General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 7 Quay Road, BRIDLINGTON, North Humberside, YO15 2AB

Pharmacy reference: 1032019

Type of pharmacy: Community

Date of inspection: 08/02/2023

Pharmacy context

This community pharmacy is in the centre of Bridlington, a large seaside town. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. It delivers medication to several people in their homes and supplies some people with their medicines in multi-compartment compliance packs to help them to take their medication. The pharmacy services also include the NHS hypertension case finding service and supplies of emergency hormonal contraception.

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 identifies and manages the risks associated with its services well. It has up-to-date written procedures that the team members follow to help ensure they provide the pharmacy's services safely. And it keeps the records it needs to by law. Team members demonstrate a clear understanding of their roles in safeguarding the safety and wellbeing of children and vulnerable adults. And they respond suitably when concerns arise. They respond appropriately when errors happen by identifying what caused the error and acting to prevent future mistakes.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) which were kept electronically and as paper versions. The SOPs provided the team with information to perform tasks supporting the delivery of services. Team members accessed the SOPs and answered a few questions to confirm they had read and understood them. They received notification of new SOPs or when changes were made to existing SOPs, and they had protected time at work to read them. Team members demonstrated a clear understanding of their roles and worked within the scope of their role.

The pharmacy had a procedure for managing errors identified during the dispensing of prescriptions, known as near miss errors. The team member involved was asked to identify their error, correct it and record it on to an electronic platform. This was done using a hand-held device rather than disturbing a colleague using the main computer terminal. A sample of records showed the details captured enabled the team to identify patterns and showed individual reflection from the team member on their own error. The pharmacy completed electronic records of errors identified after the person received their medicine, known as dispensing incidents. The pharmacy manager regularly reviewed the near miss errors and dispensing incidents. And shared the outcome from the review with team members, who discussed the changes they could make to prevent future errors. Following an error when a controlled drug (CD) was supplied to the wrong person the team was reminded to always ask the pharmacist to check the dispensed CD a second time before it was handed to the person. The pharmacy had a procedure for handling complaints raised by people using the pharmacy services. A leaflet provided people with information on how to raise a concern with the pharmacy team. And people were invited to leave feedback through the company's online platform.

The pharmacy had current indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The pharmacy completed regular checks of the balance of the CD registers to identify errors or missed entries. Team members had completed training on the General Data Protection Regulations (GDPR), and they separated confidential waste for shredding offsite. The pharmacy displayed information on how confidential data was protected and it displayed a notice about the fair processing of data.

The pharmacy provided the team with safeguarding training and guidance. And the pharmacist had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team members were aware of the Ask for ANI (action needed immediately) initiative and displayed posters in the retail area advising people that the pharmacy offered a safe space. The team responded well when safeguarding concern arose.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with the appropriate range of experience and skills to safely provide its services. Team members work well together and are good at supporting each other in their day-to-day work. They discuss ideas and implement new processes to enhance the delivery of the pharmacy's services. The team members have opportunities to receive feedback and complete training so they can suitably develop their skills and knowledge.

Inspector's evidence

A full-time pharmacist and locum pharmacists covered the opening hours. The pharmacy team consisted of a full-time dispenser who was the pharmacy manager, two full-time dispensers and one part-time trainee dispenser. At the time of the inspection all team members except the pharmacy manager were on duty. They worked well together to ensure people presenting at the pharmacy were promptly served. Whilst team members were allocated daily tasks, they would stop their task to help each other such as putting stock away after it arrived from the wholesaler. The trainee dispenser had protected time at work and received support and guidance from others in the team.

Team members used company online training modules to keep their knowledge up to date and they had protected time to complete the training. The team read and signed the publication sent from the Professional Standards team which provided information such as new services and learning from dispensing errors. Team members received formal performance reviews and informal feedback on their performance to they could identify opportunities to develop their knowledge and skills. The pharmacy manager also shared feedback from people who had used the pharmacy with team members.

The pharmacy held regular meetings and team members could suggest changes to processes or new ideas of working. A recent meeting identified that Tuesday was the busiest day which the team members identified could contribute to errors. They agreed to ensure they were up to date with tasks and to support each other so each team member could have more time when dispensing.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are generally clean, secure and suitable for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy premises were in an old building and some areas needed repair for example the sink in the dispensary. The team members kept the pharmacy areas tidy and free of clutter and they kept the pharmacy clean. They used separate sinks for the preparation of medicines and hand washing and had alcohol gel for hand cleansing. In response to the COVID-19 pandemic the pharmacy had installed a clear plastic screen on the pharmacy counter. There was enough storage space for stock, assembled medicines and medical devices.

