

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Lakeside Surgery, Cottingham Road, CORBY,  
Northamptonshire, NN17 2UR

**Pharmacy reference:** 1035403

**Type of pharmacy:** Community

**Date of inspection:** 25/04/2019

## Pharmacy context

The pharmacy is located within a large healthcare centre in Corby. It dispenses a high volume of NHS prescriptions. And offers Medicines Use Review (MUR) and New Medicine Service (NMS) consultations.

## 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy completes regular reviews and its team members use these to make improvements to its services.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's team members manage risks well. They make records of their mistakes and use these to improve the pharmacy's services. They appropriately respond to people's feedback about the pharmacy. The pharmacy keeps the legal records it needs to and makes sure that they are accurate. Its team members protect people's information well. They can appropriately manage their concerns about vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and were found to be reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read.

The team members wore names badges that stated their job role in the pharmacy. The name and registration number of the responsible pharmacist was displayed so that it could be seen from the retail area.

One of the pharmacy's team members was the 'Patient Safety Champion' for the pharmacy. The role involved discussing and promoting methods of reducing risk. Team members said that they had recently been reminded to check the addresses and dates of birth for people bringing in prescriptions. This was to make sure medicines were supplied to the correct person. Several team members were overheard checking these details with people during the inspection.

The pharmacy recorded near misses on templates. Records included the medicines involved and sometimes included contributing factors. The pharmacy team completed monthly reviews to keep track of trends. The team investigated the reasons for these trends and identified 'look alike' and 'sound alike' (LASA) medicines to ensure these were suitably highlighted. Team members said that they double-checked quantities of medicines to make sure they were correct. The team discussed improvements to make during monthly discussions. Monthly reviews were recorded which allowed all team members to refer to the action plan.

The company provided cards to the pharmacy which were used to signpost people to online surveys. This was used to capture feedback about the pharmacy. Annual surveys were also completed. The results of the most recent survey were available in the pharmacy and the NHS website. The feedback was generally positive. Some respondents stated that it was sometimes difficult to find a private area to speak to the team. A team member said that they had started to offer the use of the consultation room more frequently to people. The pharmacy had a large footfall of people which meant that the retail area was not always suitable to have sensitive conversations. A complaints procedure was in place. The team said that they would escalate complaints to the responsible pharmacist or pharmacy manager.

The pharmacy's head office organised indemnity insurance arrangements for the pharmacy. Controlled drugs records were appropriately maintained. Running balances were recorded and checked weekly. Balance checks were also completed when entries were made in registers. Other records of patient-returned controlled drugs, responsible pharmacist logs, private prescriptions and unlicensed specials

were found to be kept and maintained adequately.

All pharmacy team members had completed information governance training. The pharmacy's team members had their own NHS Smartcards and used these to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS Code of Confidentiality was found in the pharmacy's practice leaflet. Confidential waste was segregated by team members. They said that the waste was collected and then destroyed.

Staff had completed training on protecting vulnerable adults and children. A dispenser described a previous concern they had escalated about a vulnerable child. Other team members said that they would escalate concerns to the responsible pharmacist. Contact details for local safeguarding organisations were available in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough, well-trained staff to safely provide its services. Its team members complete suitable qualifications and try to keep up to date with ongoing training. The pharmacy shares feedback with its team members so they can develop in their roles and make improvements to the pharmacy's services.

### Inspector's evidence

At the time of the inspection there were: two pharmacists, one accuracy checking technician, two pharmacy technicians and two pharmacy advisors present. The pharmacy advisors had completed an appropriate qualification to allow them to work in the dispensary and pharmacy counter. The staffing level at the time of the inspection appeared adequate to comfortably manage the workload.

Team members said that the staff rotas were generally the same each week. They said that overtime and other part-time staff were used to cover holidays and other absences. Team members said that discussions and huddles were used to share messages. They said that key messages were repeated to staff who were not present at the meeting.

Team members said that the pharmacy manager and the head office maintained records of completed qualifications. This was to make sure that appropriate training had been completed by the pharmacy team. Records of completed qualifications were only accessible to the pharmacy manager. The pharmacy manager was absent during the inspection, so it was not possible to see these records.

The team completed ongoing training on the company's e-Learning platform. Completed topics focussed on health and safety and safeguarding. The completion of this training was monitored to make sure that it had been completed by all team members.

The company provided clinical training booklets to the team. Team members said that these were provided every month. Recent topics focussed on eczema and baby milk. Team members said that they were not always allocated time to complete this training during working hours. This meant that these booklets were not always completed or were sometimes completed at home.

The team described verbal feedback that was provided about past performance. Team members said that the manager relayed feedback that had been provided from people who visited the pharmacy. They said that the manager was receptive to improvements and suggestions. These had been used to process waiting prescriptions more efficiently. There were several targets in place for the pharmacy team. Team members said that they felt that the targets were achievable. They said that they did not feel any undue pressure to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises which are fit for purpose.

