General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 61 Charlton Road, ANDOVER, Hampshire, SP10 3JY

Pharmacy reference: 1031634

Type of pharmacy: Community

Date of inspection: 29/11/2019

Pharmacy context

This is a community pharmacy situated within a small area of shops and close to a GP surgery in Andover, Hampshire. The pharmacy dispenses NHS and private prescriptions. And, it offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations as well as delivering medicines to people's homes.

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	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

Overall, the pharmacy identifies risks in a satisfactory manner. The team understands its role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. It adequately maintains most of its records in accordance with the law. And, members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. But, they don't always record enough detail, which makes it harder for them to spot patterns and help prevent the same things happening again. And they may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy held a range of documented SOPs to cover the services provided. They were dated from 2017 to 2019. The pharmacy team had not yet read the most recent SOPs that were filtering through from its head office. Team members had signed to state that they had read the previous SOPs and staff understood their responsibilities. They knew when to refer to the pharmacist and the activities that were permissible in the absence of the RP. The previous team's roles and responsibilities were defined within the SOPs. This required updating. The correct RP notice was on display and this provided details of the pharmacist in charge on the day.

In general, the pharmacy was organised but on first impressions, appeared cluttered. Staff were observing keeping workspaces clear but there were bulky items stored on the floor and due to the size of the premises, the pharmacy felt cramped (see Principle 3). The pharmacy was busy during the inspection with a high level of walk-in trade. This was manageable. The workflow involved one member of staff being responsible for managing the front walk-in trade, another processed and assembled repeat prescriptions whilst a third member of staff dispensed the walk-in and call-back prescriptions. The store manager explained that consent for the off-site activity was obtained verbally. There were also details on display to inform people that their prescriptions could be dispensed elsewhere. The RP worked from a designated area and staff described ensuring that they worked in line with the pharmacy's SOPs. They attached the company's pharmacist information forms (PIFs) to prescriptions. This helped identify relevant information during the clinical and accuracy-check as well as when handing out prescriptions. Look-alike and sound-alike medicines were identified.

The pharmacist recorded the team's near misses, they were discussed with them at the time and they had been collectively reviewed every month by the previous regular pharmacist. The pharmacy technician explained that she was due to take over this process. The company's Patient Safety Review was used to assist with this process. Since the pharmacy had changed its system, the team's near misses had reduced because staff were scanning medicines, and this helped to identify errors. Staff explained that errors had previously happened because they were rushing or due to distractions from answering the phone. This had been highlighted to them and the person who worked on the collection or repeat prescriptions was subsequently designated as dealing with telephone calls. However, details within the 'comments' section in the near miss logs had not been routinely completed by the team. In addition, as the pharmacist was completing details about the team's near misses, this meant that information about the root cause of errors was not routinely being identified or analysed to help staff to fully learn from mistakes.

Incidents were handled in line with the company's standard operating procedure (SOP), reported on the company's internal reporting system and investigated by the store manager. They were discussed with the team. However, the pharmacy's practice leaflet which contained information about the complaints procedure was not on display in the retail area but stored in the consultation room. This meant that it was not readily accessible and could mean that people may not have been able to raise their concerns easily.

The dispensary was open plan and due to the small size of the premises, the team's conversations could be heard from the retail space. To help manage this, staff explained that they spoke in lowered tones. They segregated confidential waste and placed this into a separate designated bin. This was then disposed of through the company's procedures. Team members had completed the company's information governance e-Learning training. The pharmacy informed people about how their private information was stored and protected. Sensitive details on dispensed prescriptions were stored in a way that prevented them from being seen from the front retail area but potentially could have been accessible (see Principle 3).

Staff knew the process to take if people showed signs of a safeguarding concern and were trained as dementia friends. In the event of a concern, they informed the RP. Team members were up-to-date with the company's e-Learning modules on this. The procedure to follow with relevant and local contact details were accessible and both the RP as well as the pharmacy technician were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE).

