General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 3-5 Fryern Arcade, Chandler's Ford, EASTLEIGH, Hampshire, SO53 2DP

Pharmacy reference: 1031682

Type of pharmacy: Community

Date of inspection: 28/11/2019

Pharmacy context

This is a community pharmacy located in Chandler's Ford in Eastleigh, Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations and delivers medicines. The pharmacy also 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
1. Governance	Standards met	1.8	Good practice	Members of the pharmacy team are trained and proactively ensure the welfare of vulnerable people
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 manages risks suitably. The team protects the welfare of vulnerable people and people's private information appropriately. It largely maintains 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.

Inspector's evidence

The pharmacy was relatively well-run although there were a few areas for improvement identified. The pharmacy was busy, this was managed appropriately by the staff. The workflow involved one pharmacist managing the front workload along with some staff and the responsible pharmacist (RP) working out the back. There was an enclosed unit on the front counter where the former worked and an enclosed dispensary at the rear. Both allowed prescriptions to be accuracy-checked without being distracted. This helped to reduce errors. Staff explained that one dispensing assistant was designated as the main dispenser to process the bulk of the walk-in prescriptions and repeat prescriptions or collections were dispensed at the back. A bell was used to help alert staff at the back that assistance was required on the front. The team attached the company’s pharmacist information forms (PIFs) to prescriptions so that relevant information could be easily identified.

To maintain people’s privacy on the front bench, staff explained that they kept confidential information hidden out of sight. The team segregated confidential waste and placed this into a separate designated bin, this was then disposed of through the company’s procedures. Staff had completed the company’s information governance e-Learning training. Summary Care Records were accessed for emergency supplies and queries, consent was obtained verbally from people for this.

Pharmacists normally recorded the team’s near misses as opposed to the staff doing it themselves before they were collectively reviewed every month. The company’s Patient Safety Review was used to assist with this process and staff were informed about common mistakes every month. Staff explained that their near misses had reduced since the company had implemented a new pharmacy system. This was because they were now scanning medicines into the system against prescriptions. There were also more people involved in the dispensing processes which helped identify errors. The pharmacist explained that they had seen common mistakes happening with quantities of medicines and in response, the team had been asked to write the amount counted on the inside of split packs of medicines to verify that they had counted the number. However, details within the ‘comments’ section in the near miss logs were missing which would have helped to highlight and learn from the root cause. In addition, staff were repeatedly writing the same cause (such as “LASA”) without any meaningful reflection taking place.

There was information on display about the pharmacy’s complaints procedure. Incidents were handled in line with the company’s standard operating procedure (SOP), reported on the company’s internal reporting system (PIERs) and investigated by the store manager. Internal processes were looked at and changed to help prevent similar mistakes subsequently happening again.

Staff could readily identify groups of people showing signs that may have indicated a safeguarding

concern and provided examples of when this had happened. In the event of a concern, they informed the RP and 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 pharmacists were trained to level 2 via the Centre for Pharmacy Postgraduate Education.

The pharmacy held a range of documented SOPs to cover the services provided. They were dated from 2017 to 2019. Team members had signed to state that they had read the SOPs and staff understood their responsibilities. They knew when to refer appropriately and the activities that were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge on the day. However, the matrix to define the roles and responsibilities of the team within the SOPs was missing.

Most of the pharmacy records complied with statutory requirements. This included records of unlicensed medicines, a sample of registers seen for controlled drugs (CDs), records of private prescriptions, the RP record in general and most records of emergency supplies. 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 routinely monitored. This helped to ensure that medicines were stored within the correct temperature range and records were maintained to verify this. The company's pharmacy duty records were complete. 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 provide its services. There were occasional overwritten entries seen in the RP record and occasionally records for emergency supplies were documented with abbreviated reasons for the supply (such as 'OOH Rx').

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough suitably qualified staff to manage its workload safely. Team members in training are undertaking accredited courses appropriate to their role. Pharmacy team members understand their roles and responsibilities. And, they keep their skills and knowledge up to date by completing on-going training.

Inspector's evidence

The pharmacy was sufficiently staffed during the inspection. This helped them to manage the workload appropriately. Staff present included two pharmacists, a pre-registration pharmacist, a pharmacy technician and five dispensing assistants, one of whom was undertaking accredited training and another who was a relief member of staff. They wore name badges, but their certificates of qualifications obtained were not seen. Staff covered each other as contingency for leave or absence or relief members of staff could be used.

