

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 15 High Street, SANDOWN, Isle of Wight,  
PO36 8DA

**Pharmacy reference:** 1032549

**Type of pharmacy:** Community

**Date of inspection:** 03/09/2019

## Pharmacy context

This is a community pharmacy, located in the main shopping area in the seaside town of Sandown on the Isle of Wight. It serves the local population as well as tourists visiting the island. The pharmacy offers NHS dispensing services as well supplying medicines in multi-compartment compliance aids to help patients living in their own homes to remember to take their medication.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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 provides services in line with clear processes and procedures which are being followed by staff. Team members record, review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. The pharmacy team asks people for their views and deals with any complaints. And it uses the feedback to improve the service it provides. The pharmacy team generally keeps the records it needs to by law. The pharmacy protects patient information and the team members understand their roles in protecting vulnerable people.

### Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The pharmacist explained that dispensing incidents and near misses were recorded, reviewed and analysed and feedback provided to staff. Following the analysis of near miss incidents and trends both within the pharmacy and across the company, had led to greater care being taken with the selection of 'look alike and sound alike drugs' (LASA). The pharmacy used shelf highlighters and separated sound alike and look alike drugs on the shelves, to minimise risks as well as utilising the pharmacist information form (PIF) to highlight LASA drugs to try and minimise errors.

Up-to-date and relevant standard operating procedures (SOPs) were in place to ensure the safe and effective operation of professional services provided from the pharmacy and these were continually reviewed. A number of new SOPs, including those relating to the new Columbus system had been rolled out during 2019. SOPs had been read and signed by staff. The pharmacy staff also completed regular SOP audits to ensure understanding and compliance. The pharmacy staff were clear on their roles and responsibilities. On questioning, they explained that they would refer any requests for advice and certain P medicines (for example regular requests for codeine preparations) to the pharmacist.

The pharmacy had a procedure in place for obtaining feedback and handling complaints. The process for providing feedback was highlighted in the pharmacy practice leaflet. The results of the most recent Community Pharmacy Patient Questionnaire (CPPQ) patient satisfaction survey were displayed on the NHS choices website. Professional indemnity insurance arrangements were in place for the pharmacy services.

The responsible pharmacist sign was displayed and responsible pharmacist records maintained appropriately. The CD register, specials records, electronic private prescription records and emergency supply records examined were generally in order. But patient's details were not always recorded for specials medicines supplied as required by law. Running balances were checked and recorded weekly and those checked during the inspection were in order. Records of patient returned controlled drugs were maintained in accordance with good practice. However, there were a large amount of patient returned controlled drugs awaiting destruction and these should be appropriately disposed of as soon as possible. The pharmacist adviser explained that staff completed online information governance training and this procedure was also available online via the e-Learning system. All staff were required to complete this and compliance with this was monitored and followed up by head office.

The pharmacy computer and the patient medication record (PMR) systems were restricted to authorised members of staff and password protected. A confidential waste bin was used to dispose of patient identifiable and confidential waste. Confidential waste was stored securely awaiting collection.

All staff had completed the e-Learning module associated with safeguarding and the pharmacy team had access to the telephone numbers for safeguarding contacts. The pharmacist had also completed the CPPE safeguarding course. On questioning, both the pharmacist and staff were able to explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable adult.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has adequate levels of staff for the services it provides. However, more could be done to ensure the maintenance of adequate staff cover to ensure continuity of patient care in the future. Pharmacy staff generally have the appropriate skills and qualifications for their roles and undertake ongoing learning. The team works well together with openness and honesty to help support the safe and effective delivery of pharmacy services.

### Inspector's evidence

The pharmacy dispensed approximately 4,300 NHS items each month. There was a responsible pharmacist, two pharmacy advisors and one trainee pharmacy advisor working on the counter. The pharmacy had fallen behind slightly with its workload and was struggling to catch up with the backlog of prescriptions due to staffing issues. The inspector discussed this with the area manager who provided assurances that additional resources were being transferred to help at the branch, but care should be taken to ensure that adequate staffing levels are always maintained to ensure continuity of care. All staff had either completed or were in the process of completing appropriate training courses for their roles. Staff wore name badges and uniforms and were identifiable to patients.

Staff were encouraged to continue their own personal development by completing regular training courses e.g. e-Learning, 30 minute tutors, audit quizzes on the SOPs, CPD and reading the Professional Standards newsletter. The pharmacist was observed supervising and overseeing the sales, supply and advice given by staff and staff were observed to be working well as a team. Staff were observed following the sales of medicines protocol asking appropriate questions and providing advice when making OTC recommendations and were also seen referring patients to the pharmacist when necessary.