### Inspector's evidence

The pharmacy was clean and tidy throughout. The layout of the premises protected people's confidential information from the view of others. Workbenches were segregated for the use of specific tasks to make sure the pharmacy's workflow was efficient.

A consultation room was available on the premises, which was suitable for private consultations and counselling. The pharmacy had suitable security arrangements in place. There was adequate heating and lighting throughout the premises. Running hot and cold water was also available.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy safely manages its services. It sources and manages its medicines well so that people can use them safely. Its team members make sure that people receive appropriate advice about their medicines and are encouraged to use them safely.

### Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for wheelchairs. The pharmacy had practice leaflets which advertised its services. Most prescriptions were received from the adjacent GP surgery. The pharmacy team said that most people ordered their prescriptions directly with the surgery.

A sample of invoices indicated that medicines and medical devices were obtained from licensed wholesalers. Stock requiring refrigeration was stored at appropriate temperatures. Records were maintained to ensure temperatures were within the required ranges.

Controlled drugs were stored and managed appropriately during the inspection. Expired controlled drugs were segregated to prevent mixing up with stocked medicines. Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags. This provided the opportunity for additional accuracy checks when they were collected.

The pharmacy had a regular process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. This process would take place quarterly; records were maintained of this process which displayed the date of checking. Recent checks had taken place in March and April 2019. A sample of medicines were chosen at random and were found to be within date. Most opened bottles of liquid medicines had been labelled with the date of opening. There was one opened bottle of Oramorph found which did not include the date of opening. This means that the team may not have been sure that this medicine remained fit for purpose. The team destroyed this medicine when this was highlighted.

Expired stock and patient-returned medicines were disposed of in pharmaceutical waste bins for destruction. These bins were stored securely and away from other medication. Team members said that they were all able to process and sort returned medicines for destruction. They were unsure how they would identify cytotoxic medicines and separate them. They also were not sure if separate bins for cytotoxic medicines were required in their local area. This may have reduced the efficiency and effectiveness of the destruction of returned medicines.

The dispensers were observed using tubs, trays and baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. Team members said that they printed warnings that were highlighted by the dispensing software to alert the pharmacist.

Prescriptions were stamped and marked to record which team member performed clinical and accuracy checks. When dispensed, prescriptions would be accompanied with clinical information notes to inform

the pharmacist; this would include information such as dose changes, interactions or new items.

Stickers were used to highlight controlled drugs to make sure they were supplied within 28 days of the prescription date. This included schedule 3 and 4 controlled drugs. The team used laminated notes to highlight fridge items, methotrexate and warfarin. Team members said that they asked people about their blood tests when they were supplied with warfarin. They said that they didn't make records of what had been discussed because the surgery wouldn't provide the prescription without up-to-date blood tests. This may have restricted the ability of the team to monitor these higher-risk medicines.

A pharmacist said that they would also provide counselling to people who received long-term anti-inflammatory painkillers. The pharmacy had completed an audit to make sure people took proton-pump inhibitors to help prevent side effects.

The pharmacy had also completed an audit to make sure sodium valproate was provided with the correct information about pregnancy prevention to the at-risk group of people. Its team members had made notes on people's medication records to state that this information had been provided. Relevant booklets and treatment cards were available in the pharmacy to provide to these people.

The pharmacy had not yet made adjustments to meet the requirements of the Falsified Medicines Directive. The pharmacy did not have scanning equipment in place. This may have reduced its ability to verify the authenticity of its medicines. The team said that the pharmacy company was currently trialling the use of scanners in some of its stores.

People's medicine deliveries were logged daily. The team said that recipients recorded their signatures on the drivers' handheld devices. This created an audit trail for completed deliveries. Records were available for deliveries of controlled drugs. The pharmacy's team members located a folder of drug recalls which had been received. This included a recent recall for Losartan tablets in March 2019 which had been appropriately actioned.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has suitable equipment to offer its services safely. Its team members make sure its equipment and facilities are well maintained.

### Inspector's evidence

The pharmacy's equipment appeared safe and fit for purpose. Its team members had access to a telephone number to escalate maintenance issues. Equipment was regularly PAT tested. Stickers were affixed to various electronic equipment and displayed the next date of testing. The sinks provided hot and cold running water. Crown-marked measuring cylinders were available. Triangles were also available for counting tablets. Separate triangles were used for cytotoxic medications.

Computers and labelling printers were used in the pharmacy. Information produced by this equipment was not visible to people in the retail area. Computers were password protected to prevent unauthorised access to confidential information. Other patient-identifiable information was kept securely away from the visibility of the public. Up-to-date reference sources were available in the pharmacy for its team to access on paper and online formats.

### 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.