General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 60-68 Marygate, BERWICK-UPON-TWEED, Northumberland, TD15 1BN

Pharmacy reference: 1035828

Type of pharmacy: Community

Date of inspection: 30/05/2019

Pharmacy context

The pharmacy is in a busy Boots Health and Beauty store in the main street in Berwick-Upon-Tweed, Northumberland. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs. This helps people remember to take their medicines. And it provides NHS services such as flu vaccinations, EHC and a minor ailments scheme.

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 generally identifies and manages the risks associated with its services. The pharmacy's team members record and review the mistakes they make. But the records do not have enough detail. This could mean that they are not able to spot any patterns in mistakes to stop the same things happening again. The pharmacy asks people for their views. And it deals with complaints and uses feedback to improve the services it provides. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information and it explains how they will use it. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had three forward facing dispensing stations. And there was a small rear dispensary where larger prescriptions were dispensed. The workflow in place provided separate areas for the labelling, dispensing and checking of prescriptions.

Standard Operating Procedures (SOPs) were in place and were up-to-date. Some of the core dispensing SOPs had been updated and were being read by the pharmacy team members. The RP confirmed that they had until 28 June 2019 to read and sign them. Members of the team had read SOPs relevant to their roles. There was a task matrix in the Responsible Pharmacist (RP) file.

The manager explained the near miss recording system. The pharmacist when performing the final check of a prescription, and spotting an error asked the person involved to identify and correct the mistake. There was a separate near miss log for multi-compartment compliance packs. The responsible pharmacist (RP) talked the inspector through the process. There was a Patient Safety Champion. And she reviewed and collated the dispensing incidents and completed the Monthly Patients Safety Report. Aprils near miss logs and the monthly patient safety review was looked at in detail. More than 50% of the records were missing information such as what had caused the error sections were left blank. So was the key findings section. The safety review had highlighted that an area of risk, was the untidiness of the collection service stock shelves. The action taken noted in April's review was to ensure the stock shelves were kept tidy. On the day stock, including liquids, were mixed together randomly.

Dispensing incidents were recorded electronically on the Pharmacy Incident and Error Reporting System (PIERS). The RP explained that there had been a hand out error. And changes had been made as a result of it. All members of the pharmacy team were being observed when handing out completed prescriptions. The RP was recording the information that each member of staff was obtaining before handing over prescriptions to people. And checks were made that the procedure was being followed.

Valid Public liability and professional indemnity insurances were in place. A complaints policy ensured that staff handled complaints in a consistent manner. The policy helped the pharmacy team resolve issues. There was a leaflet which informed people about the complaints process and provided contact details. The pharmacy team members could not recall any recent complaints.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. These were in the duty folder. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs once a week.

The pharmacy recorded controlled drugs that people returned for destruction. And the records were up to date. A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication.

The pharmacy team completed data protection training on a regular basis. All had completed training in March 2019. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team used a password to restrict access to patient medication records. Confidential waste was segregated for shredding off site. There was a tape to prevent people from getting to close to the side of the counter. So that people's information could not be seen on the monitors. This was not always used.

All registrants had completed CPPE level 2 safe guarding training. The RP advised that there was a procedure in place to protect children and vulnerable adults. And all members of the pharmacy team were aware of it. The pharmacy team completed training on a regular basis. And key contact details were available should a referral be necessary.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The pharmacy team members work within their skills and qualifications. The pharmacy team members reflect on their performance. And discuss their learning needs at regular review meetings. This ensures they keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training.

Inspector's evidence

The non-pharmacist manager ran the store. One of the regular store pharmacists was working in the pharmacy at the time of the inspection. And there were also three pharmacy assistants and one Accuracy Checking Technician. There was a daily planning sheet. And this showed what tasks needed to complete and who was allocated the task. The RP said that they generally managed when staff were on holiday. There was also the option of booking the area relief pharmacy advisor.

The pharmacy team had completed appropriate qualifications to work in the dispensary and on the medicines counter. The pharmacy had an e-learning platform to provide ongoing training. All members of the pharmacy team had their own log in. The pharmacy team were up-to-date with their training. Health and safety training, information governance training and safeguarding were mandatory. The pharmacy team were given time to complete their mandatory training. There were 30-minute tutorials. The completion of these was optional. And training on these was not monitored. There were also one-minute tutors. And the pharmacy team members thought these were useful for learning about new products, for example vitamins.

