General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 4-5 High Street, THAME, Oxfordshire, OX9 2BU

Pharmacy reference: 1035986

Type of pharmacy: Community

Date of inspection: 18/05/2023

Pharmacy context

This is a community pharmacy located on the main High Street in the centre of Thame, in Oxfordshire. The pharmacy dispenses NHS and private prescriptions. It offers the New Medicine Service (NMS), seasonal flu vaccinations and local deliveries. The pharmacy also provides some people's medicines inside multi-compartment compliance packs if they find it difficult to manage their medicines.

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	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 is operating in a safe and effective manner. It has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy generally maintains its records as it should.

Inspector's evidence

The pharmacy had a range of current electronic standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. They had been read by the staff and completion of this was monitored by the pharmacy manager. Team members were clear on their roles and responsibility, and members of the pharmacy team knew what their tasks involved. The team knew which activities could take place in the absence of the responsible pharmacist (RP). The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had processes in place to identify and manage risks associated with its services. The team described ensuring they completed the company's 'model day' activities. They followed set procedures when dispensing. During the accuracy-checking process, electronic patient information forms (PIFs) were completed by the RP and attached to prescriptions. This ensured that a clinical check of the prescription occurred and identified relevant points, which in turn, assisted staff to counsel or advise people on how to take their medicine(s). There were also a few separate and designated areas for different processes to take place. This included the assembly of multi-compartment compliance packs, and a section for the pharmacist to undertake the final accuracy-check of assembled prescriptions.

Staff routinely recorded their near miss mistakes electronically. The details were collated and reviewed formally every month by the trainee pharmacist which helped identify any trends or patterns. The team then put in place corrective measures to help minimise the risk of them recurring. The RP explained that the pharmacy's dispensing system had helped reduce the number of errors occurring as packs of medicines were scanned into the system. This highlighted mistakes which were made when a team member selected an incorrect medicine(s). Staff explained that they also tidied the stock and separated medicines where needed. Look-alike and sound-alike (LASAs) medicines were identified. The pharmacy had a complaints as well as an incident management policy. The RP's process to handle incidents was suitable.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people through the company's training modules. This included 'Ask for ANI' for the latter. They recognised people who could need assistance and signs of concern. They also knew who to refer to in the event of a concern. Contact details for relevant agencies were seen. The pharmacist had also been trained to level two on this. The pharmacy displayed details on how it protected people's private information and the team ensured confidential information was protected. Confidential information was stored and disposed of appropriately. No sensitive details could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record, records about supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had been appropriately completed. However, on occasion, incorrect details about prescribers had been documented within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage the workload safely. Members of the pharmacy team are suitably qualified for their roles or appropriately supervised. The company provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date. And the manager proactively identifies and encourages the team. This helps boost staff morale, the team's rapport and increases motivation.

Inspector's evidence

During the inspection, the pharmacy team consisted of the store and pharmacist manager, a trainee pharmacist, a trainee dispensing assistant and a new member of staff. The pharmacy was largely locum-run with the store manager providing regular cover. The pharmacy had enough staff to support the workload, although contingency arrangements were observed to be strained. A trained dispensing assistant was required to work on the front cash register on the day of the inspection. The team was up to date with the workload. Staff wore name badges and uniforms.

The trainee pharmacist confirmed that he was given regular study time, he felt supported by his tutor, and he had a training plan in place. The new member of staff had been employed for the past two weeks. He knew when to refer to the pharmacist appropriately, asked relevant questions before selling medicines and checked details with the RP or trainee pharmacist on the use of over-the-counter medicines. He was aware of medicines which could be abused or had legal restrictions and sales of these medicines were monitored.

Staff in training felt supported and completed their course material at work. Team members were also provided with resources for ongoing training. This was through the company's e-learning platform, and they read the SOPs as well as Professional Standards newsletters. This helped ensure team members continually learnt and kept their knowledge up to date. The team communicated verbally, via a WhatsApp group and relevant information was shared on noticeboards. Staff feedback was obtained via surveys. Staff performance was managed by the store manager. The latter explained that she had built a good rapport with her team, this was through effective communication, mutual trust, and recognition, part of which involved setting up in-house systems to help motivate the pharmacy and store team. One of the ways that the store manager achieved this was by creating a bespoke noticeboard with staff details and pictures. Every month, a member of the team had the opportunity to win 'employee of the month' and this individual was then awarded a prize by the store manager. This helped boost staff morale.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver services from. The pharmacy is appropriately presented and secure. And people can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy consisted of a medium sized retail area and a much smaller, open plan, dispensary. The latter was used to dispense and check walk-in prescriptions. There was limited space for dispensing activity to take place or for large quantities of stock to be stored here. However, there was a separate dispensary located in staff-only areas. This was used to assemble compliance packs and stored bulkier items as well as excess stock. There was key coded access into this area.

