

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 10 Connaught Avenue, FRINTON-ON-SEA,  
Essex, CO13 9PW

**Pharmacy reference:** 1031169

**Type of pharmacy:** Community

**Date of inspection:** 20/06/2019

## Pharmacy context

The pharmacy is on the High Street in the seaside town of Frinton-on-Sea. It dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication in multi-compartment compliance packs for around 100 people who need help taking their medicines. There is a delivery service on six days a week. Some prescriptions are dispensed using an off-site dispensary. A small number of people use the substance misuse service. The pharmacy administers flu vaccinations during the winter season. People can ask to have their blood pressure tested.

## 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
<b>1. Governance</b>	Good practice	1.1	Good practice	The pharmacy proactively identifies and manages its risks. And team members make suggestions on how they can improve the pharmacy's services.
		1.2	Good practice	The pharmacy team members proactively monitor and review the safety and quality of services. They robustly investigate failings in the system to reduce the likelihood of incidents being repeated.
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy actively encourages team members to undertake planned learning and development. And it gives them time set aside to do this.
		2.5	Good practice	The pharmacy team is fully involved in improving the delivery of the pharmacy's services. And it shares solutions and ideas with other pharmacies.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Good practice

### Summary findings

The pharmacy has safe and effective working practices. It manages its risks appropriately by recording, reviewing and learning from its mistakes. And it keeps people's private information safe. It regularly asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that medicines are supplied safely and legally.

### Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed weekly to identify any trends or patterns as part of the patient safety review. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The most recent audit had identified that wholesaler supply problems were leading to a large number of owed medicines and there was sometimes a delay in resolving these. The team members may devised a new system to make sure that people were kept inform of the delays and alternative medicines arranged where appropriate. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to reduce future risk. Even minor near-misses were recorded to increase the amount of information available to identify trends.

People were regularly encouraged to provide feedback and were particularly complimentary about the pharmacist, the regular team and the advice received. The team members handed out 'tell us how we did' cards. People regularly returned to the pharmacy to update the team on how they were progressing with their medication. The complaints procedure was published in the practice leaflet and people were encouraged to complete the annual survey.

The pharmacy had current professional indemnity insurance in place and this was arranged centrally.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were correctly completed. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles. The team were in the process of reviewing and implementing several new SOPs.

The records examined were maintained in accordance with legal and professional requirements. These included: the electronic private prescription register (for private prescriptions and emergency supplies), records for the supplies of unlicensed medicines and the RP record. The CD registers were appropriately maintained and CD balance checks were done each week. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards

were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training on the General Data Protection Regulation and had signed confidentiality agreements. They gave examples of how they put this in to practice.

The pharmacy had safeguarding procedures in place and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They routinely make suggestions to improve safety and workflows where appropriate. These ideas are sometimes adopted by other pharmacies. Team members are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

### Inspector's evidence

There were two regular pharmacists (one full time and one part time) and one full-time accuracy checking technician. There were four NVQ2 trained dispensers (two full-time and two part-time), one full-time pharmacy apprentice and three part-time medicines counter assistants. The team were up to date with dispensing prescriptions and routine dispensary tasks. They were undertaking or had completed accredited courses.

The pharmacy team had a strong focus on on-going learning. This included a regular review of SOPs, discussions about issues raised in the 'Professional Standard' document, product updates using '30-minute tutors' and e-learning. The pharmacist routinely audited pharmacy tasks by observing interactions. There was protected training time to support team members in their ongoing learning and development. The pharmacist and technician were aware of the requirements for professional revalidation.

There were annual appraisals with quarterly reviews for all team members which looked at areas where they were performing well and areas for improvement or opportunities to develop. The pharmacy team proactively developed ideas to improve workflows and safety and several of these had been cascaded to other pharmacies in the company. There was a 'team ideas' box

The team had developed a local letter to send to the GP to request a prompt alternative. They had developed a 'Manufacturer Can't Supply' checklist to improve communication and ensure people were not left without medication. Good ideas were recognised and rewarded. These included audit sheets for electronic repeat dispensing prescriptions and an 'unlicensed medicine tracking sheet'. These had helped to manage workloads.

Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement. These were used to drive patient care and there was a strong focus on this.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy.

### Inspector's evidence

The pharmacy had solid vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were observed to be clean. There were two front-facing work stations and a rear dispensary for larger prescriptions. There was an upstairs room for the assembly of compliance packs. There were clear workflows in place, with audit trails on dispensing labels, tubs to assist in the dispensing process and a designated checking area. This was kept tidy to reduce the risk of mistakes.

There were good levels of lighting throughout and the pharmacy used air-conditioning to keep medicines at the right temperature.

There was a clean, bright and well-maintained consultation room with a good level of soundproofing where people could consult pharmacy team members in private. The room was kept locked when not in use. The pharmacy premises were kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy gets its medicines from reputable suppliers and it stores them properly. The pharmacy identifies and gives advice to people taking high-risk medicines to make sure that they are taken safely. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. The team members follow safe practice when assembling compliance packs which help people to take their medication.

### Inspector's evidence

The pharmacy was accessed via two wide doors at path level and one of these was fitted with an automatic opener. There was wide aisles and a clipboard to assist wheelchair users. There was a portable hearing loop for people with hearing aids and some team members had started to learn British Sign Language. Larger print labels were generated for several people with visual impairment.

The pharmacy obtained stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. The pharmacy team members were aware of the Falsified Medicines Directive and the company was planning to introduce a new computer system to ensure the pharmacy achieved compliance.

The pharmacy counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. Results were recorded on the PMR where appropriate. The pharmacy team members gave advice to people to help them take these medicines safely. There were laminated cards to remind the team about the relevant questions to ask and the information was gathered using Pharmacist Information Forms. A similar process was followed for people receiving medication in compliance packs. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all their people who took valproate containing medication.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored its CDs securely. The pharmacy used a label on each controlled drug prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs. These were disposable, tamper evident packs which had descriptions of the medication. The descriptions helped the person to identify their medicines. The packs were routinely supplied with patient information leaflets. Team members described the process they followed to ensure that any mid-cycle changes to the packs were rechecked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and allow effective team communication. The GP requested when people should receive their medication in multi-compartment compliance packs. The pharmacist used a review tool to identify which people would benefit from a compliance pack and where alternative solutions such as reminder charts were more appropriate.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needlestick injury avoidance. Patient returns were clearly segregated into designated bins and disposed of appropriately.

Drug alerts were received electronically and printed out in the pharmacy. The sheets were endorsed with any actions taken and maintained in a file in the pharmacy. There was up-to date evidence of responding to recent alerts.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for its services and makes sure that it is looked after properly. It uses its equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helps to avoid cross-contamination.

There was a blood pressure monitor which was replaced annually and a carbon monoxide which was serviced and maintained by the local smoking cessation team. There was also an appropriate selection of infection control materials such as gloves and surface wipes.

The pharmacy used a carousel for storing medication and this was regularly checked for safety. Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested.

There was a cabinet in the locked consultation room to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using blue bags for secure disposal off-site.

### 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.