General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 54 High Street, MALDON, Essex, CM9 5PN

Pharmacy reference: 1031320

Type of pharmacy: Community

Date of inspection: 19/02/2020

Pharmacy context

This is a Healthy Living Pharmacy located in a parade of shops on a busy high street. It serves mainly older people living locally. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs. It also provides Medicines Use Reviews (MURs) and the New Medicine Service (NMS).

Overall inspection outcome

✔ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	The pharmacy proactively reviews dispensing incidents and continuously learns from them.
		1.8	Good practice	Team members have completed safeguarding training and are able to make referrals when they have concerns.
2. Staff	Good practice	2.2	Good practice	Team members get time set aside for ongoing training and the pharmacy monitors it. This helps team members keep their knowledge and skills up to date.
		2.4	Good practice	Team members are regularly provided with feedback There is a culture of learning, continuous improvement and personal development.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy provides a range of services and takes steps to make sure people can use them, taking into consideration the needs of the local community.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

Overall, the pharmacy manages the risks associated with its services. The pharmacy asks its customers for their views. It keeps the records it needs to so that medicines are supplied safely and legally. Team members protect people's private information well. And they know how to safeguard vulnerable people. Team members are good at recording and regularly reviewing any mistakes that happen during the dispensing process. This helps them make the pharmacy's services safer.

Inspector's evidence

Standard Operating Procedures (SOPs) were up to date. Members of the team had read SOPs relevant to their roles and were in the process of reading updated SOPs. Team roles were defined within the SOPs.

When a near miss was identified, the pharmacist handed back the dispensed products and prescription to the person who had dispensed the prescription. They were requested to identify and rectify their mistake. After which an entry was made onto the near miss record. The pharmacy was observed to consistently record near misses. Patient Safety Reviews were completed monthly by the champion. The team also received the 'Professional Standards' bulletin each month from the superintendents (SI) office which were read by team members and discussed. The Patient Safety champion completed the review forms, as part of which she looked at near misses and dispensing errors. Trends and patterns were identified as well as any mistakes that were related to 'look-alike sound-alike' (LASA) medicines. The team member highlighted areas that could be improved which was then discussed with colleagues and a 'focus area' was picked. The pharmacy team also received case studies and worksheets on 'children's medicines,' the team members went through these. The case studies had an activity sheet with calculations that needed to be worked out and there was additional information about counselling people on using syringes and droppers. As a result of past reviews, the team had made a number of changes, these included trying to work in an organised state which had helped to reduce errors. Recently more errors had been related to the quantities dispensed. Team members had been requested to pay more attention when dispensing and reading the prescription form instead of the screen, as well as physically checking the quantity in the box. All LASA medicines were recorded on the 'Pharmacist Information Forms' (PIFS) and LASA stickers were stuck on cards which were placed near where the stock was kept. In addition to this a list with common LASA medicines was stuck on computer screens. Team members were encouraged to carry out further checks when checking and saying the name out.

Dispensing incidents were reported on an internal system 'PIERS' which automatically submitted a form to the head office team. This was then sent to the area manager who investigated the incident. Handout errors had been classed as a 'never event' by the company and to prevent these the team had taken extra steps which included checking the details including the address on the prescription, picking the bag from the retrieval system, matching it to the prescription and confirming the postcode with the person collecting from the bag label. The team member who handed out the medicines was required to sign the bag. When this had been introduced all colleagues had been observed by each other to ensure steps were being followed. As a result of an incident where a person had been prescribed two fridge lines and one the wrong medicines had been handed out, all fridge lines for one person were banded together before they were checked and bagged in a clear bag.

The correct responsible pharmacist (RP) notice was displayed. Team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance.

The pharmacy had a complaints procedure in place and details of the customer care team were printed at the back of the receipts. Annual patient satisfaction surveys were also carried out. The team also handed out patient survey cards which could be completed online at any time with feedback sent to head office. In-store complaints were handled by the RP or store manager who would try and resolve them. As a result of previous feedback on out-of-stock medicines stores in the local area used specially generated PIFS which allowed team members to record any steps taken and people were kept informed on the progress of their medications.

Records for private prescriptions, emergency supply, RP records and controlled drug (CD) registers were well maintained. The pharmacy had not dispensed a prescription for an unlicensed special in some time, team members were able to describe the records that they would keep in the event that these were dispensed. A random check of CD medicines complied with the balance recorded in the register. CD patient returns were recorded in a register as they were received.

Assembled prescriptions were stored on a retrieval system and were not visible to people. An information governance policy was in place and each year the team were required to complete training on the e-Learning system. The team had also completed an e-learning module on the General Data Protection Regulation (GDPR). Team members who accessed NHS systems had individual smartcards and passwords. The pharmacists had access to Summary Care Records and consent was gained verbally.