Records of unlicensed medicines and a sample of registers seen for controlled drugs (CDs) were routinely maintained in line with statutory requirements. Balances for CDs were checked and documented every week and on selecting a random selection of CDs, the quantities held corresponded to the running balance stated in the registers. The minimum and maximum temperatures of the fridge were monitored. This helped to ensure that medicines were stored within the correct temperature range and in general, records were maintained to verify this although there were some gaps seen in previous records. The CD returns register provided a full audit trail of CDs that were destroyed at the pharmacy and the pharmacy held appropriate professional indemnity insurance arrangements to cover its services. The RP record had a few missing entries, some crossed out details and routine overwritten information. Occasional records of emergency supplies were missing details about the nature of the emergency. There were also issues with most of the pharmacy's records for private prescriptions as incorrect prescriber information was seen documented in the electronic register.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has adequate numbers of staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. And, they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

Staff present during the inspection included a relief RP, the store manager who was also a trained dispensing assistant, a pharmacy technician, a relief dispensing assistant who usually worked at the pharmacy when required but had been based at the branch for the past few months and another dispensing assistant who had very recently moved from another local branch. Team members were trained through accredited routes and wore name badges. Their certificates of qualifications obtained were not seen. There had been some staffing issues with sickness and changes, hence the relief dispensing assistant was being used as contingency cover.

Staff used established sales of medicines protocols before they sold medicines over the counter, they referred to the RP appropriately and held a suitable amount of knowledge to enable medicines to be sold safely. The company provided the team with e-Learning modules to assist with ongoing training needs and staff were up-to-date with the company's mandatory training. The team was routinely kept informed about relevant information from the store manager. Formal appraisals were held every six months to check the team's progress. The relief pharmacist stated that she had not been set any targets to complete services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an adequate environment to deliver healthcare services. The pharmacy is clean. And, it has a separate space where private conversations can take place.

Inspector's evidence

The pharmacy premises consisted of a small sized retail area and dispensary, there was some additional workspace to one side where some of the pharmacy's facilities such as the sink, fridges and cabinets were stored. There was an adequate amount of space for dispensing activity to take place although space was limited particularly if more than three members of staff were present here. The pharmacy was clean although its fixtures and fittings were dated which gave the opposite impression. Staff and stock areas were located upstairs.

The pharmacy was suitably lit and ventilated. The retail area was professional in its appearance. Pharmacy (P) medicines were stored within locked cabinets. Dispensed prescriptions and a signposted consultation room were located behind the front medicines counter. There was a barrier here that could be drawn across to help prevent people from coming into this area. However, this was routinely left open, staff stated that this was not used, and people did walk into this space. They asked them to step back when this happened. The consultation room was used for services and private conversations. At the start of the inspection, this was unlocked. The space was of an adequate size and there was no confidential information present, although a sharps bin was present. The store manager stated that the room was usually kept locked and this was observed to be the case going forward.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are largely delivered in a safe manner. The pharmacy obtains its medicines from reputable sources. It usually stores and generally manages its medicines appropriately. And, team members routinely identify people receiving higher-risk medicines. But, they don't always record relevant information. This makes it harder for them to show that people are provided with the right advice to take their medicines safely.

Inspector's evidence

There was an automatic door at the front of the pharmacy and entry into the pharmacy was from the street. This coupled with the clear, open space inside the pharmacy assisted people with wheelchairs to access the pharmacy's services. There was also a lowered counter to help with this, however, this was full of leaflets and their stands with no clear space for people to use. The store manager stated that they needed to use this to display leaflets because they had no other space available for them. Staff explained that they would use the consultation room to help reduce background noise for people who were partially deaf and would speak slowly as well as clearly. Physical assistance for people who were visually impaired was provided if needed and team members used simpler language to help communicate with people whose first language was not English.

