

Registered pharmacy inspection report

Pharmacy Name: Boyatt Pharmacy, Local Shopping Centre,
Shakespear Road, EASTLEIGH, Hampshire, SO50 4QP

Pharmacy reference: 1031695

Type of pharmacy: Community

Date of inspection: 13/12/2019

Pharmacy context

This is a community pharmacy located within a small local shopping centre and next door to a GP practice in Eastleigh, Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. 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

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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 operates in a safe manner. It identifies and manages risks appropriately. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand the need to protect the welfare of vulnerable people. And, they protect people's privacy well. The pharmacy generally maintains its records in accordance with the law.

Inspector's evidence

The pharmacy was busy, organised and well managed. There were a range of documented standard operating procedures (SOPs) present to support the pharmacy's services. The pharmacy team's roles and responsibilities were defined within the SOPs and staff had read them. The SOPs were marked as last reviewed in 2018, the pharmacist explained that they had been updated this year, there were electronic SOPs available and the superintendent pharmacist had been asked for a hard copy of the updated SOPs. Team members understood their roles and responsibilities and knew the activities that were permissible in the absence of the responsible pharmacist (RP). The correct RP notice was on display and this provided people with the details of the pharmacist in charge of operational activities on the day.

There were designated areas for dispensing to take place. This included a segregated area for the RP to accuracy-check prescriptions and a separate area to prepare multi-compartment compliance aids. The pharmacy's stock holding was organised, dispensing staff were observed double-checking relevant details when they assembled prescriptions and they routinely recorded their near misses. The latter were reviewed by the RP every month and documented patient safety reports had been completed to verify this. Staff explained that medicines that had been involved in errors had been highlighted, they placed separators between different strengths of some medicines to help distinguish them and separated as well as highlighted look-alike and sound-alike (LASA) medicines. There were also several posters on display at the rear to help staff to identify LASA's.

The RP handled incidents, her process was in line with the company's expectations and included apologising, rectifying the situation, recording details and informing the superintendent as well as the person's GP if anything had been taken incorrectly. Incidents were also reported to the National Reporting and Learning System (NRLS). There was a documented complaints process. The team had built positive relationships with people using their services, the RP always made herself easily accessible and several cards expressing people's gratitude's were seen. However, there were no details on display to inform people about the pharmacy's complaints process. This could mean that people may not have been able to raise their concerns easily.

There was information on display to inform people about how their privacy was maintained, and no confidential material was left directly within areas that faced the public. Staff offered the consultation room if privacy was required, they spoke in lowered tones because of the open plan nature of the pharmacy, confidential waste was segregated before it was shredded, and they had signed confidentiality statements. Team members were also trained on recent updates in data protection. Dispensed prescriptions awaiting collection were stored in a location where sensitive information could not be seen. Summary Care Records had been accessed for emergency supplies and consent was obtained verbally from people for this. Team members could identify signs of concern to safeguard

vulnerable people and they would inform the RP in the event of a concern. The pharmacist and accuracy checking technician were trained to level 2 through the Centre for Postgraduate Pharmacy Education (CPPE). Their certificates to verify this were seen. Relevant local contact details for the safeguarding agencies were available.

Most of the pharmacy's records relating to its services were compliant with statutory requirements. This included the electronic RP record, records of emergency supplies, and a sample of electronic registers seen for controlled drugs (CDs). Balances for CDs were checked regularly. On randomly selecting CDs held in the cabinet, their quantities matched balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association and this was due for renewal after 30 June 2020. However, there were gaps within records of unlicensed medicines and incorrect prescriber details seen for records of private prescriptions.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. The pharmacy provides them with suitable resources and they complete regular, ongoing training. This helps to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy was sufficiently staffed to support the volume of work. Staff present during the inspection included the RP, five dispensing assistants and two medicines counter assistants (MCAs). The team's certificates of qualifications obtained were seen and they wore name badges. Staff explained that only one member of staff was usually off at a time and they could cover one another as contingency. They had the confidence to raise concerns if required. Team members were qualified, they knew their roles and responsibilities and could undertake each other's tasks as required. Counter staff used an established sales of medicines protocol before medicines were sold over the counter and they referred appropriately to the RP. To assist staff with their training needs, they took instructions from the RP and completed regular online modules through a training platform as well as through CPPE. This helped to improve and keep their knowledge up to date. Staff progress was monitored formally by the RP. Team members communicated verbally with one another with regular huddles taking place. There were no formal targets in place to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver its services. The pharmacy is clean and generally kept secure from unauthorised access.

