Registered pharmacy inspection report

Pharmacy Name: Boots, 66 Clifton Street, Lytham, LYTHAM ST

ANNES, Lancashire, FY8 5EW

Pharmacy reference: 1033421

Type of pharmacy: Community

Date of inspection: 16/10/2019

Pharmacy context

This is a community pharmacy located in the town centre of Lytham, on the Fylde coast. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including vaccinations for flu, pneumonia and meningitis B. A number of people receive their medicines in multi-compartment compliance aids.

Overall inspection outcome

✓ Standards met

Required Action: None

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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	2.2	Good practice	Members of the pharmacy team complete regular training modules to help them keep their knowledge up to date.
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 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 then 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. The pharmacy team said they had read all of the SOPs. But training records for some updated SOPs had not been signed by the pharmacy team. 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 the display of the responsible pharmacist (RP) notice.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved the supply of a medicine to the incorrect patient. The pharmacist had investigated the error and discussed the findings with the pharmacy team. Near miss errors were recorded on a paper log and the records were reviewed each month by the pharmacist using a root cause analysis sheet to identify action points, which would then be discussed with staff. But records had not been reviewed since September, which may delay learning opportunities. Action points recorded in previous reviews related to updates in the pharmacy's governance processes rather than action taken in response to near miss incidents. So the pharmacy could not demonstrate what learning it had identified from the process. The pharmacist said she would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. The company shared learning between pharmacies by publishing articles in a 'professional standards bulletin.' The pharmacy team said they discussed the information when it was received. The latest most recent article was about calculating children's doses.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to describe what his 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 pharmacy had a complaints procedure. This was described in the practice leaflet and it advised people they could give feedback to members of the pharmacy team. Complaints were recorded online and sent to the head office to be followed up. A current certificate of professional indemnity insurance was seen.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two spot checks were conducted, one of which was found to be inaccurate. This was found to be due to a record being made in the wrong register and was corrected. Patient returned CDs were recorded in a separate register. Records for private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team received annual IG training and had confidentiality agreements in their contracts. When questioned, the dispenser was able to

correctly describe how confidential waste was segregated to be removed and destroyed. A privacy notice was displayed to explain how the company handled and stored people's information.

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

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide a safe dispensing service. But they do not always keep up to date with less urgent tasks, which means the pharmacy operates less effectively. Members of the pharmacy team complete regular training modules 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, a pharmacy manager – who was dispenser trained, and two dispensers. Three of the non-pharmacy staff were also trained as medicine counter assistants (MCA) and would assist with sales of medicines. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and one or two dispensers. The pharmacy manager would also help cover dispensing during busy periods and breaks. A second pharmacist was present on two days of the week.

The medicines counter was usually covered by the dispensary staff, but some of the non-pharmacy retail staff could provide assistance during busy periods. There was a high footfall into the store which meant staff had to deal with a lot of queries. Staff said it was routine for only one dispenser to work in the dispensary, and so they sometimes fell behind with less urgent tasks such as date checking. There had been a higher than usual demand for the flu vaccination service because there had been a shortage of flu vaccines in other healthcare settings. The pharmacist was due to implement new vaccination services but had delayed this during the initial flu season due to the volume of work.

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.

The MCA gave examples of how she would sell a pharmacy only medicine using the WWHAM 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 judgment and this was respected by the manager and the pharmacy team. A dispenser said he received a good level of support from the pharmacist and felt able to ask for further help if he needed it.

Appraisals were conducted regularly by the pharmacy manager. A dispenser said he thought the process was a good chance to receive feedback about his work. And he felt able to raise any concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the store manager. The pharmacy set targets for some services. The 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. Access was restricted by the position of the counter. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. A sink was available within the dispensary and staff had access to a canteen area and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a 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. And it generally manages and provides them safely. Stock medicines are checked to make sure they are fit for purpose. But the checks are not always completed regularly, which means there is a risk that expired medicines could be overlooked.

Inspector's evidence

Access to the pharmacy was level via a single 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. There was also information available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. 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 then 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 and the baskets were colour coded to help prioritise dispensing. The pharmacy team would pick the stock against the prescription before it was labelled on the computer. During labelling, the staff would scan each individual medicine and the computer would flag up if it was incorrect. This would help to identify if a picking error had been made prior to assembly. A quadrant stamp was used and initialled to provide an audit trail showing who was responsible for each stage of the dispensing process. For example, dispensing, clinical check, accuracy check and handout. Any information which may be needed by the pharmacist for 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. 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 pharmacist said she would speak to any patients who were at risk to make them aware about the pregnancy prevention programme, and this 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. An assessment was completed

for new patients to check whether they were suitable to receive their medicines in compliance packs. 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 sheets were 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.

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 safety checks of medicines. Stock was supposed to be date checked on a 12-week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked. Shelving was cleaned as part of the process and short-dated stock was highlighted using a sticker. The last date check had been completed during week commencing 9th September. A spot check of medicines found a Pulmicort inhaler that had expired in May 2019 and citalopram 20mg tablets that were due to expire this month. There were also number of medicines which were due to expire within the next 6 months that did not have a short-date sticker attached. Liquid medication did not always have the date of opening written on, for example, sulfasalazine liquid which would expire 1 month after it was opened.

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 were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in 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 and MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities Standards met

Summary findings

The pharmacy's team members 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 been PAT tested in April 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. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.		

What do the summary findings for each principle mean?