

Registered pharmacy inspection report

Pharmacy Name: Boots, 77 Queensway, Petts Wood, ORPINGTON,
Kent, BR5 1DQ

Pharmacy reference: 1032881

Type of pharmacy: Community

Date of inspection: 04/12/2019

Pharmacy context

This is a community pharmacy on a high street in a suburb of Orpington. The pharmacy is close to a railway station and it offers a range of services. These include Medicines Use Reviews, the New Medicine Service, and an anticoagulant testing service. The pharmacy dispenses medication into multi-compartment compliance packs to some people to help them manage their medicines.

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	1.2	Good practice	Team members are good at recording and reviewing any dispensing mistakes and this helps make the pharmacy's services safer.
2. Staff	Good practice	2.2	Good practice	Team members get regular ongoing training and get time set aside in work to complete it. This helps them keep their knowledge and skills up to date.
		2.5	Good practice	Team members are comfortable about raising any concerns and are actively asked for suggestions about how to improve the pharmacy's services.
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 identifies and manages the risks associated with its services. Team members are good at recording and reviewing any dispensing mistakes and this helps make the pharmacy's services safer. They are aware of their own roles and responsibilities, and they protect people's personal information well. The pharmacy largely keeps the records it needs to by law to show that medicines are supplied safely and legally. Team members work to written procedures and get further training when any of these change. They know how to protect vulnerable people.

Inspector's evidence

The pharmacy recorded 'near misses' (when a dispensing mistake was spotted before the medicine was handed out) on an ongoing basis. Team members felt comfortable about recording any near misses and saw it as an opportunity to learn and improve the safety of the dispensing service. Shelves where medicines which looked-alike or sounded-alike (LASAs) had been highlighted, and there were card prompts at each terminal. Team members routinely said the name of the LASA medicines when dispensing, to help reduce the risk of picking the wrong item. Dispensing errors (where a dispensing mistake reached a person) were recorded on the company reporting system and investigated. An error had occurred where the wrong strength of lamotrigine had been dispensed. To help minimise the risk of a recurrence, the strengths had been separated on the shelves and the lower strength of lamotrigine was not kept in stock but ordered as necessary.

Dispensing incidents were reviewed as part of the monthly 'Patient Safety' review. Previous reviews had been done by the manager, but the dispenser had now taken over as the Patient Safety Champion and would be doing the reviews going forward. Team members explained how they discussed the outcome from the reviews in the team. A pattern of near misses had been identified where the wrong quantity had been dispensed. To help address this, team members said that they ensured any split boxes were both marked and one of the box tabs was kept out. This helped them identify when a pack was not full. The team members explained that they had received information about a new system from the pharmacy's head office and would be doing near miss reviews weekly in the future. The dispenser explained that the pharmacy's new computer system had helped reduce the amount of picking errors, as the medicines were now scanned into the computer when dispensing.

The manager completed a weekly clinical governance checklist which included checking areas such as date checking, medicines people had returned, and fridge temperature recording. The results from the checklist were recorded and any points for improvement identified were addressed.

There was a range of standard operating procedures (SOPs) and staff had signed to indicate that they had read and understood them. A new member of staff was in the process of going through and signing them. When new SOPs were released, staff discussed them in the team and completed a quiz on the new procedures. The SOPs contained a roles and responsibilities matrix which highlighted to the team the tasks they were responsible for. The dispenser knew what she could and couldn't do if the pharmacist had not turned up.

The pharmacy undertook an annual patient survey, and the results for the previous survey on the NHS website were largely positive with around 87% of respondents rating the pharmacy as very good or excellent overall. People could also provide feedback through the company website which was sent to store staff. There were details of how to provide feedback in the practice leaflet. Team members were familiar with the complaints procedure and were not aware of any recent complaints.

The pharmacy had indemnity insurance which was arranged by head office. The right responsible pharmacist (RP) notice was displayed but it was not very visible; this was rectified during the inspection. The RP log, private prescription records, and emergency supply records seen were complete. Controlled drug (CD) registers examined had been correctly maintained, and the CD running balances were checked regularly. A random check of one CD showed the recorded balance matched the amount of physical stock. Most records of unlicensed medicines seen had the required information recorded.

Confidential waste was separated and disposed of securely offsite. Computer terminal screens were turned away from people using the pharmacy and access was password protected. Team members had individual smartcards to access the electronic NHS systems. Other people's personal information was not visible to people using the pharmacy. Team members were familiar with the confidentiality and safeguarding SOPs and received annual training on the subjects. The pharmacists confirmed that they had completed the level 2 safeguarding training and could describe what they would do if they had any concerns.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough team members to provide its services safely. They do the right training for their role. They get regular ongoing training and are given time set aside at work to do it. This helps them to keep their knowledge and skills up to date. They are comfortable about raising any concerns and are actively asked for suggestions about how to improve the pharmacy's services. They receive regular feedback and can undertake further development. Staff can take professional decisions.

Inspector's evidence

At the time of the inspection there was one pharmacist, one pharmacist store manager, two full-time trained dispensers, and one part-time trained dispenser. Team members were up-to-date with dispensing and the workload was well managed. They explained how the new computer system put a date of collection on the prescriptions where the person was on the managed repeat system. They said that this helped them better prioritise and manage their workload.

The pharmacists felt able to take professional decisions. Team members received regular training which they completed online, and they were given time set aside to do it. They were also given time to go through new SOPs as they came out. The manager monitored team member's training progress and showed that they were all up-to-date with their ongoing training. The regular training included topics such as information governance and safeguarding.

