

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 225-227 Fleet Road, Fleet, FLEET,  
Hampshire, GU51 3BN

**Pharmacy reference:** 1031613

**Type of pharmacy:** Community

**Date of inspection:** 09/09/2019

## Pharmacy context

This is a community pharmacy on a main road in the centre of Fleet in Hampshire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines and offers some services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). And, it supplies multi-compartment compliance aids to people if they find it difficult to manage their medicines.

## 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>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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 ✓ Standards met

### Summary findings

Overall, the pharmacy manages risks in a suitable manner. Members of the pharmacy team understand how to protect the welfare of vulnerable people. They monitor the safety of their services by recording their mistakes and learning from them. The pharmacy adequately maintains most of the records that it needs to. And, the pharmacy generally protects confidential information appropriately. But it is not always recording enough detail for some of its records. This means that the team may not have all the information needed if problems or queries arise. And, its team members are sharing their NHS smart cards to access electronic prescriptions. This makes it more difficult for them to control access to people's records and keep information safe.

### Inspector's evidence

The pharmacy held a range of documented standard operating procedures (SOPs) to cover the services that it provided. They were dated from 2017 to 2019. Staff had read and signed the SOPs, they knew their responsibilities and the tasks that were permissible in the absence of the pharmacist. The correct responsible pharmacist (RP) notice was on display and this provided details of the pharmacist in charge on the day.

The pharmacy was in general organised, but its workspaces were taken up with baskets of prescriptions. This was cleared as the team worked, it was work in progress and somewhat hindered by the presence of the inspector. The team attached the company's pharmacist information forms (PIFs) to all prescriptions so that relevant information could be easily identified. The RP accuracy-checked prescriptions from a designated area and staff explained that to maintain safety, labels were positioned in a specific way onto the packs of medicines to help them to easily read and accuracy-check details, expiry dates of medicines were checked during the dispensing process and when dispensed prescriptions were handed, staff confirmed people's names and addresses and maintained an audit trail to help verify that this had been done.

Staff routinely recorded their near misses and they were collectively reviewed every month with the company's Patient Safety Review used to assist this process. The team was briefed about common mistakes every month. Look-alike and sound-alike (LASA) medicines were highlighted with caution stickers placed in front of the panels where medicines were stored. This was due to the pharmacy's stock being contained within older style drawers and this helped provide greater visibility and raise awareness. The team explained that since the pharmacy had implemented a new system, their near misses had reduced as upon selecting and scanning an incorrect medicine this was picked up and highlighted before medicines were dispensed. However, there were gaps within the near miss log where the reason for the errors were not routinely being filled in.

Incidents were handled by the RP and the store manager. The procedure involved gathering relevant information, apologising, escalating if required, documenting details on the company's system and investigating. There was information on display in the retail area to inform people about the pharmacy's complaints procedure and both the RP and store manager explained that they communicated effectively, explained next steps and tried to manage people's expectations by attempting to resolve and defuse the situation as best as possible. Feedback about the pharmacy's services was sought annually from people by using questionnaires and the company also used in-house

surveys for this. The store manager described the pharmacy improving the response from the latter by 70% because of the steps described above.

Confidential information was contained within the dispensary and not left in areas that were accessible to the public. Dispensed prescriptions awaiting collection were stored in a way that prevented sensitive details on them being visible from the front counter. Confidential waste was segregated into separate designated bins and disposed of through company procedures and staff had completed the company information governance e-Learning training. The RP described accessing Summary Care Records for emergency supplies or queries and consent was obtained verbally for this.

However, there were no details on display to inform people about how the pharmacy maintained their privacy. One person's NHS smart card to access electronic prescriptions was left within a computer terminal and was being used by the team. This member of staff was not on the premises at the time and their password was known. Staff described seeking permission to use each other's cards from someone in the company who was the champion or responsible for the new pharmacy system. This was because of issues with unblocking their own cards. The RP normally took her smart card home overnight. This situation meant that the team was not fully complying with the terms of agreement for use of the smart cards.

