

Registered pharmacy inspection report

Pharmacy Name: Boots, 1 High Street, SHANKLIN, Isle of Wight, PO37 6LA

Pharmacy reference: 1032554

Type of pharmacy: Community

Date of inspection: 21/05/2019

Pharmacy context

This is a community pharmacy, located in the centre of Shanklin village on the Isle of Wight. It serves the local population as well as being a busy tourist destination. The pharmacy offers dispensing services as well supplying medicines in compliance aids (blister packs) 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
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 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 demonstrated that dispensing incidents and near misses were recorded, reviewed / analysed and feedback provided to staff. A recent monthly patient safety review following the analysis of near miss incidents and trends had led to greater care being taken with the selection of “look alike and sound alike drugs”.

The pharmacy used shelf highlighters and separated sound alike and look alike drugs on the shelves, to minimise risks. Up to date and relevant Standard Operating Procedures (SOPs) were in the place to ensure the safe and effective operation of professional services provided from the pharmacy and these were continually reviewed with a number of new SOPs being re- issued 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 (eg 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 CPPQ patient satisfaction survey was displayed on the NHS choices website. Generally, feedback was positive and areas highlighted for consideration included the awareness of the provision to have a confidential conversation. As a consequence, staff take care to make patients aware of the availability of the private consultation room for discussing sensitive issues.

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, special records , private prescription records and emergency supply records examined were generally in order. However, the details of the patient and prescriber were not always recorded for unlicensed or special medicines, 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.

The dispenser explained that staff completed online information governance training and the 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 was 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 had the telephone numbers for safeguarding contacts printed out, so that staff could easily access the necessary information. 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 enough staff for the services it provides and provisions are in place to ensure adequate staffing levels are maintained. Pharmacy staff have the appropriate skills and qualifications for their roles or, are working towards obtaining these. They work effectively together in a supportive environment and are actively encouraged to undertake ongoing learning. The team work with openness and honesty to help support the safe and effective delivery of pharmacy services. They can make suggestions and get involved in making improvements to the systems used and services provided.

Inspector's evidence

The pharmacy dispensed approximately 3,000 NHS items each month. There was a responsible pharmacist, two qualified dispensers and a trainee pharmacy adviser present during the inspection. Staffing levels were planned in advance and a staff rota was in operation. All staff had either completed or were in the process of completing appropriate training courses for their roles. Staff wore name badges / uniforms and were identifiable to patients.

The Pharmacist explained that all staff had formal appraisals, where development needs were individually discussed and documented. 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 SOP's, CPD and reading the Professional Standards newsletter. Staff were provided with some dedicated time for training.

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 had already raised concerns about a leak in the dispensary roof and the company were in the process of resolving this. Staff were aware of the company whistleblowing procedure and the Confidential Hotline.

Regular informal staff meetings / briefings took place, as well as larger across store training meetings for managers, pharmacists and dispensers. The pharmacist said that he had targets set for NMS and MUR's, but did not feel overall 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. The pharmacy protects the privacy, dignity and confidentiality of people with suitable facilities. The team uses these to ensure confidentiality is protected.

Inspector's evidence

The dispensary was adequate for the level of business. The pharmacy was well lit, clean and hygienic, although the paintwork and fittings were dated. The dispensary ceiling had been damaged due to a leak and the company were in the process of locating and repairing this.

The ambient temperature of the pharmacy was maintained at a steady temperature by the in store air conditioning units. Hand washing facilities were available for staff to use and the sinks were clean and each had a supply of hot and cold water.

The bench space at the pharmacy was limited but adequate and the pharmacist had designated separate areas available for preparing and dispensing prescriptions, as well as for items awaiting checking.

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.

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 work closely with local surgeries in identifying, monitoring and providing DDS trays 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 patients 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 CD's were dispensed into clear plastic bags to assist with counselling and reduce the risk of errors.

Patient information leaflets were seen to be supplied with medicines. Dispensing baskets together with highlighting cards and Pharmacist Information Forms (PIF's) 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 also in place to highlight high risk medicines (eg valproate preparations) to ensure that appropriate action was taken including counselling patients where necessary in relation to the Pregnancy Prevention Program. The pharmacy had also carried out an audit of patients on valproate to identify patients at risk.

Pharmaceutical stock requiring refrigeration was stored between two and eight 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 and in an organised manner to help reduce errors. Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted and removed prior to expiry.

The pharmacist was aware of the recent requirements for compliance with FMD in relation to verification and decommissioning of packs, but was still awaiting the installation of the necessary equipment, software and training from Boots head office, to ensure full compliance.

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. However, the pharmacy did not currently have a facility to dispose of hazardous waste (cytostatic / cytotoxic medicines). The pharmacy received drug recalls and patient safety alerts. Documented audit records were maintained of all recalls received and the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided and confidential information is protected.

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 facility to contact Boots Superintendents 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.