The team had completed safeguarding training on the e-learning system; in addition to this the pharmacists had also completed the level 2 training. A safeguarding and prevent poster was displayed in the dispensary which had details of the helpline numbers for team members to call. Team member had read the SOPs for safeguarding and held discussions around services and repurchasing of certain over-the-counter medicines which could raise concerns. In the past team members had referred an incident to the local safeguarding board.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough team members for the services provided, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver services safely and effectively. Team members get time set aside for ongoing structured training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP (a relief pharmacist), two trained dispensers, an apprentice, two healthcare assistants (HCAs; one trainee and one trained) and the store manager who was also a trained dispenser who helped out when needed. The store manager and pharmacist said that there were an adequate number of staff available for the services provided. This was observed during the inspection.

Staff performance was managed by the store manager who held quarterly reviews with all team members. Team members were set targets to achieve certain goals for their development. The RP also provided team members with feedback. Team members felt able to share concerns, feedback and suggestions. They were able to communicate with the manager and described that there was a good working environment.

The HCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of some medicines that could be sold over the counter and would refer to the pharmacist if she was unsure.

Team members on formal training courses were given set-aside training time and when new members started, they were provided with time to complete compliance training and to read through relevant SOPs. Once team members had completed their formal training course there were opportunities to move further.

The team were provided with regular training modules on e-learning which covered a range of different topics and areas and included ’30 minute tutors’. In addition to this team members also completed quarterly health and safety modules. The team members were provided with training time in store to complete their training. A new online school had been launched which was due to take over part of the E-learning and through which team members would also be able to read SOPs. Team members also completed Centre for Pharmacy Postgraduate Education (CPPE) modules and had completed the latest one on sepsis. The RP completed his training at home and was given time in lieu. ‘Let’s Connect’ days were attended by the store manager and pharmacists; these days also had sessions for CPD. The last one the RP had attended had covered CD errors and dosing.

Team members were up-to-date with their training and demonstrated an understanding of the processes and changes in guidance such as for dispensing sodium valproate. The team had a morning huddle depending on the work schedule and who was working. The RP felt able to give feedback to store managers and the area manager.

Targets were set for the services provided and the team were asked to complete 250 MURs and

encouraged to improve on the number of flu vaccinations provided the previous year. The RP did not feel any pressure to meet the targets and the targets did not affect his professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure, and maintained to a level of hygiene appropriate for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean and bright, there was ample workbench space which was clear and organised. Shelves were labelled and used to store dispensed prescriptions waiting to be checked and part assembled prescriptions. A clean sink was available for the preparation of medication. Workbenches were allocated for certain tasks and a clear bench at the back was used for preparing multi-compartment compliance packs. Medicines were arranged on the shelves in an organised manner, and separate labelled shelves were used to store stock received for prescriptions for which the data had been entered the previous day. Cleaning was done by a contracted cleaner and also by team members.

The consultation room was easily accessible. There was a curtain available which when drawn covered the glass door. Low-level conversations could be held without being overheard. The room was clean and there were a number of leaflets displayed. There was no confidential information held within the room.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare. Air conditioning was available to regulate the temperature.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services and takes steps to make sure people can use them, taking into consideration the needs of the local community. It delivers its services in a safe and effective manner. It obtains its medicines from reputable sources. And it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use.

Inspector's evidence

The range of services offered by the pharmacy was adequately promoted. There was easy access to the pharmacy from the street with wide step-free entrance and power assisted doors, there was also a ramp at the back entrance. There was easy access to the medicines counter. Aisles were wide and clear and a lowered bench was available. The pharmacy had the facilities to increase font size when printing labels. And it had a hearing loop. Team members were aware of the need to sign post people to other providers if a service was not available at the pharmacy and said that they would use the internet if they were not familiar with a particular service. Team members had all completed dementia training. They described that there was a mature population and the team were in the process of completing a dementia audit. Some of the actions which were due to be taken as a result of this included changing the mats at the front and having better signage. The team also recommended people in the early stages of dementia to visit a local dementia café which held sessions run by the Alzheimer's society.

As the pharmacy was a Healthy Living Pharmacy, they ran regular campaigns which were organised by the champion. The team had a table at the front which was used to display leaflets. Prior to the start of a new campaign the champion asked team members to read through leaflets. She also sets challenges for the team such as moving more, increasing activity, and making a self-care change to promote better health. In the past the team had run campaigns on dental health, cervical cancer, heart health and mental health. As part of the cervical cancer campaign, leaflets were ordered which the team had also looked through and discussed the symptoms. Team members encouraged people to look at the leaflets and spoke to them about the importance of smear tests. A lot of woman were scared and the team tried to make it an open conversation.

The RP and team members felt that the MUR service had an impact on the local population as it gave people an opportunity to discuss their medicines with the pharmacist. The two local surgeries had pharmacists based in them and NMS consultations were usually carried out by them. The pharmacy had provided approximately 200 flu vaccination, team members said that this was due to the convenience of being able to walk in at any time during the week. In the past one of the team members had visited a local school to inform students of the services available in pharmacies and who they should be visiting first from the different services available such as GP, A&E or NHS 111.