Staff could identify groups of people that required safeguarding and identify signs of concern. In the event of a concern, the RP would be informed. They had been trained through completing an e-Learning module. The procedure to follow with relevant and local contact details were present.

The team kept daily records of the minimum and maximum temperatures for the fridge and this verified that medicines were stored here appropriately. Staff also maintained a complete record of controlled drugs (CDs) that were returned by people and destroyed by them. The pharmacy's professional indemnity insurance was in place.

Most of the pharmacy's records were maintained in line with statutory requirements. This included a sample of registers seen for CDs, the RP record, records of emergency supplies and most records of unlicensed medicines. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet, the quantities held matched balances within corresponding registers. There were occasional missing details within some records of unlicensed medicines, team members were recording incomplete prescriber information for some entries within the electronic private prescription record and not recording the correct date of dispensing. Ensuring the pharmacy's record keeping routinely complied with legal requirements was discussed during the inspection.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough suitably qualified staff to manage its workload safely. The management team has assessed the staffing profile and implemented measures to ensure its workload is manageable. Pharmacy team members understand their roles and responsibilities. They are supported by the regular pharmacist and keep their skills and knowledge up to date by completing on-going training.

### Inspector's evidence

Staff present during the inspection included the regular pharmacist, a pre-registration pharmacist, an accuracy checking technician (ACT) who predominantly worked as a pharmacy technician at the pharmacy and a trainee medicines counter assistant (MCA). The store manager was also a trained dispensing assistant, and there were another three trained dispensing assistants, two of whom were part-time members of staff.

The MCA described working on the pharmacy section since April 2019 but was due to be imminently moved to the retail side of the store. In response, the pharmacy team had acquired two new members of staff who would work on the counter, they were flexible with their hours and could provide cover as needed. Team members were also described as very flexible and willing to cover each other as required for contingency. The store manager explained that the staffing levels had been assessed recently, she had worked with the regular pharmacist and the team to ensure that appropriate cover was available, and this had helped manage the workload appropriately. For example, they had more staff working in the morning to help process and dispense prescriptions that had been collected from the local surgeries or those prescriptions whose repeat requests were managed by the pharmacy. This meant that the bulk of the workload could be cleared for the team to focus on walk-in prescriptions in the afternoon.

Staff wore name badges outlining their roles. Some of the team's certificates to demonstrate qualifications obtained were seen. The trainee MCA asked some relevant questions before they sold over-the-counter (OTC) medicines and checked with the RP. Team members in training were provided with set aside time to complete their studies. This included the pre-registration pharmacist. The latter had a training plan in place, the RP was their designated and named tutor and there was enough support provided for them to complete their role and studies. In addition, the RP was observed coaching the pre-registration pharmacist during the inspection.

To assist with training needs, the company provided staff with e-Learning modules, newsletters and updates were seen and the team took instructions from the pharmacists to help keep their knowledge current. Staff progress and appraisals were conducted annually as well as periodically. Daily huddles took place with the store manager who provided relevant information to the team and briefings were also held in the pharmacy every month or sooner if required for this purpose. The RP described a target to complete six MURs every week which would reduce to two MURs/week as the national target was hit and one NMS sign up. The targets were described as manageable with no pressure applied to complete them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide an appropriate environment for the delivery of healthcare services. The pharmacy is clean and secure. And, it has a separate space where private conversations and services can take place.

### Inspector's evidence

The pharmacy consisted of a medium sized spacious retail area and a smaller dispensary. There was enough space for dispensing activity to take place safely, with a separate dispensary located in the basement. This was used to assemble multi-compartment compliance aids. This section was kept locked when not in use. A signposted consultation room was available for services and private conversations. The door was kept locked. The pharmacy was clean, it was suitably lit, appropriately presented and ventilated. There was key coded access into staff areas and Pharmacy (P) medicines were stored behind the front pharmacy counter. Staff were always within the vicinity to help prevent these medicines from being self-selected.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy obtains its medicines from reputable sources. It stores and generally manages most of its medicines adequately. But, it has no separate containers to store and dispose of some medicines that could be harmful to the environment. The pharmacy usually provides its services safely and effectively. Its team members take care with higher-risk medicines. But, they don't record relevant information when some people receive these medicines. This makes it difficult for them to show that they have provided appropriate advice when supplying them.

