

Registered pharmacy inspection report

Pharmacy Name: Boots, 35 The Swan Centre, EASTLEIGH,
Hampshire, SO50 5SG

Pharmacy reference: 1031693

Type of pharmacy: Community

Date of inspection: 28/08/2019

Pharmacy context

This is a community pharmacy located in an indoor shopping mall in the centre of the town of Eastleigh in Hampshire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), Emergency Hormonal Contraception (EHC), administers meningitis vaccines and seasonal flu vaccinations. And, it supplies multi-compartment compliance aids to people if they find it difficult to take to their medicines on time.

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 manages the risks associated with its services appropriately. The team is proactive in protecting the welfare of vulnerable people. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. And, in general, the pharmacy protects people's private information appropriately. But, its team members don't always make records of private prescriptions in accordance with the law. This could mean that they may not have all the information needed if problems or queries arise.

Inspector's evidence

A steady stream of people used the pharmacy's services during the inspection. This was managed appropriately by the team but there were limited numbers of staff present (see Principle 2). They were slightly behind with some routine tasks as covered under the relevant Principles and some parts of the pharmacy could have been tidier (see Principle 3). The pharmacy's dispensing activity took place in two separate areas. This included the main dispensary situated downstairs and multi-compartment compliance aids were prepared from a dispensary upstairs in an area that was not accessible to the public. The latter helped to minimise the likelihood of errors happening and reduced distractions.

In the main dispensary, the workflow involved the bulk of the walk-in prescriptions being dispensed and accuracy-checked on the front bench. There was a carousel here that was used to store some of the pharmacy's medicines and this helped to provide easy access to them. To maintain people's privacy, staff explained that they kept confidential information hidden out of sight and they asked people to step back away from the counter if required. There was no confidential information left in areas that were accessible to the public. Sensitive details on dispensed prescriptions that were awaiting collection could not be seen from the retail space. Confidential waste was segregated into separate designated bins and disposed of through the company's procedures. There was a notice on display to inform people about how the pharmacy maintained their privacy. Summary Care Records were accessed for emergency supplies or for queries, consent for this was obtained verbally from people.

The pharmacist explained that he rotated the task of conducting the final accuracy-check of prescriptions with the accuracy checking technician (ACT). This included checking the managed repeat prescriptions and compliance aids. There were audit trails in place to confirm that a clinical check by the pharmacist had taken place before prescriptions were assembled by staff and checked for accuracy. The ACT was not involved in any other process other than the final check, and there was an SOP to cover this process.

The team attached the company's pharmacist information forms (PIFs) to most prescriptions so that relevant information could be easily identified. Staff routinely recorded their near misses, they were collectively reviewed every month and the company's Patient Safety Review (PSR) was completed by staff and used to assist with this. The team was briefed every month about common mistakes, staff described seeing trends with errors involving quantities of medicines, different forms and strengths, such as ramipril. In response, they circled relevant information on prescriptions when they were being processed and highlighted the details on PIFs to help identify and to make other staff aware when they were dispensing and accuracy-checking.

The store manager handled incidents. His procedure was in line with the company's documented complaints policy. However, there was no information on display seen in the retail area to inform people about the pharmacy's complaints procedure. This meant that people may not have been able to easily raise their concerns about services if required. The last incident happened recently and involved a labelling error with incorrect dosage instructions. This was not taken incorrectly and the situation was due to be reviewed by the RP.

Staff could identify groups of people that required safeguarding and provided an example of where they identified signs of concern. The responsible pharmacist (RP) had been informed in the first instance. Team members had read SOPs, completed training through the company's e-Learning module and were trained as dementia friends. The procedure to follow with relevant and local contact details were present and the RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education.

Team members understood their responsibilities. The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities on the day. 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. Roles and responsibilities of the team were defined within them and staff declarations were complete to state that they had read the SOPs.

The RP record was complete although there were occasional over-written entries seen. A sample of registers for Controlled Drugs (CDs) and records of emergency supplies were maintained in line with statutory requirements. Balances for CDs were checked and documented every week. On randomly selecting some CDs that were held, their quantities corresponded to the balances stated in registers. The minimum and maximum temperature of the fridge was routinely monitored. This helped to ensure that temperature sensitive medicines were appropriately stored, and records were maintained every day to verify this. The pharmacy maintained a complete record for the receipt and destruction of CDs that were returned by people for disposal. The pharmacy held appropriate professional indemnity insurance to cover the services provided.

However, the team was not routinely recording all the required information for records of unlicensed medicines and there were some issues seen with the pharmacy's private prescriptions. There were incorrect prescriber details recorded for some entries within the electronic private prescription register, this included the incorrect types of prescribers being documented. There was no original prescription seen for a supply that took place against a faxed prescription from an online provider dated from July 2019, three private prescriptions for CDs (FP10PCDs) from May to July 2019 were still present at the pharmacy and had not been sent to the NHS Business Services Authority for analysis and one private prescription dated from June 2019 had been dispensed and supplied despite the prescriber's address being missing from it. Ensuring the team routinely made the necessary checks before dispensing and complied with the legal requirements for record keeping was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy provides services using a team with a range of skills and experience. The pharmacy's team members understand their roles and responsibilities. They are provided with resources to keep their skills and knowledge up to date. But, the pharmacy's current staffing levels means that they sometimes struggle to manage the workload. This could make it more difficult to manage all of their workload safely.

Inspector's evidence

Staff present during the inspection consisted of the RP who was also the store manager, the ACT, three dispensing assistants, one of whom was a trainee and undertaking accredited training for this role as well as a medicines counter assistant (MCA). The pharmacy was currently recruiting for someone to work 32 and a half hours at the pharmacy, there was also a pre-registration pharmacist and two further regular pharmacists who provided cover during the week. The RP explained that there was a target to complete the maximum number of MURs for the year, but this was described as manageable. The team wore name badges. Their certificates of qualifications obtained were not seen.

