazardous waste bin was available. Personal details were removed from returned medicines to protect people's confidentiality.

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

Validated 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.

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.