### Inspector's evidence

People could access the pharmacy's services through a wide, automatic front door at street level and through the indoor shopping centre. There was clear, open space and a wide aisle which enabled people using wheelchairs to access the pharmacy easily. There were three seats available for people waiting for prescriptions. Staff described providing written communication for people who were partially deaf and labels or patient information leaflets (PILs) with a larger sized font for people who were visually impaired. Some of the team spoke Hindi or Urdu to assist people whose first language was not English.

During the dispensing process, the team used tubs to hold prescriptions and medicines and this helped to prevent the inadvertent transfer of items. A dispensing audit trail was used to identify the staff involved. This was through a facility on generated labels and a quad stamp that was used on prescriptions. The ACT explained that she did not accuracy-check prescriptions very often at the pharmacy. When this did happen, the pharmacist clinically checked prescriptions first and other staff were involved in the process before the final check took place by the ACT.

Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The team identified fridge items, CDs (Schedules 2-4) and when pharmacist intervention was required with stickers, PIFs and laminates. Clear bags were used to hold assembled fridge items and CDs to assist in identifying the contents when they were handed out to people.

Staff were aware of the risks associated with valproates and there was guidance material available to provide to people at risk. Audits had been completed in the past and no females at risk were identified as having been supplied this medicine. People prescribed higher-risk medicines were identified, counselled and relevant parameters were routinely checked. This included checking the International Normalised Ratio (INR) levels for people prescribed warfarin and asking about blood test results. However, the pharmacy team was not documenting this information which would help to verify that this was happening.

Multi-compartment compliance aids were supplied after being initiated by the person's GP. Prescriptions were ordered by the pharmacy and when received, details were cross-referenced against people's individual records to help identify any changes or missing items. Queries were checked with the prescriber and audit trails were maintained. Staff ensured that all medicines were de-blistered into the compliance aids with none left within their outer packaging. Descriptions of the medicines inside the compliance aids and PILs were routinely provided. Mid-cycle changes involved the compliance aids being retrieved, amended, re-checked and re-supplied.

The pharmacy provided a delivery service and the team retained audit trails for this. CDs and fridge items were highlighted. The driver obtained people's signatures when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy or to the hub in Camberley, notes were left to inform people about the attempt made and medicines were not left unattended.

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. Unlicensed medicines were obtained from AAH. Most of the staff were unaware of the process involved for the European Falsified Medicines Directive (FMD) and relevant equipment was not present. The pharmacy was therefore, not yet complying with the process.

The pharmacy's stock could have been stored in a more organised manner. The team used a date-checking schedule to verify when this process was carried out and they date-checked medicines for expiry every week. Short-dated medicines were identified using stickers, liquid medicines were marked with the date upon which they were opened and there were no date-expired medicines or mixed batches seen. Medicines were stored evenly in the fridge. CDs were stored under safe custody and keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts and product recalls were received through the company, stock was checked, and action taken as necessary. The pharmacy kept an audit trail to verify this.

Medicines returned for disposal, were accepted by staff and stored within designated containers. However, there was a limited list available for the team to identify hazardous and cytotoxic medicines that required disposal and no designated containers to store them. People returning sharps for disposal, were referred to the local council. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their destruction. Relevant details were entered a CD returns register.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has an appropriate range of equipment and facilities to provide its services safely. They are clean and well maintained.

### Inspector's evidence

The pharmacy held an appropriate range of equipment and facilities that it needed for its services. This included current reference sources, access to online reference databases, a range of crown stamped, conical measures for liquid medicines which included designated ones for methadone, counting triangles, capsule counters and separate triangles for cytotoxic medicines. The CD cabinet was secured in line with statutory requirements and the medical fridges appeared to be operating appropriately. The dispensary sink used to reconstitute medicines was clean. There was hand wash and hot as well as cold running water available. The pharmacy's computer terminals were password protected and positioned in a manner that prevented unauthorised access.

### 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.