The team covered each other as contingency for absence or annual leave and support could be sought from some of the company's other local branches. One of the trained dispensing assistants was working upstairs and preparing compliance aids, in relation to the pharmacy's volume of dispensing, this left one trained dispensing assistant and the ACT alongside the RP to manage the main dispensary's workload. The MCA also assisted with queries and handing out prescriptions. Staff were coping in the main but there was evidence that the pharmacy team was starting to fall behind with some of their routine tasks (such as date-checking).

Team members provided advice and asked appropriate questions before they sold medicines over the counter, they referred to the RP when required. The RP was observed to have a positive rapport with people who used the pharmacy's services. He was a long-standing employee and explained that he had been with the company for over 30 years. The trainee dispensing assistant completed course material at home. The company provided staff with e-Learning modules, newsletters, SOPs and 30-minute tutor packs. Staff were up to date with the company's mandatory training, they were informed about relevant information on a one-to-one basis. Weekly team meetings took place to keep staff informed about relevant updates and the PSR. Formal appraisals were held annually to check the team's progress.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and provide an adequate environment to deliver its services. But, the pharmacy sometimes stores some assembled prescriptions and medicines directly on the floor. This could damage medicines and may be a trip hazard.

Inspector's evidence

The pharmacy premises and dispensary on the retail ground floor were quite small with a central carousel, front bench space and a limited amount of workspace available for the pharmacy's volume of dispensing. This was being used appropriately along with the shelving units that were available. The retail area was appropriately presented, the pharmacy was bright, suitably ventilated and in general, clear of clutter and clean. The dispensary upstairs was more spacious, but it was cluttered, there were some medicines strewn across the floor and dispensed compliance aids stored in bags directly on the floor. Some of these points were highlighted at the last inspection.

A signposted consultation room was available for services and private conversations. This was kept locked and the space was of an adequate size. There was no confidential information present. However, the room could only be accessed by walking through a small part of the pharmacy's back and storage area. This area could have been kept tidier and detracted from the overall professional use of the space.

Pharmacy (P) medicines were stored behind the front pharmacy counter. There was no barrier available to restrict people's entry into the dispensary or behind the counter. Staff were generally within the vicinity to help prevent P 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 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 some care with higher-risk medicines. But, they don't always identify or ask relevant information when some people receive these medicines. This makes it difficult for them to show that appropriate advice has been provided upon supply.

Inspector's evidence

There was an automatic door at the front of the store and entry into the pharmacy was through the shopping centre. This, coupled with the wide aisles and clear, open spaces inside the pharmacy, enabled people requiring wheelchair access easy access to the pharmacy's services. Three seats were available for people waiting for prescriptions. Staff described using written information for people who were partially deaf, and they provided medicines with braille on them to assist people who were visually impaired. Some of the team spoke Afrikaans and the four national languages of Switzerland such as German and French.

During the dispensing process, plastic tubs were used 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 assisted in identifying staff involved.

Staff were aware of risks associated with valproates for females who could become pregnant and they provided relevant material if prescriptions were seen. An audit had been completed in the past to identify people at risk. The team used laminated cards to highlight relevant information such as CDs (Schedules 2-4), fridge and higher-risk medicines. Staff in the dispensary downstairs 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, routine checks were not being made for people receiving higher risk medicines and compliance aids.

Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. Fridge items and CDs were placed into clear bags once they were assembled, this helped to identify them more easily when they were handed out. Team members checked uncollected prescriptions every week usually but were behind with this task at the point of inspection.

The pharmacy supplied compliance aids after the person's GP initiated them. Staff ordered prescriptions on behalf of people and cross-referenced details on them when received, 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. People prescribed warfarin and methotrexate who received compliance aids were supplied these medicines separately. Mid-cycle changes involved the compliance aids being retrieved and new ones were supplied.

The pharmacy provided a delivery service and it maintained audit trails to verify this. CDs and fridge

items were highlighted. 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.

Licensed wholesalers such as Alliance Healthcare, AAH and Phoenix were used to obtain medicines and medical devices. Unlicensed medicines were received from Alliance Specials. Staff were unaware about the processes involved for the European Falsified Medicines Directive (FMD). There was no relevant equipment on site or guidance information present for the team and the pharmacy was not yet complying with FMD at the point of inspection.

Medicines could have been stored in an organised manner on the shelves and there was a date-checking schedule to demonstrate that this process had been taking place. However, the schedule was last filled in from April 2019 and there were gaps. Staff used stickers to highlight short-dated items, there were no date-expired medicines or mixed batches seen. CDs were stored under safe custody and the keys to the cabinet 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 to verify this. Drug alerts were received through the company system, the team checked for affected stock and acted as necessary. However, a very limited audit trail was present to verify the process. Ensuring that the pharmacy kept all the records about drug recalls in a format that could be easily retrieved and viewed was discussed during the inspection.

Medicines returned for disposal, were accepted by staff and stored within designated containers. However, there was no list available for the team to identify hazardous and cytotoxic medicines that required disposal or 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 the equipment and facilities it needs to provide its services safely. And, team members ensure that they are maintained appropriately and kept clean.

Inspector's evidence

The pharmacy held current versions of reference sources and staff could use online resources. 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, designated measures used for methadone, counting triangles and separate ones for cytotoxic medicines. The sink in the dispensary used to reconstitute medicines was 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 were available to maintain private conversations. Staff held their own NHS smart cards to access electronic prescriptions, but they were not always stored securely overnight. Advice about this was discussed at the time

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.