Inspector's evidence

The pharmacy's retail area and dispensary were relatively spacious. Part of the latter was raised, open plan and had an adequate amount of work space. This included a front and side dispensing bench, an island with an additional area to one side to prepare compliance aids. Work surfaces were well utilised although there was limited space to spare when the pharmacy was busy. A small staff area, staff toilet and stock room made up the very rear. The premises were clean and tidy with clean facilities, surfaces and floors. The pharmacy was suitably lit, ventilated and well presented. Overall, it was suitable for the provision of healthcare services.

Pharmacy (P) medicines were stored behind the front medicines counter. There was no barrier to prevent people coming into this area and although a make-up unit was located by the entrance where people sometimes browsed for items, staff were always within the vicinity to help prevent anyone from entering this area or self-selecting these medicines.

An adequately sized, sign-posted consultation room was available for private conversations and services. There were two entrances into this room, one was from the retail space and the other from the dispensary. Confidential information was present within folders along with a PC that was used by the team, both were by the entrance to the dispensary door and not easily accessible to anyone entering the room from the other entrance. However, the door from the retail space was kept closed but not locked. There was a sharps bin on the floor and although it was unlikely that a member of the public would enter the room unnoticed, the RP was advised to ensure that the room and its contents were always kept secure. Once highlighted, this was subsequently locked.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. The pharmacy's team members ensure that their services are accessible to people with different needs. The pharmacy obtains its medicines from reputable sources, it stores and manages them appropriately. But, team members don't always identify prescriptions that require extra advice. And, they don't always record enough information to show that they have considered the risks when some medicines are supplied inside compliance aids. This makes it difficult for them to show that they provide appropriate advice when these medicines are supplied.

Inspector's evidence

The pharmacy was accessible to people. Its opening hours were listed on the front door and there was a small ramp at the entrance. The retail space consisted of wide aisles and clear, open space. This helped people with wheelchairs or restricted mobility to easily use the pharmacy's services. Staff knew people who had different needs and assisted them physically or used the consultation room to help reduce background noise. There was one seat available for people waiting for prescriptions and plenty of car parking spaces outside the pharmacy.

The RP described the NMS providing an opportunity to encourage people to take their new medicines as prescribed. According to the RP, people had appreciated the conversations held before their review with the prescriber and the service had helped identify side effects such as a dry cough when people had been prescribed ramipril. The pharmacy provided seasonal influenza vaccinations on a walk-in basis. The high uptake of the service was described as being due to the convenience of having it at the pharmacy. The pharmacist had completed the appropriate training to provide the service, this included vaccination techniques and anaphylaxis. There was also suitable equipment to safely provide the service such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. Informed consent was obtained from people before vaccinating and details were sent to their GP. Relevant paperwork for the Patient Group Directions (PGDs) to authorise this service were present and had been signed by the RP. The pharmacist's declaration of competence for this service was also seen.

The pharmacy delivered dispensed prescriptions to people using a digital application. There were records available to help verify when this service had taken place and to whom medicines were supplied. CDs and fridge items were identified. The driver obtained signatures from people once they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and notes were left to inform people about the attempt to deliver. Medicines were not usually left unattended unless prior permission had been obtained. This included for example, with key safes and relevant risks such as checking for pets and children were checked before this happened.

