

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 1 Moa Place, Green Road, FRESHWATER, Isle of Wight, PO40 9DS

**Pharmacy reference:** 1032529

**Type of pharmacy:** Community

**Date of inspection:** 19/07/2019

## Pharmacy context

This is a community pharmacy located on the high street in the village of Freshwater on the Isle of Wight. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, offers drug misuse services and supplies medicines in multi-compartment medicine devices for people to use living in their own homes and in care homes.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and can give examples of having used these to protect their patients.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law. However, the emergency supply and specials records were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months displayed in the dispensary. The pharmacy team highlighted 'sound alike' and 'look alike' medicines on the dispensary shelving. The pharmacy had recently been having a high incidence of quantity errors. In response to this, the pharmacy team were endorsing prescription information forms with 'Q' so as to raise awareness to the pharmacist to recheck the quantity of the medicines. Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation.

A patient safety review was carried out every month by the pharmacist and trends were looked for as well as changes that need to occur to mitigate the risk of further errors occurring. Following one of these reviews, the team had a general discussion about the areas they need to watch out for and the pharmacist would talk to each individual member of the pharmacy team about the areas they each need to be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback on an annual basis using Community Pharmacy Patient Questionnaires (CPPQs). A certificate of public liability and indemnity insurance was held electronically on the company's intranet and was valid and in date.

Records of controlled drugs (CD) and patient returned controlled drugs were seen to be retained. The address that a CD was received from was often omitted from the records. A sample of Palexia 50mg sustained release capsules was checked for record accuracy and this was seen as being correct at the time of the inspection. Controlled drug balances were checked weekly. Out of date CDs were separated from regular CD stock and labelled appropriately.

The responsible pharmacist record was seen as being retained and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and were always in the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. Short dated stock was marked for with stickers.

The private prescription records were retained and were seen to be in order. The emergency supply records were retained electronically but some entries omitted a reason for the supply when it was made at the request of a patient. The specials records were retained but some entries omitted the prescriber's name and address.

There were cordless telephones available for use and confidential waste was collected in confidential waste bins and this was removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team were required to complete an e-learning programme on IG.

There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff were required to complete. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Staff could readily locate local contact details to raise safeguarding concerns or ask for advice about them.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There was one pharmacist and four dispensing assistants present during the inspection. The staff were observed to be working well together and providing support to one another when required. Staff performance was monitored and reviewed formally bi-annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff reported that they completed training online and had regular updates to their knowledge and understanding of products and services. Staff reported that they received time to complete their required training. Professional standards documents were released by head office regularly and were read by staff. The NVQ3 trainee reported that she felt very supported during her training course and had regular meetings with her tutor. She received four hours protected time per week and was making good progress and completing her modules in a timely manner.

A trainee dispensing assistant reported that she had recently been learning about the high-risk medicine card system that is used to identify patients taking medicines such as warfarin, for example. The pharmacy manager reported that they would hold patient safety meetings monthly and advise staff on the learning from the patient safety reviews. Ad-hoc meetings took place when there were important business updates.

Staff explained that they felt comfortable to raise any concerns they had with the pharmacy manager or their area manager. There was a whistleblowing policy in place but one staff member was not aware of this on questioning. There were targets in place but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team generally protect people's private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. There were some boxes of stock in the staff area which partially occluded a doorway and may present a trip hazard to staff. There was a sink available in the dispensary and consultation room with hot and cold running water with sanitiser to allow for hand washing.

Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The pharmacy had a consultation room that was kept locked when not in use. It was not well soundproofed and staff reported that they managed this by talking quietly. Patient confidential information was stored securely. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose. But the pharmacy team do not always store medicines in containers with batch numbers and expiry dates which could mean that it would be more difficult to trace these medicines when things have gone wrong.

### Inspector's evidence

Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. Services were displayed on leaflets and posters around the pharmacy. The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing to valproate to all female patients. The pharmacy team reported that they would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they are aware of these and query if they were taking effective contraception.

Pharmacist information forms (PIFs) were used to highlight services that staff had identified may be beneficial to patients. A text message was sent to patients to advise them when their medication was ready for collection. The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via Alliance specials. Invoices from these wholesalers were seen.

Destruction kits for the destruction of controlled drugs were on order. Doop bins were available and being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was also available for use. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. But the following medicines were found on the dispensary shelf:

- Accrete D3 tablets without a container
- Alendronic acid 70mg tablets without a container
- Cetirizine 10mg tablets without a container
- Co-codamol 30mg/500mg tablets without a container
- Diazepam 5mg tablets with no batch number or expiry date
- Digoxin 250mcg tablets without a container
- Quetiapine 100mg tablets no batch number or expiry date
- Senna 7.5mg tablets without a batch number or expiry date

Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were appropriately marked.

The pharmacy team were aware of the European Falsified Medicines Directive (FMD). The pharmacy had the appropriate hardware and Boots head office was currently in the process rolling out the

software out to the pharmacy. The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the pharmacy electronically through the company's intranet and the pharmacist explained that these were actioned appropriately. Records to demonstrate this were incomplete and audit trails were not routinely kept to demonstrate what action had been taken. The pharmacy team agreed to address this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for methadone dispensing. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles and a capsule counter available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources. There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Drip bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### 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.