General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 4 Lower Mead, Hillbrow Road, LISS, Hampshire, GU33 7RL

Pharmacy reference: 1031765

Type of pharmacy: Community

Date of inspection: 03/10/2019

Pharmacy context

This is a community pharmacy in the centre of the village of Liss in Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers a few services including Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations, Emergency Hormonal Contraception (EHC) and needle exchange. 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

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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

The pharmacy overall identifies risks appropriately. The team understands how to protect the welfare of vulnerable people. The pharmacy protects people's private information well. 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 was organised, and its workspaces were kept clear of clutter. The workflow involved the pharmacy's off-site activity and multi-compartment compliance aids being prepared from a segregated space behind the main dispensary. As this area was not visible to the public, this helped to reduce errors from distractions. One member of staff was responsible for this activity, another managed the front walk-in trade, processed and assembled repeat prescriptions whilst a third member of staff handled counter sales and advice on the front counter. Staff explained that consent for the off-site activity was obtained in writing. However, there were no details on display to inform people that their prescriptions could be dispensed elsewhere.

Staff 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. Staff explained that they highlighted look-alike and sound-alike medicines, separated medicines that had been involved in mistakes and placed caution notes in front of stock as an additional visual alert.

Team members routinely recorded their near misses and they were collectively reviewed every month. The company's Patient Safety Review was used to assist with this process. Staff also used the company's newsletters to help raise their awareness about common errors and were informed about trends and patterns every month. This included mistakes with quantities and where they had used the person's record to process prescriptions instead of the prescription itself. Team members also described being passed back assembled medicines for them to identify their own errors. This helped to consolidate their learning. However, details within the 'comments' section in the near miss logs had not been routinely completed by the team. 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.

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 and investigated by the store manager who was also the RP. Internal processes were reviewed to help prevent similar mistakes subsequently happening again. This included the team now asking people for their postcodes when handing out dispensed prescriptions due to a previous hand-out error. In addition, the RP explained that the team were instructed to ensure laminates were routinely used to identify prescriptions for children so that the appropriate clinical checks could take place. This was in response to previous incorrect dosage instructions supplied for an antibiotic.

There was no confidential information left within areas that were accessible to people. Staff 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. Summary Care Records were accessed for emergency supplies and consent was obtained verbally from people for this.

Staff could readily identify groups of people showing signs that may indicate 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 the RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE).

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 to the pharmacist and the activities that were permissible in the absence of the RP. The team's roles and responsibilities were defined within the SOPs. The correct RP notice was on display and this provided details of the pharmacist in charge on the day.

Recent records of unlicensed medicines, emergency supplies, the RP record 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 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. However, there were issues with some 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 enough 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 the RP and three pharmacy advisors who were trained as both dispensing and counter assistants. The RP explained that an accuracy checking technician from another branch worked at the pharmacy once a week to provide him with additional support. The team wore name badges. Their certificates of qualifications obtained were not seen.

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, newsletters and SOPs to assist with ongoing training needs and staff were up-to-date with the company's mandatory training. Team meetings were held when required although they were routinely kept informed about relevant information from the store manager. Formal appraisals were held every six months to check the team's progress. The pharmacist explained that there were monetary budgets and targets in place to complete services. They were described as manageable with no pressure applied to complete them.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area and main dispensary with a smaller segregated dispensary behind this. The latter was used for compliance aids and off-site activity. There was enough space for dispensing activity to take place. The pharmacy, in general was clean although the staff WC and sink could have been cleaner.

The pharmacy was bright and suitably ventilated. The retail area was professional in its appearance. A signposted consultation room was available for services and private conversations. This was kept unlocked. The space was of an adequate size and there was no confidential information present. Pharmacy (P) medicines were stored behind the front pharmacy counter. Staff were always within the vicinity to help prevent P medicines from being self-selected.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are largely delivered in a safe manner. 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 its medicines appropriately. But, the pharmacy has no designated containers to store and dispose of some medicines that could be harmful to the environment. And, although team members routinely identify people receiving higher-risk medicines, 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 wide aisles and clear, open space inside the pharmacy, as well as a lowered counter, assisted people using wheelchairs to easily access the pharmacy's services. Staff explained that they looked out for people who required physical assistance such as those who were visually impaired. Representatives were used for people whose first language was not English and staff used written communication as well as faced people who were partially deaf so that they could lip read.

Two seats were available for people waiting for prescriptions. The pharmacy's opening hours were on display and the pharmacy was currently advertising that it was administering influenza vaccinations. The RP was accredited and trained through company processes to administer vaccinations. He worked to defined procedures, SOPs for the services were present, informed consent was obtained, a risk assessment was carried out and relevant paperwork under the Patient Group Directions (PGD) that authorised this, was signed and readily accessible. The consultation room was used to provide this service and relevant equipment to ensure the vaccination service occurred safely was available. This included adrenaline autopens and a sharps bin.

Details about a previous clinical audit was seen. This was an audit completed in the previous year, about whether people prescribed non-steroidal anti-inflammatory drugs (NSAIDs) were co-prescribed gastroprotection. 100% of the people surveyed were found to have been co-prescribed a proton pump inhibitor and according to the documented information, verbal conversations were held with 90% of those people about their medicines. Staff explained that there was reduced uptake with the needle exchange service and not many sharps bins had been received back in comparison to the amount of packs that were supplied. The inspector was told that no interventions were made about this situation or to advise people using this service.

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. Dispensed prescriptions were sent back within two 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. Staff described a few errors being seen with missing crates, this had been fed back to the company.

Compliance aids were initiated after the pharmacist conducted an assessment, the pharmacy ordered most 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 were dependent on the person, the team sometimes retrieved the compliance aids before they were amended, re-checked and re-supplied or new compliance aids were 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 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 to highlight relevant information such as fridge items, CDs (Schedules 2-3) and higher-risk medicines. Schedule 4 CDs were not routinely identified.

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 always recorded to verify that this had taken place and this included people receiving compliance aids. Staff were aware of the risks associated with valproates for people who could become pregnant. Any prescriptions seen for this medicine were highlighted by using PIFs and laminates to ensure counselling took place and educational material was 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 held no knowledge 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 were stored in an organised manner and they were described as date-checked for expiry every week. The date-checking schedule had only been completed up until December 2018. This limited the pharmacy's ability to verify that this process had been taking place. Staff used stickers to highlight short-dated items. There were no date-expired medicines although the occasional poorly labelled container and mixed batch was 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. However, there was no audit trail retained to help verify this process.

Unwanted 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 hazardous and cytotoxic medicines and 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 appropriate equipment and facilities it needs to provide its services safely. Its equipment is generally clean and used to protect people's privacy.

Inspector's evidence

The pharmacy held previous versions of reference sources, but staff explained that they could access current information via online resources. The CD cabinets were secured in line with legal requirements and the medical fridge was operating at appropriate temperatures. There were clean, crown stamped, conical measures available for liquid medicines 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. There were lockers available for the staff to store their personal belongings. 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.