Two seats were available for people waiting for prescriptions. The pharmacy's opening hours and a small selection of leaflets were on display. Although the RP was accredited and trained through company processes to administer vaccinations, she had not administered any vaccines at the point of inspection and had not signed the Patient Group Directions (PGD) that authorised this. However, she knew that before administering any vaccinations, this required completing. The consultation room contained suitable equipment to help ensure that the vaccination service was provided safely. This included adrenaline autopens and a sharps bin.

The off-site activity involved prescriptions being dispensed through the pharmacy's system and the details were transmitted to the dispensing support pharmacy (DSP) in Preston. Prescriptions were clinically checked by the RP before details were transmitted and accuracy-checked if any details had been manually altered. The pharmacy retained the prescriptions at the pharmacy and any prescriptions for CDs, fridge lines, split packs of medicines, cytotoxic or bulky medicines were not sent for dispensing. There were check-lists on the PC's to help serve as prompts about this for the team. Dispensed prescriptions were sent back within two to three working days. Staff then matched people's details on the bags to prescriptions and the bags were not opened. If people arrived to collect their medicines before their dispensed prescriptions had returned from DSP, the team dispensed them at the pharmacy. This also happened when items were owing. There had been a few incidents seen with missing medicines. This had been reported through the company's incident reporting system.

The pharmacy did not provide multi-compartment compliance aids to people and signposted requests for this service if seen, to other local providers. The pharmacy provided a delivery service and it maintained audit trails to verify when and where medicines were delivered. This included highlighting CDs and fridge items. Staff called people before medicines were delivered. The company's drivers obtained signatures from people when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people of the attempt made and medicines

were not left unattended.

During the dispensing process, staff used plastic tubs and trays to hold prescriptions and items, and this helped prevent their inadvertent transfer. A dispensing audit trail from a facility on generated labels as well as a quad stamp on prescriptions assisted in identifying staff involved. Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The team used laminated cards, PIFs and stickers to highlight relevant information such as fridge items, CDs (Schedules 2 to 4) and higher-risk medicines. Staff checked relevant information for people prescribed higher-risk medicines, such as asking about the dose, strength and blood test results. This included the International Normalised Ratio (INR) levels for people prescribed warfarin. However, details were not recorded to verify that this had taken place. Staff were aware of the risks associated with valproates for people who could become pregnant. Prescriptions seen for this medicine were highlighted by using PIFs and laminates to ensure counselling took place and educational material could be provided upon supply.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Unlicensed medicines were received from Alliance Specials. Staff did not hold any knowledge about the processes involved for the European Falsified Medicines Directive (FMD). The pharmacy system had not been updated, there was no relevant equipment on site and the pharmacy had not yet started to comply with FMD. Medicines were stored in an organised manner and they were date-checked for expiry every week. The date-checking schedule was complete to verify this. Staff used stickers to highlight short-dated items. There were no date-expired medicines and liquid medicines were marked with the date upon which they were opened. The keys to the CD cabinets were maintained in a manner that prevented unauthorised access during the day as well as overnight. A CD key log was completed as an audit trail for this. Drug alerts were received through the company system, the team checked for affected stock and acted as necessary. An audit trail was retained to help verify this process.

Unwanted medicines returned by people for disposal, were accepted by staff and stored within designated containers. There was a list available for the team to identify hazardous and cytotoxic medicines but no designated containers to store these medicines. 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 the relevant equipment and facilities it needs to provide its services safely. Its equipment is clean and protects people's privacy in a suitable manner.

Inspector's evidence

The pharmacy held current versions of reference sources and relevant equipment. This included the medical fridge which was operating at appropriate temperatures. There were clean, crown stamped, conical measures available for liquid medicines with designated ones for methadone and counting triangles. The sink in the dispensary used to reconstitute medicines was relatively clean. Antibacterial hand wash and hot and cold running water was available. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Cordless phones helped maintain people's privacy if needed. Staff held their own NHS smart cards to access electronic prescriptions and they took them home overnight.

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.