Team members felt comfortable about raising any concerns. The manager said that he had had a query about one of the new SOPs and felt able to contact the pharmacy's head office for clarification. Staff had access to a central helpline where they could raise any concerns with someone outside of the store. Team members had at least weekly meetings where they were able to raise any concerns and were actively asked for any suggestions. The dispenser gave an example of a discussion the team had about a pattern of dispensing mistakes, and as a result the medicines involved had been separated on the shelves. She said the team regularly discussed if any mistakes had occurred, to try and find a way to prevent the mistakes in the future. Team members received regular feedback as part of the formal performance review process every quarter and were also given feedback at the time if anything came up. The formal reviews included an element of self-reflection and future development, and team members said that the reviews were very much led by themselves. Following on from the development reviews, they were given opportunities to learn new skills and undertake further training.

Team members had some targets which were set by the company, including targets for Medicines Use Reviews and the New Medicine Service. Staff believed the targets were reachable and did not feel under any undue pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure, and suitable for its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was generally clean and tidy, with an adequate amount of clear workspace for dispensing. The back-shop area was less well-maintained, and some areas had flaking paint. But these were not areas to which people had access, or areas where medicines were handled. The fixtures and fittings in the dispensary were in an adequate state of repair. Lighting was good throughout.

Staff had access to handwashing facilities, and the room temperature was suitable for the storage of medicines and was maintained with air conditioning. The consultation room was clean and tidy, and provided a decent level of soundproofing. The room was kept locked when not in use. The premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. Team members highlight prescriptions for higher-risk medicines to prompt them to provide further information to people when they collect them. The pharmacy dispenses medicines into multi-compartment compliance packs safely. And staff take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

The pharmacy had step-free access from the street via automatic doors. One end of the counter was set a bit lower, which helped people with wheelchairs sign their prescriptions or ask questions. The layout of the pharmacy allowed a sufficient amount of space for people with wheelchairs or pushchairs to manoeuvre. A list of the services provided was in the pharmacy's practice leaflet.

Baskets were used to isolate individual people's medicines during the dispensing process, and there was a clear workflow through the pharmacy. The pharmacy had the equipment and software to comply with the Falsified Medicines Directive but this was not yet in use. Team members said that they were awaiting further guidance from the pharmacy's head office before using it. Each prescription seen had a 'Patient Information Form' with it, which detailed any information the team members should be aware of, such as a new medicine or change in dose.

Prescriptions for higher-risk medicines such as warfarin or methotrexate were highlighted with specific cards. The cards remained with the prescriptions all the way through to collection, and the back of the cards had prompts to assist when counselling people on their medicines. Prescriptions for CDs were highlighted to help the team member handing the medicine out to be aware of the limited validity date of these prescriptions. And prescriptions for paediatric medicines were also highlighted so that the pharmacist was reminded to confirm the dose was correct. Team members were aware of the additional guidance around pregnancy prevention for valproate products. The pharmacist said that the pharmacy had two people who took valproate and were in the at-risk group and explained how she had counselled them about the Pregnancy Prevention Programme. Associated literature for valproate was available, but the cards were not; the pharmacist said that she would order more in.

A small number of multi-compartment compliance packs were dispensed, and only one was available to be examined. It had been labelled with a description of the medicines inside, and it had the patient information leaflets with it. Clinically significant events, such as when a dose or medicine changed, were shown to be recorded on the individual person's electronic record. People were assessed for their suitability for the packs by the local Bromley Medicines Optimisation Service. An internal form for the same purpose had recently come out from head office, but the pharmacy had not started using it yet.

Deliveries of medicines to people had an audit trail, and people signed electronically to confirm that the medicines had been safely received. The signatures could be requested by the staff in the pharmacy. An additional signature was obtained on individual sheets for CD deliveries, and these were retained in-store.

The pharmacist gave an example of a patient who received the New Medicine Service who had been

prescribed Symbicort. She said that she had counselled the person on the medicine and demonstrated the correct inhaler technique. She had also made a follow-up call to the person to see how they were getting on with the medicine.

Medicines were obtained from licenced wholesale dealers and specials suppliers and stored in an orderly manner in the dispensary. Medicines were date checked regularly and this was confirmed with records. No date-expired medicines were found on the shelves examined. Bulk liquids had been marked with the date of opening so that staff knew if they were still suitable to use. Medicines for destruction were separated from stock into designated bins and sacks and sent offsite for secure disposal. CDs were kept securely. Medicines that needed cold storage were kept in a suitable fridge, and the temperatures were monitored and recorded daily. Records seen showed that the temperature had remained within the required range.

Drug alerts and recalls were received by the pharmacy and staff explained what action they took as a result. The action taken was recorded for most of the alerts and recalls, but not all. The pharmacist said that they would record the action taken on all of them in the future.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for its services. It uses its equipment to help protect people's personal information.

Inspector's evidence

Staff had access to up-to-date reference sources including the internet. There was an anaphylaxis kit in the consultation room. And a blood pressure meter, but it was not being used currently. Tablet and capsule counting equipment was clean, and a separate marked triangle was used to count methotrexate to avoid cross-contamination.

The meter used for the anticoagulant service was regular calibrated by the pharmacists providing the service, although the records for this were kept at the central hub.

The phone was cordless and could be moved somewhere more private to help protect people's personal information. The fax machine was not visible to people using the pharmacy.

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.