Staff were aware of risks associated with valproates, they had completed an audit to help verify if any females at risk had been supplied with this medicine and they were counselled appropriately. There was also relevant literature available to provide to people. The pharmacy was in the process of completing an audit about people prescribed lithium. There was a laminated poster on display to provide staff with additional details about this medicine. This helped them to recognise side effects, symptoms of toxicity and interactions between common medicines. The RP explained that relevant parameters, such as blood test results were sometimes asked about. This included people who were prescribed methotrexate and warfarin. There were no details recorded to help verify this. Prescriptions

for these medicines were not routinely identified. In addition, some people received lithium and warfarin inside compliance aids to help them take this in accordance with the prescriber's instructions. Compliance aids were supplied every week for these people. Although staff were aware that blood tests happened regularly for these people, they were not provided with and did not obtain any information about this.

Compliance aids were supplied to people after the GP initiated this. Once set up, staff ordered prescriptions on behalf of people and when received, they cross-referenced details against individual records to help identify any changes or missing items. The team checked queries with the prescriber and maintained records to verify this. Compliance aids were not left unsealed overnight, descriptions of the medicines within them were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes were dependent on the doctor's instructions. This either involved retrieving the compliance aids, making changes, re-checking and re-supplying them or obtaining new prescriptions and supplying new compliance aids.

However, not all medicines were de-blistered and removed from their outer packaging before placing into the compliance aids. Staff were dispensing Epilim and alendronic acid, still in its original foil, in the compliance aids for four weeks supply at a time. They were not aware of the potential risks of supplying it in this way. They explained that this was necessary to ensure that people would take their medicine as prescribed by their doctor and because of stability concerns associated with Epilim. Counselling had been provided to ensure that the outer packaging was removed before taking the tablets, but there were no details documented to confirm this. Nor was there any evidence that the pharmacy had carried out any risk assessment about the situation.

During the dispensing process, staff used baskets to keep prescriptions and medicines separate. People waiting for their prescriptions were prioritised. A dispensing audit trail through a facility on generated labels helped to identify staff involvement in processes. Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. Details about fridge items and CDs (Schedules 2-3) were marked onto prescriptions to help staff to identify them. Although uncollected prescriptions were checked every month, Schedule 4 CDs were not routinely identified. Routinely identifying all CDs as best practice was discussed during the inspection. Assembled CDs and medicines stored in the fridge were held within clear bags, this helped to assist with accuracy and identification when they were handed out to people.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Doncaster, AAH, Phoenix, DE South and Alliance Healthcare. The latter and Sigma were used to obtain unlicensed medicines. Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). The pharmacy was not yet in the process of complying with FMD. Medicines were stored on shelves in an ordered manner. The team date-checked medicines for expiry regularly and kept records to verify that this had taken place. This also happened during the dispensing process. Medicines approaching expiry were highlighted. There were no date-expired medicines seen or mixed batches of medicines present. 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. Drug alerts were received via email, the process involved checking for stock and taking appropriate action as necessary. There were records present to verify this.

Medicines returned by people for disposal were stored within designated containers prior to their collection. This included separate containers for hazardous and cytotoxic medicines. However, there was no list available for staff to identify these medicines. People returning sharps for disposal were referred to the GP surgery or to the local council for collection. Relevant details were taken about

returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. It keeps its equipment clean and uses its facilities appropriately to protect people's privacy.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included standardised conical measures for liquid medicines, counting triangles and the sink that was used to reconstitute medicines. There was hot and cold running water with hand wash available. The fridge used for medicines requiring cold storage was operating at appropriate temperatures, however there was food seen stored in here. This was discussed at the time. The CD cabinets were secured in line with legal requirements. Computer terminals were positioned in a manner that prevented unauthorised access. There were cordless phones to help conversations to take place in private. Staff held their own NHS smart cards to access electronic prescriptions and they took them home overnight. A shredder was available to dispose of confidential waste.

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.