The pharmacy was clean, suitably lit, appropriately presented and ventilated. Some of the fixtures and fittings were dated but still functional. Pharmacy (P) medicines were stored behind the front pharmacy counter. Staff were always within the vicinity to help prevent these medicines from being self-selected. A signposted consultation room was available for private conversations or services. This was located inside a corridor that led to the second dispensary and storeroom, access into this area was restricted. The room was of an appropriate size for its intended purpose.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely and effectively. The pharmacy sources its medicines from reputable suppliers. It stores and generally manages its medicines appropriately. And members of the pharmacy team regularly identify people who require ongoing monitoring so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

The pharmacy had two front entrances, one of which was through an automatic door at street level. There was clear, open space and wide aisles inside the premises which enabled people using wheelchairs to easily access the pharmacy's services. Two seats were available for people waiting for prescriptions. There was a selection of leaflets available about the services provided from the pharmacy. The pharmacy had a hearing aid loop but not everyone knew how to use this. Team members explained that they physically assisted people when required. Their name badges included flags of countries which indicated other languages spoken. This included Lithuanian, Russian, Afrikaans, Telegu and Pashtu. The team also used google translate to assist people whose first language was not English.

The RP explained that the hypertension service was popular, this had helped identify people with undiagnosed high blood pressure and a high number of referrals to people's GPs had resulted. The pharmacy offered a local delivery service and the team kept records about this service. Failed deliveries were brought back to the pharmacy and no medicines were left unattended. The pharmacy supplied medicines inside multi-compartment compliance packs to some people who lived in their own homes, after this was considered necessary and an assessment had taken place. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. The compliance packs were sealed as soon as they had been prepared. Patient information leaflets (PILs) were routinely supplied but descriptions of the medicines inside the packs were sometimes seen to be missing.

The workflow involved prescriptions being prepared by staff in one area before the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members also signed the quadrant stamp printed on the prescriptions to identify who was responsible for dispensing, accuracy checking, clinical checking and handing the prescription out. Staff routinely used these as an audit trail.

Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored in a separate section. When people arrived to collect them, their location was accessed using the pharmacy's system. Dispensed CDs and temperature-sensitive medicines were stored within clear bags. This helped to easily identify the contents upon hand-out.

Staff used laminated cards to identify certain medicines or specific situations. This included fridge lines, CDs, if pharmacist intervention was required, for paediatric prescriptions and for prescriptions with higher-risk medicines such as methotrexate, warfarin, and lithium. For higher-risk medicines, the cards

also served as a reminder to prompt staff to ask relevant questions. The team routinely identified people prescribed medicines which required ongoing monitoring. They asked details about relevant parameters, such as blood test results and records were kept about this. Staff were also aware of the additional guidance when dispensing sodium valproate. They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them. They had also identified people in the at-risk group who had been supplied this medicine and completed an audit on this recently.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in an organised way. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. The team checked medicines for expiry regularly and kept records of when this had taken place. Short-dated medicines were routinely identified and on randomly selecting some of the pharmacy's stock, there were no medicines seen which were past their expiry date. However, there were some poorly labelled containers present where medicines had been stored outside of their original containers and had not been annotated with the full details (such as batch numbers and expiry dates). This was discussed at the time.

Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This did not include sharps or needles which were referred elsewhere appropriately. Drug alerts were received electronically from the pharmacy's head office and via email. The pharmacy took the appropriate action in response and relevant records were kept verifying this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate range of equipment and facilities it needs to provide its services safely. Its team members keep the equipment clean and use it in a way which helps keep people's private information safe.

Inspector's evidence

The pharmacy held an appropriate range of equipment and facilities that it needed for its services. This included current versions of reference sources, standardised conical measures for liquid medicines, appropriately operating pharmacy fridges and a legally compliant CD cabinet. Triangle tablet counters were available including a separate one marked for cytotoxic use only. This helped avoid any cross-contamination. The pharmacy's equipment was very clean. This included the dispensary sink used to reconstitute medicines. There was hand wash and hot as well as cold running water available. Computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access. Staff could store their personal belongings inside lockers.

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.