General
Pharmaceutical
Council

Registered pharmacy inspection report

Pharmacy Name: Boots, Larwood Health Centre, 56 Larwood Avenue, Kilton, WORKSOP, Nottinghamshire, S81 0HH

Pharmacy reference: 1035799

Type of pharmacy: Community

Date of inspection: 17/09/2024

Pharmacy context

This busy community pharmacy is located in a health centre in a residential area. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides a seasonal flu vaccination service and some other NHS funded services including the Pharmacy First Service.

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	1.2	Good practice	The pharmacy team records and analyses adverse dispensing incidents. It identifies learning points and shares them within the team, and with other pharmacies to help manage future risks.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members have the appropriate skills, qualifications and competence for their roles. And the pharmacy supports their ongoing learning and development needs.
		2.4	Good practice	The pharmacy team works well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
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 effectively manages risks to make sure its services are safe, and it acts to improve patient safety. Pharmacy team members accurately complete all the records that they need to by law. They record their mistakes so that they can learn from them, and they act to help stop the same sort of mistakes from happening again. Pharmacy team members work to professional standards, and they are clear about their roles and responsibilities. The team members keep people's private information safe, and they understand how they can help to protect children and vulnerable adults.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided. Members of the pharmacy team confirmed electronically via the e-Learning system that they had read and accepted them. They completed an assessment to test their understanding of each SOP. The team were sent updates when a new SOP was available, or when one had been reviewed. These had to be read within a set timeframe. The pharmacy manager and the pharmacist superintendent's (SI) office could see which team members had outstanding SOPs to read, so these could be followed up. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms and badges which identified their roles. The name of the responsible pharmacist (RP) was displayed on a notice, but it could not be clearly seen from the retail area. The notice was moved to a more prominent position when this was pointed out.

The pharmacy team reported near misses and dispensing incidents on the Boots electronic reporting system which could be viewed by the SI office. The pharmacy manager reviewed these on a regular basis as part of the monthly patient safety review and discussed them with the team at patient safety huddles. Learning points were identified and the team were usually set three areas to focus on for the following month. These were displayed on the team's notice board. Current areas that the team were working on was to keep the dispensary shelves neat and tidy, to reduce the number of quantity errors, and to be extra vigilant when dispensing pregabalin and gabapentin. Look-alike and sound-alike drugs 'LASAs' were highlighted. The pharmacy's Patient Medication Record (PMR) system had an added patient safety feature using bar code technology which checked that the medicine selected was the one that was prescribed. The team annotated the prescription when a medicine's bar code had not been recognised by the PMR system, so a thorough manual accuracy check would be made. A 'Professional Standards Bulletin' was received from head office each month which team members read and signed. It included case studies on incidents that had happened in other pharmacies with points for reflection. A recent bulletin had an article to help team members respond to over- the- counter requests for cyclizine, and there was a link to a patient safety spotlight on cyclizine in the GPhC's online magazine 'Regulate'. The bulletin also included a patient safety letter, encouraging teams to review their accuracy checking process and workflow. A pharmacist's log was completed daily and weekly. The fridge temperature, RP notice, controlled drug (CD) key security and CD records were checked as part of this.

'About this pharmacy' leaflets were available which gave details of the complaints procedure and encouraged the public to give suggestions or feedback on the pharmacy services. Professional indemnity insurance arrangements were in place. Private prescription records, the RP record, and the CD registers were appropriately maintained. Records of CD running balances were kept and these were

regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Members of the pharmacy team had annual training on information governance (IG) and confidentiality. Confidential waste was placed in designated bags which were collected and taken for safe disposal. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. An explanation about information sharing and the NHS Code of Confidentiality was given in 'About this pharmacy' leaflets.

The pharmacy manager had completed level three training on safeguarding. Other staff had completed training at a level appropriate to their role. The delivery driver knew to voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a safeguarding notice on display in the dispensary with the names of the safeguarding leads within the company, who could be contacted for advice. The pharmacy had a chaperone policy, and this was highlighted to people. The pharmacy was registered as a 'Safe Space' for victims of domestic abuse, and there was a notice on the consultation room door highlighting this.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members are well trained, and they work effectively together in a busy environment. The pharmacy encourages team members to keep their skills up to date and supports their development. Team members have opportunities to discuss issues together. They are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

The pharmacy manager was working as the RP. An accuracy checking technician (ACT), three NVQ2 qualified dispensers (or equivalent) and a delivery driver were on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other and people who visited the pharmacy. Absences were covered by re-arranging the staff hours and there were currently two members of staff from a neighbouring branch supporting the pharmacy.