Team members used established sales of medicines protocols and asked a range of relevant questions before they sold medicines over the counter. They referred to the RP appropriately. The pre-registration pharmacist was provided with set-aside time to study, the RP was their designated tutor, they felt supported and were familiar with their training plan. Staff described using e-Learning modules, SOPs and taking instructions from pharmacists to assist with training needs. The team was also up-to-date with the company's mandatory training and staff in training were supported by trained members of the team. The team was aware of the whistleblowing policy and had the confidence to raise concerns if required. Regular huddles were held to keep staff informed about relevant information and formal appraisals were held every six months to monitor the team's progress.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver its services. The pharmacy is clean, and it is kept secure from unauthorised access.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area with two dispensaries in the building. One was located upstairs and was used to prepare medicines for the multi-compartment compliance aids. This area was locked when not in use. The main dispensary was situated downstairs at the far end of the main entrance. Both held enough space for dispensing activity to take place safely. Staff and stock areas were also upstairs and entry into these areas was restricted. The retail space and dispensaries were clean. The fixtures and fittings however, in the pharmacy were dated but still functional. The pharmacy was appropriately presented, suitably bright and ventilated. A signposted consultation room was available for services and private conversations. It was locked when not in use and the space was of an adequate size for the services. Pharmacy (P) medicines were stored behind the front counter and staff were generally in the area or by the dispensary counter to restrict them from being self-selected.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are largely delivered safely. The pharmacy team is helpful and ensures people can easily access its services. The pharmacy obtains its medicines from reputable sources. It usually stores and manages most of its medicines appropriately. 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 were automatic doors at the front of the store and entry into the pharmacy was at street level. This, coupled with the wide aisles and clear, open spaces inside the pharmacy, enabled people using wheelchairs to easily access the pharmacy's services. A hearing aid loop was available to use for people who were partially deaf. Staff provided physical assistance if required for people who were visually impaired, they read details to them and provided information in a larger sized font. A few seats were available for people waiting for prescriptions and outside the consultation room. There was also a car park adjacent to the pharmacy.

The pharmacy's opening hours were on display and it was currently advertising that it was administering influenza vaccinations. This service was described as providing the most impact for people because of the convenience of the pharmacy's location, the GP surgery had run out of vaccines and the pharmacy was now providing a walk-in clinic. Staff described making a difference to people during MURs. They had done this by identifying for example, issues for some people when they used their current inhalers. They were subsequently referred back to their GP for an alternative and asked to return so that they could be appropriately counselled on how to use them. Both pharmacists were accredited and trained through company processes to administer vaccinations. They worked to defined procedures, SOPs for the services were present, a risk assessment was carried out and informed consent obtained. Relevant paperwork under the Patient Group Directions (PGD) that authorised this had been signed and was readily accessible. Certain equipment was present in the consultation room to help ensure that the vaccination service was provided safely. This included adrenaline autopens in the event of a severe reaction to the vaccine and a sharps bin.

Compliance aids were initiated after the pharmacist conducted an assessment, the pharmacy ordered prescriptions on behalf of people and staff cross-referenced details on prescriptions against individual records. This helped them to identify any changes and records were maintained to verify this. All medicines were de-blistered into the compliance aids with none supplied within their outer packaging. They were not left unsealed overnight when assembled. Descriptions of medicines were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes involved the compliance aids being retrieved, amended, re-checked and re-supplied.

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 about the attempt made and medicines were not left unattended.

Most team members were aware of the risks associated with valproates for people who could become pregnant, they were in the process of re-initiating an audit to help identify people at risk and they had educational material to provide to people if prescriptions were seen. Prescriptions for people prescribed higher-risk medicines were routinely identified using laminated cards. Staff checked relevant information, 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 being recorded to verify that this had taken place.

During the dispensing process, staff used plastic tubs 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 to highlight relevant information such as fridge items, CDs (Schedules 2 to 4) and higher-risk medicines. In addition, the regular pharmacist had created additional laminated cards to identify CDs that required safe custody.

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 held knowledge about the processes involved for the European Falsified Medicines Directive (FMD). There was relevant equipment on site, guidance information present for the team including a flow chart on display as a visual alert and the pharmacy's software had recently been updated to help comply with the process.

Medicines were stored in an organised manner and they were date-checked for expiry every week. A completed date-checking schedule verified that this process had been taking place. Staff used stickers to highlight short-dated items, there were no date-expired medicines or mixed batches seen. Liquid medicines were marked with the date upon which they were opened. CDs were stored under safe custody and pharmacists maintained the keys to the cabinet in a manner that prevented unauthorised access during the day as well as overnight. A CD key log was completed as an audit trail to demonstrate this. Drug alerts were received through the company system, the team checked for affected stock and acted as necessary. An audit trail was present to demonstrate the process.

Medicines returned by people for disposal, were accepted by staff and stored within designated containers. However, there was no list available for the team to identify or designated bins to store hazardous and cytotoxic 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 necessary equipment and facilities it needs to provide its services safely. Its equipment is clean and helps to protect people’s privacy appropriately.

Inspector's evidence

The pharmacy held current versions of reference sources. The CD cabinets conformed to legal requirements and the medical fridge 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 clean. Antibacterial hand wash and hot and cold running water was available. There were lockers available for the staff to store their personal belongings and cordless phones to maintain privacy. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. 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.