The pharmacy used performance reviews to develop staff. The pharmacy team members received these once a year. Team members worked together. And would refer to each other with queries. The team members said that the RP was very approachable. And felt able to make suggestions to improve the level of service offered to people. Team members had a regular Monday morning briefing. And the progress with the score card was discussed.

The pharmacy had targets in place for several services. The RP thought that targets were helpful. The pharmacy team identified eligible people who would benefit from services such as Medicines Use Reviews.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are suitable to provide its services safely. The pharmacy’s team appropriately manages the available space.

Inspector's evidence

The pharmacy was tidy and well organised. The team made the best use of the space available. The working areas were free of clutter. And this helped to maintain an efficient workflow.

The pharmacist used the consultation room to give advice or discuss sensitive information. The consultation room was suitable for private consultations and counselling. There was a computer, chairs and a desk. The door was locked at the time of the inspection. No patient identifiable information was accessible.

The pharmacy’s premises were appropriately safeguarded from unauthorised access. There was adequate heating and lighting throughout the premises. And running hot and cold water was available. Maintenance issues were reported to head office.

Principle 4 - Services ✔ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy may not always record advice given to people who get higher-risk medicines. So, it may not be able to refer to this information in the future if it needed to. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. It adequately sources and manages its medicines, so they are safe for people to use.

Inspector's evidence

There was direct access into the pharmacy from the street. It was possible for wheelchairs to access the pharmacy. There was an assistance notice in the window. The pharmacy provided a range of services. Practice leaflets were openly available and listed the pharmacy's services.

A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers.

Stock requiring refrigeration was stored at appropriate temperatures. Paper records were maintained to ensure temperatures were within the appropriate ranges. There was a procedure to follow if the temperatures went out of the accepted range.

Controlled drugs cabinets were available for the safe custody of controlled drugs. The cabinets were appropriately secured. The contact details for the accountable officer were in the files. Expired controlled drugs were segregated to prevent mixing up with stock for patient use.

Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags which provided the opportunity for additional accuracy checks when being collected by the patient.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. The pharmacy's procedures indicated that sections were completed regularly. Medicines were checked at random and were found to be in date. Short dated items were stickered and removed from the shelves before expiry to ensure that they were not supplied to people. For example, tegretol was marked as out of date in August 2019.

Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again. For example, sytron was dated as opened on 16 May 2019. This meant that checks could be made to ensure that it was suitable to supply to patients.

The pharmacy team members were observed using tubs to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels were initialled by the pharmacist and dispenser which allowed an audit trail to be produced.

The shelving system enabled enough storage and retrieval of dispensed medication for collection. Some of the stock on the shelves were untidy. This may increase the risk of a picking error.

Laminated counselling cards were used to highlight some dispensed medicines. The pharmacist said that prescriptions for higher-risk medicines were highlighted so that appropriate counselling could be provided. This was used to prompt the team member handing it out to counsel the patient. The RP showed a medication record which had no record of any conversation or records of the INR. The RP thought that conversations with the patient would have taken place. But records of such conversations were not always maintained.

The RP described updated guidance that was provided to women of child-bearing age who received sodium valproate. The pharmacy had completed an audit. And there were two eligible patients. The RP said that these were counselled, and the information leaflet and the warning card was supplied. The information was stored on the shelf near to the sodium valproate.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The pharmacist said that the pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The pharmacy did not have scanners to verify barcodes. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

The head office had a system of sending information electronically to the pharmacy when drug alerts or recalls of medicines or medical devices were necessary. The pharmacy had a folder of collated alerts which had been signed and dated to confirm they had been completed. The file was a little untidy and the recalls were not in chronological order.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment and facilities are suitable for its advertised services. Up-to-date resources on the clinical use of medicines is available to the pharmacy team. So, they are able to check if medicines are appropriate for patients if they need to.

Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and PharmOutcomes.

A range of CE quality marked measures were in use which were cleaned after use. There a full range of measures for measuring methadone.

The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid and spills kit.

The CDs were stored in CD cabinets which were securely bolted in place. The fridges used to store medicines were from a recognised supplier (BHERR) and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards.

Medication awaiting collection was stored out of view and no confidential details could be observed by customers. prescriptions were filed in boxes out of view of patients keeping details private.

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.