The pharmacy had a defined professional area and items for sale in this area were healthcare related. And it had a soundproof consultation room that the team used for private conversations with people and when providing services. The pharmacy had restricted public access to the dispensary during the opening hours.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services which are easily accessible for people. It manages its services well to help people receive appropriate care and to make sure they receive their medicines when they need them. The pharmacy obtains its medicines from recognised sources and it stores them properly. The team regularly carries out checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

People accessed the pharmacy via a step-free entrance and an automatic door operated with a press pad. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. And the team provided people with information on how to access other healthcare services when required. Team members wore name badges so people knew who they were speaking to. They asked appropriate questions when selling over-the-counter (OTC) products and they knew when to refer to the pharmacist. They monitored people's request for OTC medicines to ensure the supplies were appropriate. People were given clear advice on how to use their medicines. And the team used alert cards for higher-risk medicines to prompt the pharmacist to ask for information from the person such as their latest blood test results. So, they could assess whether the medicines were suitable to supply. Team members were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). And they reviewed people prescribed valproate to identify anyone who may meet the PPP criteria. Information such as a new medicine or a dose change was kept with the prescription. So, the pharmacist was aware and to prompt the team to discuss the information with the person when handing over their medication. The team regularly communicated with local GP teams which helped when there were issues such as the availability of antibiotics and the implementation of the national serious shortage protocol. The pharmacy had an up-to-date patient group direction (PGD) that authorised the pharmacist to supply the emergency hormonal contraception (EHC) medication. The pharmacist referred several people to their GP after they'd attended for the NHS hypertension case finding service and the readings indicated they had high blood pressure.

The pharmacy provided multi-compartment compliance packs to help a few people take their medicines. One of the full-time dispensers managed this service with support from other team members. The prescriptions were generally requested one week before supply to allow time to deal with issues such as missing items. Each person had a record listing their current medication and dose times which the team referred to when checking the received prescriptions to identify any changes or missing items. They also referred to the list throughout the dispensing and checking of the packs. The team recorded the descriptions of the medication within the packs and supplied the manufacturer's packaging leaflets. This meant people could identify the medicines in the packs and had information about their medicines. The pharmacy occasionally received copies of hospital discharge summaries that the team checked for changes or new items. The team had reviewed people receiving the packs to ensure they remained suitable to meet their needs and had offered alternate support when required. This included providing a chart listing the person's medication for them to record when they'd taken a dose.

The pharmacy supplied medicine to some people daily as supervised and unsupervised doses. The doses were prepared in advance of supply to reduce the workload pressure of dispensing at the time of

supply. And were stored securely and separate from each other in rows labelled with the person's name and the prescription attached to the day's dose. The team liaised with the local drug and alcohol services to advise when capacity enabled more people to be referred to the service.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on the dispensing labels which the team used to recorded who had dispensed and checked the prescription. And a sample found that the team completed both boxes. The pharmacy also had a quad stamp to capture who had clinically checked, accuracy checked, dispensed and handed out the medication. The pharmacy used clear bags to hold dispensed controlled drugs (CDs) and fridge lines. This allowed the team, and the person collecting the medication, to check the supply. Team members attached CD and fridge cards to completed prescriptions to remind them to include these items when handing over medication. The pharmacy had a system to prompt the team members to check that supplies of CD prescriptions were within the 28-day legal limit. And to contact people a few days before the 28-day limit to advise them to collect their medication. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. The team stored completed prescriptions neatly on dedicated shelves. And scanned the prescriptions into a particular area on the shelves using a barcode attached to the shelf. When the person came to collect their prescription, the team used the barcode scanning to identify where the prescription was held and to check the correct prescription had been picked. People received a text message advising them when their prescription was ready to collect. The pharmacy kept a record of the delivery of medicines to people for the team to refer to when queries arose.

The pharmacy obtained medication from several reputable sources. Team members checked the expiry dates on stock and kept a record of this. They marked medicines with a short expiry date to check the medicine was still in date and they kept a list of medicines due to expire each month. The dates of opening were mostly recorded for medicines with altered shelf-lives after opening so the team could assess if the medicines were still safe to use. The team checked and recorded fridge temperatures each day. A sample of these records found they were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned CDs separate from in-date stock in a cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team usually printed off the alert, actioned it and kept a record.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It makes sure it uses its equipment appropriately to protect people's confidential information.

Inspector's evidence

The pharmacy had reference resources and access to the internet to provide the team with up-to-date clinical information. The pharmacy had equipment available for the services provided which included a range of CE equipment to accurately measure liquid medication. And a blood pressure monitor that was regularly checked to ensure it gave accurate readings.

The pharmacy's computers were password protected and access to people's medication records were restricted by the NHS smart card system. Team members used cordless telephones to ensure their conversations with people were held in private. They stored completed prescriptions away from public view and they held other private information in the dispensary which had restricted public access.

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.