

Registered pharmacy inspection report

Pharmacy Name: Boots, 4 The Market Place, Hingham, NORWICH,
Norfolk, NR9 4AF

Pharmacy reference: 1035336

Type of pharmacy: Community

Date of inspection: 24/04/2019

Pharmacy context

The pharmacy is in the rural town of Hingham in Norfolk. There are around 300 new houses being built locally as part of a housing development. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. It assembles medication in multi-compartment compliance aids for some people who need help taking their medicines. It delivers medicines on six days a week. The pharmacy offers a range of sexual health services including contraception under the C-Card scheme, chlamydia treatment and emergency hormonal contraception. People can ask to have their blood pressure tested. The pharmacy administers flu vaccinations under a patient group direction during the winter season.

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 has safe and effective working practices. It manages risk well by doing regular reviews and it keeps people's private information safe. It regularly asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that medicines are supplied safely and legally.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed monthly as part of the 'patient safety review' to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The team underlined the names of medicines which sounded and looked alike to reduce the risks of mistakes. The pharmacy team members were routinely encouraged to spot their own mistakes and were equally comfortable approaching the pharmacist in the same way. They described an open culture where the focus was learning rather than blame.

The pharmacy had current professional indemnity insurance in place and this was arranged centrally. People were encouraged to participate in an annual survey to give feedback and the complaints procedure was published in the practice leaflet. The pharmacy team issued 'Tell us how we did? cards'.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were correctly completed. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs in place which covered dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents, services and so on. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. These included: the private prescription register (for private prescriptions and emergency supplies), records for the supplies of unlicensed medicines and the RP record. The CD registers were appropriately maintained. CD balance checks were done each week. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS Smart cards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. Team members had completed training on the General Data Protection Regulation.

The pharmacy had safeguarding procedures in place and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details for the local safeguarding team. The pharmacists had completed level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and get regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

There were two part-time, regular pharmacists and five dispensers (including one full-time and four part-time). They were up to date with dispensing prescriptions and routine tasks. All team members were counter trained to provide a skill mix in the pharmacy.

The pharmacy team undertook regular, ongoing learning to keep their knowledge and skills up to date. This included the use of an e-Learning portal and '30 minute tutors'. Some of these were completed in the pharmacy and others were taken home. Recent learning included oral health and training on the new computer system. The pharmacists were aware of the requirements for revalidation.

The pharmacy had an appraisal system in place, but the manager said that some of the reviews were slightly overdue. The appraisals were for all team members and looked at areas where they were performing well and areas for improvement or opportunities to develop.

Team members said that they were empowered to make suggestions to improve systems and efficiency in the pharmacy. Recent changes included rearranging the eye drops to improve safety. They had locally developed a near miss log which recorded more information than the official document and assisted in identifying trends and patterns. They also changed the process for (electronic) prescriptions and were learning new workflows and ways of working with the new pharmacy computer. Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows in place and a designated checking area. There was a separate rear dispensary for assembling compliance packs.

The pharmacy had an air conditioning unit, but this was not operative as the landlord would not allow it to be vented outside the premises. The pharmacy team said that the pharmacy became very warm in the summer, but they did not know what temperature it reached. They said they would use a thermometer to monitor the temperature and explore alternative options to keep medicines at an appropriate temperature.

There was a clean, bright and well-maintained consultation room with a reasonable level of soundproofing where people could consult pharmacy team members in private. The room was kept locked when not in use. The pharmacy premises were kept secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable suppliers and stores them properly. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. The team members follow safe practice to assemble devices which help people to take their medication. They identify and give advice to people taking high-risk medicines to make sure that they are taken safely.

Inspector's evidence

The pharmacy was accessed via an automatic opening door with a small step from the footpath. There was a portable hearing loop. The pharmacy team assisted wheelchair users with the step at the front door if required and there was a lowered counter. The pharmacy provided large print labels and easy opening lids on request to help people to take their medicines. The pharmacy team had trained as Dementia Friends and one was learning British Sign Language.

The pharmacy obtained stock from a range of licensed wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. The pharmacy had just introduced a new stock management system with a barcode scanner, but this did not appear to scan barcodes for the Falsified Medicines Directive.

The pharmacy reviewed people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. Results were recorded on the PMR where appropriate. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all their people who took valproate containing medication.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. It stored the CDs securely.

The pharmacy team dispensed medication into multi-compartment compliance aids. These were mainly disposable, tamper evident compliance aids which had descriptions of the medication. There were a few re-fillable packs and these were managed appropriately. The packs were routinely supplied with patient information leaflets (PILs). Team members described the process they followed to ensure that any mid-cycle changes to the compliance aids were rechecked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the compliance aids and allow effective team communication. People using the compliance aids were assessed by the Norfolk Medicines Support Service.

The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a delivery log with an audit trail to show the medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needlestick injury avoidance

Patient returns were clearly segregated into designated bins and disposed of appropriately. Drug alerts were received electronically and printed out in the pharmacy. The sheets were endorsed with any actions taken and maintained in a file in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services and makes sure that it is looked after properly. It uses this equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid CDs).

The pharmacy had a range of infection control and anaphylaxis equipment. There was a blood pressure monitor which was replaced annually. Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested.

There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using blue bags which were removed from site for secure destruction.

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.