

Registered pharmacy inspection report

Pharmacy Name: Boots, 23-25 High Street, HARPENDEN,
Hertfordshire, AL5 2RU

Pharmacy reference: 1032182

Type of pharmacy: Community

Date of inspection: 05/09/2019

Pharmacy context

This is a community pharmacy located on the High Street in the town of Harpenden, near St Albans in Hertfordshire. The pharmacy dispenses NHS and private prescriptions. It offers some services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), administers travel vaccinations, chicken pox and flu vaccinations during the winter season. And, it supplies multi-compartment compliance aids to people in their own homes 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's working practices are generally delivered in a safe manner. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from them. The team mostly understands how to protect the welfare of vulnerable people. The pharmacy usually maintains its records in accordance with the law. But, it is not always recording enough details. This means that the team may not have all the information needed if problems or queries arise

Inspector's evidence

The pharmacy was relatively well-run although there were some areas for improvement identified as covered under the various Principles. The pharmacy was busy, this was managed appropriately by the staff but there was limited space available for all the pharmacy's processes to take place in the dispensary (see Principle 3) and the pharmacy was over-stocked.

The workflow involved one pharmacist managing the front workload and the responsible pharmacist (RP) working out the back. There were enclosed units on the front counter and an enclosed dispensary at the rear, the former allowed prescriptions to be processed and dispensed and the latter enabled accuracy-checks to take place without being distracted. This helped to reduce errors. Team members were also providing realistic waiting times to help manage the workload appropriately.

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. 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. However, there was confidential information left unattended in one section of the building upstairs (see Principle 3).

Staff recorded their near misses and 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. Look-alike and sound-alike medicines were highlighted on the company's pharmacist information forms (PIFs) and prednisolone as well as medicines for diabetes were separated. Staff explained that their near misses had reduced since the company had implemented a new pharmacy system as they were now scanning medicines into the system against prescriptions. However, PIFs were not always attached to every prescription in the retrieval system. This could mean that pharmacists were not always being provided with relevant information.

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.

Some staff could readily identify groups of people showing signs that may indicate a safeguarding concern, but some members of the team on the counter required prompting and possibly refresher training. In the event of a concern, staff informed the RP, they 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's chaperone policy was also on display.

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.

Records of unlicensed medicines 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 of emergency supplies and private prescriptions. The pharmacy did not always record details about the nature of the emergency for the former and incorrect or incomplete prescriber information was documented in the electronic register for supplies made against private prescriptions.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy's team members understand their roles and responsibilities. And, they are provided with resources to help keep their skills and knowledge up to date

Inspector's evidence

Staff present during the inspection included two pharmacists, four dispensing assistants, one of whom was undertaking accredited training for the NVQ 3 in dispensing and three medicines counter assistants (MCAs). Other staff included four further dispensing assistants, one of whom was a trainee and one was the store manager as well as other regular pharmacists. The team wore name badges. Their certificates of qualifications obtained were not seen.

Team members used established sales of medicines protocols before they sold medicines over the counter and they referred to the RP appropriately. The company provided staff with e-Learning modules, newsletters, SOPs to assist with training needs and they were provided with set aside time to read and complete them. The team was also 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. This was through regular huddles. Formal appraisals were held every three months to check the team's progress.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy consisted of a spacious retail area and a much smaller dispensary to one side. There was limited space for dispensing activity to take place in the dispensary hence compliance aids were being prepared upstairs in one of the training rooms and a corridor. Staff had left confidential information, such as a bundle of electronic prescription tokens for people and individual records for compliance aids in the latter area. This meant that they were not routinely protecting people's private information. The pharmacy was also overstocked. The galley drawers were overflowing, and stock was being stored in the walkway between the dispensary and back areas. Staff explained that this was because of the new pharmacy system and the change in their ordering procedures.

The pharmacy was clean, bright and suitably ventilated and the retail area was appropriately presented. 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. Pharmacy (P) medicines were stored behind the front pharmacy 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 team makes some adjustments to help people with different needs. The pharmacy obtains its medicines from reputable sources. It stores and manages its medicines appropriately. In general, it provides its services safely. The pharmacy's team members take some care with higher-risk medicines. But, they don't always identify or record relevant information when people receive these medicines. This makes it difficult for them to show that they are providing people with appropriate 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. Staff explained that they would walk around counters to face people or provide physical assistance if required. Representatives were used for people who were visually impaired. A few seats were available for people waiting for prescriptions and there were some on-street car parking spaces outside the pharmacy.

The RP was accredited and trained through company processes to administer vaccinations. Pharmacists 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.

Prescriptions for people prescribed higher-risk medicines were generally 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 always recorded to verify that this had taken place and laminates were not always used (see below). Staff were aware of the risks associated with valproates for people who could become pregnant, they stated that they had not seen anyone at risk and they could provide educational material if prescriptions were seen.

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 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.

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 mostly used laminated cards to highlight relevant information such as fridge items and CDs although sometimes this information was missing. This included no laminates being used for fridge items and prescriptions seen for methotrexate at the point of inspection.

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 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. However, the pharmacist had already completed this on the day of the inspection to state that the keys had been handed over to be stored overnight. 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 hazardous and cytotoxic medicines. People returning sharps for disposal, were referred to the GP surgery. 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.

Inspector's evidence

The pharmacy held current versions of reference sources and staff could use online resources. The CD cabinet conformed to 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 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. Staff held their own NHS smart cards to access electronic prescriptions and they took them home overnight or stored them securely.

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.