Since the launch of the new electronic recording system 'Columbus' team members described that the workflow was structured. Many people who used the pharmacy were part of the repeat prescription service as part of which prescriptions were ordered from the surgery by the pharmacy. However, from 1 March 2020, local surgeries would no longer be accepting repeat requests from the pharmacy except for a few exceptions. Team members were notifying people of this as they came to collect their prescriptions. Currently prescriptions were triaged as they were received, the team separated the

prescriptions which had a ‘due date’ and dispensed the others immediately. Prescriptions were then entered onto system and stock ordered. Once stock was received a team member would take the prescription forms and find the stock, the stock was then scanned which printed the labels. Owings were dispensed when people presented to collect. The prescription form and stock were kept together on an allocated shelf until then. PIFS were completed at the point of data entry, team members recorded if there were any CDs, fridge lines LASA or if the person was eligible for any services. Anything that needed to be brought to attention of pharmacists and other team members was also recorded. Laminates for high-risk medicines had question prompts at the back which reminded the team member on what to ask people when handing out their prescriptions. Prescriptions were checked by the pharmacist once they had been dispensed. The RP very rarely had to self-check. For medicines which were out of stock the pharmacy used separate forms which had been generated locally.

A quad stamp was used which was initialled by all members of the team to create an audit trail for each stage of the dispensing and supply processes. An additional section had been added for the person to initial when they entered the data from the prescription to the system. Dispensed and checked by boxes on labels were also initialled by members of the team. The pharmacy team used tubs to ensure that people’s prescriptions were separated.

Team members were aware of the change in guidance for dispensing sodium valproate. Dispensers checked if the person fell in the at-risk group and highlighted the PIF with ‘sodium valproate.’ Dispensers were aware of the need for people in the at-risk group to be part of the Pregnancy Prevention Programme and be using contraception. They made sure that people were supplied with the leaflet and card. The team had not been aware of the need to use the warning labels and were informed of this by the inspector. An audit on the use of sodium valproate had been carried out and people who fell in the at-risk group had been counselled.

When dispensing a prescription for warfarin, team members would place a laminate with the prescription. At the point of handout, they would check the dose, the yellow book, the date of the last blood test and enter the information on the electronic record. For lithium, the team had cards available which could be handed out to people. A laminate was placed with the prescriptions and team members checked if the person was having regular monitoring and conversations with their doctor.

The pharmacy used a progress log to manage the list of people who had their medicines supplied in multi-compartment compliance packs. The list of people had been split into four weeks to help manage the workflow. Different folders were in place for each week. Information was updated on the progress log as prescriptions were ordered, received and packs made. The pharmacy had an allocated area at the back of the dispensary for the management of the service. Individual records were in place for each person and the team worked ahead of time to ensure packs were ready when people needed to collect. Prescriptions were ordered seven days in advance and stock was ordered as soon as the prescription was received. At the point of data entry, team members checked for any changes. Changes were confirmed with the prescriber and recorded. New sheets were prepared if there were changes and the old sheet was also retained. The pharmacy team received a phone call from the hospital if someone had been admitted. People were discharged from hospital with two weeks supply of their medicines. The hospital contacted the pharmacy and GP to notify them of any changes and team members described that discharge letters could now also be viewed online. The pharmacy received batch prescriptions for 15 people registered with one surgery. Four trays were prepared once the first repeat prescription was received. The RP said that he was aware that there was a specific SOP for this which needed to be cleared by the regional manager and he would check to ensure that this was in place.

The pharmacy did not carry out regular reviews on people enrolled on the service to see if the service

was still suitable for them. However, in the past they had switched one person to have their medicines dispensed in original packs as most of the medicines had been stopped by the prescriber. Team members said that most people who used the service were not in a position to be switched.

Assembled packs observed were labelled with product descriptions, mandatory warnings and there was also an audit trail in place to show who had prepared and checked the pack. Patient information leaflets were handed out monthly.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs and those requiring cold storage. Fridge temperatures were monitored and recorded daily, and these were observed to be within range. CDs were kept securely

The pharmacy had the equipment and systems to comply with the Falsified Medicines Directive (FMD). However, the system had not been working and they had notified head office of this.

Stock was date-checked by the dispensers. Sections were checked on a weekly basis with the whole dispensary completed over 13 weeks. Stock going out of date was highlighted with a short-dated sticker, recorded and removed. There were no date-expired medicines found on the shelves sampled. A date-checking matrix was in place. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

Drug recalls were received via alerts from Boots Live or directly from The Medicines and Healthcare products Regulatory Agency (MHRA). The store manager and dispensers checked for alerts multiple times a day. These were printed these out and they were signed and dated to show what action had been taken. For the Beconase nasal spray recall the team members had contacted people who had been supplied with the medication and details of this were updated on the person's electronic record. Once an alert had been actioned team members updated the system with details of who had actioned the alert and when.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had a range of clean glass calibrated measures available. Tablet counting trays were available. Separate measures were marked for methadone use only and a separate counter was used for cytotoxic medication to avoid contamination. Up-to-date reference sources were available including access to the internet. The pharmacy had a fridge of adequate size.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork and dispensing labels were collected in blue confidential waste bags and then sent to head office for destruction.

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.