

Registered pharmacy inspection report

Pharmacy Name: Boots, 15 Hornby Road, Caton, LANCASTER,
Lancashire, LA2 9QW

Pharmacy reference: 1033387

Type of pharmacy: Community

Date of inspection: 05/12/2019

Pharmacy context

This is a community pharmacy located in the rural village of Caton, near Lancaster. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a seasonal flu vaccination service. The pharmacy supplies medicines in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

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	Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team complete regular training to help them keep their knowledge up to date.
		2.4	Good practice	Members of the pharmacy team openly discuss learning from errors and any feedback they receive, which helps to create a culture of honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team carry out additional checks when they supply higher-risk medicines to make sure they are being used safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were regularly updated by the head office. Members of the pharmacy team had signed to say they had read and accepted the SOPs. The pharmacy used SOP quizzes to check the team's understanding of the procedures. A daily checklist was completed to check compliance with a number of professional requirements, including fridge temperature records, expiry date checks, weekly controlled drug (CD) balance checks, and display of responsible pharmacist (RP) notice.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the supply of an out of date medicine. Following the error the expiry dates on all of the pharmacy's stock had been rechecked to avoid any similar incidents occurring. Near miss incidents were recorded on a paper log. The pharmacy team explained that the records were used to identify trends and this was discussed in team meetings. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. The pharmacy team gave examples of action it had taken to help prevent mistakes. For example, moving some diabetic medicines into a separate location. The company shared learning between pharmacies using a 'professional standards' bulletin. Amongst other topics they covered common errors and professional matters. The pharmacy team would read and discuss the information when it was received.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently.

The pharmacy had a complaints procedure. This was described in the practice leaflet which advised people they could give feedback to members of the pharmacy team. Any complaints were recorded to be followed up by the pharmacist manager or the head office. The pharmacy routinely handed a "share your thoughts" card to people, inviting them to complete an online survey, with an incentive to be entered into a monthly prize draw. Feedback from the surveys was sent to the pharmacy instantly. A dispenser said the manager would share the feedback to the staff on the next working day and they would discuss any improvements they needed to make.

A current certificate of professional indemnity insurance was seen. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and generally checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team received IG training and each member had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential waste was segregated to be removed by the head office. The pharmacy's privacy notice was on display and described how it handled and stored people's data.

Safeguarding procedures were included in the SOPs. The pharmacy team had safeguarding training and the pharmacist said she had completed level 2 safeguarding training. Contact details of the local safeguarding board were on display in the dispensary. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Good practice

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date. They get regular feedback from their manager to help them improve.

Inspector's evidence

The pharmacy team included a pharmacist manager and four dispensers – one of whom was in training. The pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and three members of staff. On a Wednesday and Thursday there was a pharmacist and two members of staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff from local branches could be requested when required.

The pharmacy provided the team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM and CARE questioning technique, refuse co-codamol sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy team. A dispenser said she felt a good level of support from the pharmacist manager and felt able to ask for further help if she needed it.

Appraisals were conducted twice a year by the pharmacy manager. A dispenser said she felt that the appraisal process was a good chance to receive feedback and she felt able to speak about any of her own concerns. Members of the pharmacy team held a daily 'huddle' to discuss current issues, including any mistakes that had been identified. A communications diary was used to record important information so that it could be shared with staff who were not present. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. The pharmacy was set targets for services such as MURs and NMS. The locum pharmacist said she did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary. Access to the dispensary was restricted by the position of the counter. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a sink, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy provides services safely, and additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was via a power assisted door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery management system. The driver used an electronic device to obtain a signature from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. A quadrant stamp was used and initialled to provide an audit trail showing who was responsible for each stage of the dispensing process, including dispensing, clinical check, accuracy check and handout. Any information which the team thought the pharmacist may need when checking the prescription was printed from the PMR and kept with the prescription until handout. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a collection shelf using a numerical retrieval system. Prescription forms were retained, and laminates were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted and patients were counselled and asked for their latest blood test results. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacy team said the pharmacist would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, which would be recorded on their PMR. The pharmacy team said they were not aware of any current patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist would complete an assessment about their suitability. A record

sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Prescriptions for dressings and ostomy supplies were sent to be dispensed by an external appliance contractor. The pharmacy team said that they did not obtain consent from the patient for the prescription to be dispensed by another contractor. So people may not always be aware that their personal information is being shared. Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Stock was date checked on a 12-week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. Alerts were actioned and the team kept an electronic record about who dealt with the alert and when.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had last been PAT tested in February 2019. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet triangle for cytotoxic medication. Equipment was kept clean by the pharmacy team.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

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.