

Registered pharmacy inspection report

Pharmacy Name: Boots, 122-126 High Street, NEWPORT, Isle of Wight, PO30 1TP

Pharmacy reference: 1032534

Type of pharmacy: Community

Date of inspection: 18/07/2019

Pharmacy context

This is a community pharmacy located on a high street in the town of Newport on the Isle of Wight. It serves its local population which is mixed in age range and background. The pharmacy opens seven 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
1. Governance	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.
2. Staff	Good practice	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.
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 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.

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. Based on previous errors, gabapentin and pregabalin had been clearly separated on the dispensary shelf. Hand out observations were also being used to monitor staff with a view to reduce these types of errors. Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation.

Every month, a patient safety review was carried out by the pharmacist and trends are looked for as well as changes that need to occur to reduce the incidence of 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 Zomorph 60mg 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. But the pharmacy team could not demonstrate records for this at the time of the inspection. Short dated stock was marked for with stickers.

The private prescription, emergency supply and specials records were retained and were seen to be in order. 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. A smartcard was left in a keyboard which was potentially accessible from the retail area of the pharmacy. The pharmacy team agreed to address this.

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 and ask for advice.

Principle 2 - Staffing ✓ Good practice

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 were two pharmacists, two accuracy checking technicians, one technician, nine dispensing assistants and one pharmacy summer student present during the inspection. They were seen to be working well together and supporting each other. Staffing levels were seen as being sufficient for the services provided during the inspection.

Staff performance was monitored and reviewed formally regularly 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. A dispensing assistant reported that she had recently been learning about how the off-site dispensing support system worked in practice in the pharmacy. Staff would regularly complete SOP quizzes to refresh their knowledge of these.

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 and staff were aware of this. 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 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. The pharmacy was clean, tidy was presented in a professional manner. 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. Patient confidential information was stored securely. The consultation room was well soundproofed. 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 take expired medicines off the dispensary shelf in a timely manner which may mean that the risk of these medicines being dispensed to patients is increased.

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 dispensed monitored dosage system (MDS) trays for 180 domiciliary patients and 32 care homes. One domiciliary MDS tray was examined and an audit trail to demonstrate who dispensed and checked the trays was complete. Descriptions were routinely provided for the medicines contained within the MDS trays. Staff reported that patient information leaflets were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not available for use during valproate dispensing to female patients. The pharmacy team agreed to address this. The pharmacy team reported that they would check 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 BCM specials. Invoices from these wholesalers were seen.

There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen as being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was also available. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection. Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging.

Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were appropriately marked. But the following medicines were stored on the dispensary shelf and had expired:

Alimemazine 30mg/5ml syrup expired as of 30 June 2019

Paracetamol 250mg/5ml suspension expired as of 17 July 2019

Sertraline 100mg/5ml suspension expired as of 13 July 2019

Trazodone 50mg/5ml solution expired as of 15 June 2019

Trifluoperazine 5mg/5ml solution expired as of 15 June 2019

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 fridges were 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 always 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 were two fridges in use which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Doop 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.