On questioning, staff were able to explain how they would raise any concerns they had about the provision of a pharmacy service with the company. Staff were aware of the company whistleblowing procedure and the confidential hotline. Staff had recently raised concerns relating to staffing levels with the area manager and were awaiting a response as to how appropriate cover would be provided longer term. Regular informal staff meetings and briefings took place within the dispensary to prioritise and work effectively. The pharmacist said that the pharmacy was set targets for NMS and MURs, and these were at times challenging to meet. However, she did not feel that these were inappropriate and felt able to make appropriate independent professional decisions about providing such services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure and generally provides an adequate environment for the delivery of its services. But the size and layout of the dispensary could be improved. The pharmacy has suitable facilities to protect the privacy, dignity and confidentiality of people. The team uses these to ensure confidentiality is protected.

### Inspector's evidence

The dispensary was small, but plans were in place to refurbish and extend this area to provide a larger area more suitable for the level of business. The pharmacy was well lit and clean and the ambient temperature of the pharmacy was maintained at a steady temperature by the in-store air conditioning units. The dispensary area was fitted out to an adequate standard. The pharmacist had designated separate areas available for preparing and dispensing prescriptions, as well as for items awaiting checking. However, the pharmacy would benefit from more bench space for the activities carried out.

Hand washing facilities were available for staff to use and the sink was clean and had a supply of hot and cold water. A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary. The consultation room was checked during the inspection and no conversations could be heard in the area next to it. Confidential information was stored securely within the consultation room and the room was kept secured when not in use. The pharmacy also had a chaperone policy displayed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally delivers its services in a safe and effective manner and people receive advice and support to help them use their medicines properly. The pharmacy advertises its services and people can easily access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose.

### Inspector's evidence

The pharmacy provides a range of services tailored to the needs of the specific local population, in particular the elderly population. And the pharmacy works closely with local surgeries in identifying and providing multi-compartment compliance aids to vulnerable patients living in the community.

Pharmacy services were clearly advertised. The pharmacy also utilised the texting facility to manage the collection service and notify patients when their repeat medication was ready for collection. This service assisted in managing patient's expectations. The pharmacy had access for wheelchair users and the consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties.

Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided, the pharmacy provided a lot of healthcare signposting advice during the holiday season to tourists. In accordance with the SOPs the dispensed-by and checked-by boxes of the dispensing labels on assembled medicines were completed using initials, as well as the use of a quad stamp on all prescriptions to provide a full audit trail of personnel involved in the dispensing process. Fridge lines and CDs were dispensed into clear plastic bags to assist with counselling and reduce the risk of errors. Patient information leaflets (PILs) were seen to be supplied with medicines.

Dispensing baskets together with highlighting cards and pharmacist information forms (PIFs) were used in the dispensing process to manage the workflow, separate prescriptions, reduce the likelihood of errors and highlight any high-risk individual prescriptions to the pharmacist requiring specific attention eg counselling for warfarin patients and females on valproate preparations. Procedures were in place to highlight high-risk medicines (for example valproate preparations) to ensure that appropriate action was taken including counselling patients where necessary in relation to the Pregnancy Prevention Program.

Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The pharmacy staff demonstrated that the maximum and minimum temperatures of the pharmacy refrigerator was recorded daily and stock was rotated and stored in an orderly manner in the fridge. Medicines were stored generally in alphabetical order and in appropriate conditions, within their original manufacturer's packaging. But this stock could be stored more tidily, to help reduce the risk of errors. Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted and removed prior to expiry.

The pharmacist and staff were aware of the recent requirements for compliance with the Falsified Medicines Directive (FMD) in relation to verification and decommissioning of packs. The pharmacy had recently received rollout of the new Columbus software to facilitate compliance with FMD and had started to scan packs to assist in reducing errors. However, they were still awaiting the training to

ensure full compliance with FMD.

The pharmacy used licensed wholesalers Alliance, AAH and Phoenix. Specials were generally ordered via Alliance Healthcare Specials. Invoices from a sample of these wholesalers were seen. Waste medicines were stored in appropriate containers and disposed of via licensed contractors.

The pharmacy received drug recalls and patient safety alerts and staff were aware of the most up to date safety alerts. Although at the time of the inspection staff were not able to locate any records that were maintained of this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided. And the pharmacy team use these facilities to protect people's private information.

### Inspector's evidence

A range of crown stamped measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets and capsules and these were clean at the time of inspection. Medicine containers were stored securely to prevent contamination by foreign matter.

The pharmacy had up-to-date copies of BNF, BNF children and drug tariff as well as access to the internet, Medicines Complete and the facility to contact Boots superintendent's office information service. The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Staff were observed disposing of confidential waste in the special bins provided.

### 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.