Members of the pharmacy team carrying out the services had completed appropriate training. They used the e-Learning system to ensure their training was up to date and had completed recent training on the NHS's Pharmacy First service. Team members had allocated training time and were paid for any additional hours if they completed their training at home. Team members could access a variety of 'Tutor on demand' modules. For example, on coughs and cold, upper gastro-intestinal conditions and baby health. The pharmacy manager confirmed that she had received appropriate training for the flu and pneumonia vaccination service which the pharmacy provided. There were SOPs for these services, and she had completed face-to-face training as well as a yearly online training on injection technique, anaphylaxis, and basic life support.

The pharmacy team were given annual appraisals where performance and development were discussed and received feedback informally from the pharmacy manager. Regular team huddles were held where a variety of issues were discussed, and concerns could be raised. A dispenser felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager or area manager about any concerns she might have.

Team members confirmed that pharmacists used their professional judgement. For example, refusing to sell a pharmacy medicine containing codeine, when they felt it was inappropriate. The pharmacy manager said targets were set for various services, but she felt they were reasonable, and she didn't feel under excessive pressure to achieve them. She said she was well supported in her role by the area manager, professional support manager and operations manager.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a consultation room so people can receive services and have confidential conversations with members of the pharmacy team in private.

Inspector's evidence

The pharmacy premises, including the shop front and facia, were clean and well maintained. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue. Staff facilities were limited to a small kitchen area, and a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as the NHS’s Pharmacy First service, vaccinations and when customers needed a private area to talk.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are well managed and easy for people to access. The pharmacy sources, stores, and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. There was a power assisted door at the entrance. A list of the services provided by the pharmacy was shown in the 'About this Pharmacy' leaflets, and some services were advertised in the pharmacy. There was a range of healthcare leaflets and support available to people. For example, information on cancer and the NHS's Pharmacy First service. There were posters advertising local support services. For example, cocaine anonymous (CA) and the Oasis community centre.

There was a home delivery service with associated audit trail. The delivery driver described the delivery process which was in line with the SOP. Each delivery was recorded electronically, and the details of who had accepted the delivery was reported. A signature was obtained for CDs. The delivery driver explained that he would telephone the patient if they were not in when he arrived to make the delivery, in case they were close by. If it wasn't possible to make the delivery the medicines were returned to the pharmacy.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were neat, and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. A quad stamp was completed on the prescription showing who had dispensed, clinically checked, accuracy checked and handed out the prescription. Tubs were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. People were sent a text when their prescriptions were ready for collection, to reduce waiting times.

The PMR system generated prompts which came up when prescriptions were scanned at handout for high-risk medicines. For example, questions about Pregnancy Prevention Programme (PPP) and specialist reviews when handing out prescriptions for medicines containing valproate. The pharmacist could add additional prompts manually if there was a particular counselling point they wanted to provide. The team member had to respond to the prompt before they could complete the handout, and this provided an audit trail. Laminated care cards were used to highlight patients who were children, and when it was necessary to 'refer to pharmacist'. Electronic Pharmacist information (PIF) forms were automatically updated by the PMR system to alert the pharmacist to changes in dosage or formulation. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed.

The pharmacy received some prescriptions from their online prescribing service. The pharmacy manager explained that she would contact the prescriber if she had any concerns about a person collecting a medicine for weight loss. For example, if they did not appear to be overweight. It wasn't a requirement for the person to collect the medicine themselves, and the pharmacy weren't required to

verify people’s weight.

A dispenser explained what questions she asked when making a medicine sale and she knew when to refer the person to a pharmacist. She used the mnemonics ‘WWHAM’ and ‘CARE’ to remind herself of the questions to ask, and the information to provide, when recommending a medicine or when people asked for specific medicines by name. The dispenser was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be misusing medicines, such as a codeine containing product.

CDs were stored in two CD cabinets which were securely fixed to the wall/floor. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy (P) medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from ‘Specials.’

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received via email messages from the NHS area team and also from head office. These were read and acted on by the pharmacist or member of the pharmacy team and then filed. This meant the team was able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team could access the internet for the most up-to-date reference sources. For example, the electronic medicines compendium (eMC), Stockleys and Martindale. The pharmacy manager said she used an App on her mobile phone to access the electronic British National Formulary (BNF).

There were two clean medical fridges for storing medicines. The minimum and maximum temperatures were recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren’t visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.