

Registered pharmacy inspection report

Pharmacy Name: Boots, 66-68 Union Street, TORQUAY, TQ2 5PS

Pharmacy reference: 1030927

Type of pharmacy: Community

Date of inspection: 28/06/2019

Pharmacy context

The pharmacy is located on a high street in Torquay, a seaside town popular with tourists. It has a large retail area selling health and beauty products. A healthcare area is at the rear of the store. The pharmacy dispenses NHS and private prescriptions. It supplies medicines in multi-compartment compliance aids for people to use both in their own homes and in care homes. It also offers advice on the management of minor illnesses and long-term conditions. The pharmacy also offers flu vaccinations, emergency hormonal contraception, medicines for minor ailments and drug user 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	1.2	Good practice	Team members record any errors they make. They regularly review them and learn from them to stop them happening again.
2. Staff	Standards met	2.4	Good practice	Team members receive protected time to learn. They regularly give each other feedback on how well they are working.
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 and manages risks well. It reviews its practices to make them safer and more efficient. 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 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. The pharmacy 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 two separate dispensaries. The first was in the main shop and was used to dispense walk-in prescriptions and those collected from local surgeries. The second downstairs dispensary was dedicated for the preparation of multi compartment compliance aids supplied to people living in their own homes and in care homes.

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. Separate logs were held in each dispensary. Dispensing incidents were recorded on the pharmacy incident and error reporting system (PIERs). A recent incident had involved the incorrect strength of a medicine being dispensed. The dispenser and the pharmacist had reflected on the incident and now took more time to ensure the correct products were selected.

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. 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.

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 encouraged staff to ensure that PIFs and laminates were attached to all prescriptions, particularly those with owed medicines. Each month, every team member committed to an action to improve patient safety. For example, one dispenser committed to self-check all her dispensing using the company accuracy checking tool.

Pharmacy team members regularly observed each other and gave each other feedback on customer interactions, including selling medicines over the counter and handing out prescriptions. Team members were receptive to advice given to each other on how to improve.

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 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.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey, and by handing customers cards inviting them to complete an online survey. A complaints procedure was available in the practice leaflet which was displayed in the retail area. A recent complaint regarding the time taken to answer the telephone had prompted the pharmacy to install a separate phone line for the second dispensary. This number was now given to people receiving multi-compartment compliance aids by delivery, which had substantially cut down the number of phone calls received in the shop. The pharmacy was also trialling a new 'express pick-up lane' to reduce waiting times for people who had received a text message alerting them that their prescription was ready.

Professional 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. The pharmacy regularly used advanced declarations to allow dispensing activity to occur in the absence of the RP.

Records of emergency supplies and private prescriptions were held on the patient medication record (PMR) system, Nexphase and were in order. Records of the supply of unlicensed specials medicines were kept, but certificates of conformity did not always 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, 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 Regulation (GDPR). 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 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 and staff were aware of the signs requiring 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 three pharmacists, one of whom was new to the UK and undergoing a training period. There were also five NVQ2 trained pharmacy advisors, one of whom was the store manager. One dispenser was a registered pharmacy technician but was employed as a dispenser.

Rotas were completed 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 and CPPE packages and revised SOPs. The pharmacist who was undergoing training was given protected time each day to complete her online modules and discuss any issues with the RP. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. As described in principle one, pharmacy team members regularly observed each other selling medicines over the counter or handing out prescriptions. They gave each other constructive feedback and suggestions of how to improve.

Staff were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

The staff felt able to raise concerns and give feedback to the store manager and the 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 described that she felt supported by the store manager and the stores in the wider area. She was in regular communication with pharmacists working in nearby stores.

The RP said the targets set were manageable and that they did not impede her professional judgement. The RP said that she would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. But the consultation room is small and is not completely soundproof meaning that private conversations could be overheard.

Inspector's evidence

The pharmacy was on a high street of Torquay, a busy seaside town popular with tourists. There was a large retail area. The healthcare counter and dispensary were at the rear of the shop. A separate dispensary was located downstairs and was dedicated for the preparation of multi compartment compliance aids. A third room was designated as a dispensary for preparing multi-compartment compliance aids for people living in their own homes. But it was currently only being used to store completed compliance aids as the height of the bench made it inappropriate to use for dispensing. These compliance aids were consequently prepared in the room dedicated for care homes, meaning that space was limited. The manager said that there were plans in place to refit the room to make it more appropriate for the preparation of the compliance aids.

A small consultation room was available on the shop floor. It had a glass door and a curtain was available to provide privacy. But the room was not soundproofed and conversations could potentially be overheard from outside. The RP said that she managed this by talking quietly. It was unlocked when not in use but no patient information, consumables or medicines were stored in the consultation room.

The main dispensary was of an adequate size and was tidy and well organised. Stock was stored neatly on shelves and in pull out drawers. The second dispensary was well equipped and well maintained, as were the other areas of the store including the staff room and the offices.

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. It makes a record of this additional advice to demonstrate that it has been given. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy obtains its medicines from reputable suppliers. They store them securely and regularly check that they are still suitable for supply. The pharmacy generally 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 in the pharmacy and the 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. A pharmacy advisor described how if a patient requested a service not offered by the pharmacy, she 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. 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 she checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were made on the patient medication record (PMR), as were details of significant interventions.

The RP had completed an audit of patients who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. Three patients had been identified who met the eligibility criteria for the pregnancy prevention programme. Additional counselling had been given to these people and records had been made on the PMR. Stickers were available for staff to apply to the boxes of valproate products for any patients who may become pregnant, and information cards present to be given to eligible patients at each dispensing.

Multi-compartment compliance aids for patients based in the community were prepared by the pharmacy. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets (PILs) were supplied in a folder supplied by head office and regular updates were sent to the pharmacy for distribution to the care home. 'When required' medicines were dispensed in boxes and the pharmacy advisor was aware of

what could and could not be placed in compliance aids. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

Care homes receiving medication from the pharmacy were supplied with MAR sheets. All of the care homes were supplied with patient packs. A dedicated care services pharmacist carried out advice visits regularly and provided additional support as needed.

Substance misuse services were provided for approximately 30 people. The RP described how she would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. A needle exchange service was in operation and was found to be satisfactory.

The patient group directions (PGDs) for the supply of emergency hormonal contraception and for the minor ailments service were seen, were in date and had been signed by the relevant staff.

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 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 or mixed batches.

CDs were stored in accordance with legal requirements in two 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 fridges were 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 both in the community and in care homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP 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 not always removed or obliterated from patient returned medication. A hazardous waste bin was available but not all team members were aware of the medicines requiring disposal in this way. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

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 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.