

Registered pharmacy inspection report

Pharmacy Name: Boots, 15 Eastbourne Arndale Centre,
EASTBOURNE, East Sussex, BN21 3NL

Pharmacy reference: 1036174

Type of pharmacy: Community

Date of inspection: 03/06/2019

Pharmacy context

This is a large Boots located in the main shopping centre in the centre of Eastbourne. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy provides a wide range of services including travel vaccinations, chicken pox vaccinations and substance misuse services. It also offers flu and pneumonia vaccines in the autumn and winter seasons. It dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing 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	1.1	Good practice	There is evidence of learning from things that have gone wrong and that action has been taken to manage risks that have been identified. A business continuity plan is in place and members of the team know where they can find it.
		1.2	Good practice	Records of errors and near misses are regularly reviewed and records are kept showing what has been learned and what has been done.
2. Staff	Standards met	2.4	Good practice	Members of the team are comfortable talking about their own mistakes and weaknesses, and can explain why it is important to share learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	Information about medicines awaiting collection is effectively highlighted so that, when the medicines are supplied, appropriate checks can be made and patients can be suitably counselled. Compliance aids (MDS blister packs) are assembled in a separate, controlled environment to avoid distractions.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing risks effectively. The pharmacy keeps detailed records of the mistakes it makes during the dispensing process. The pharmacist regularly reviews them with the team so that they can learn from them and avoid problems being repeated. The pharmacy has written instructions which are kept up to date and tell staff how to complete tasks safely. The pharmacy generally keeps the records that it needs to by law. The pharmacy generally manages and protects confidential information well and tells people how their private information will be used. The team members understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were Standard Operating Procedures (SOPs) in place to underpin all professional standards, seen as signed and read by staff. All staff had signed the Responsible Pharmacist (RP) SOP training log in Dec 2018. Most SOPs were due a review in Nov 2020 and the Controlled Drug (CD) SOPs to be reviewed in Nov 2019.

Errors and near misses were seen to be regularly recorded and kept on a clipboard by the checking workstation in the dispensary. The pharmacist manager reviewed them with each individual as they happened and completed the 'Patient Safety Review' (PSR) every month for head office. Errors and near misses were discussed during a monthly team meeting and as a result they started highlighting sugar-free physeptone prescriptions and putting a red mark on the sugar-free bottle caps. They separated them in the CD cupboard and created a checking log so that there was a clear audit trail showing which pharmacist had checked them every day. They had also highlighted the various strengths of quetiapine on the shelf as well as other "Look Alike Sound Alike" (LASA) drugs on the 'Pharmacist Information Form' (PIF) to help avoid picking errors. The pharmacist initialled the PIF to indicate that they had checked it. They had also put 'select and speak' signs on the shelf adjacent to the LASAs as a prompt when picking those items. The pharmacy has two safety champions.

The team held separate PSR meetings upstairs specifically for the team dispensing prescriptions for MDS trays. Since they had started using a new reporting form, they had noticed a reduction in the overall number of near misses. This was thought to be due to the increased focus on reporting with the new form.

The pharmacy conducted risk assessments and details were available on review forms pinned to the dispensary noticeboard. Examples included highlighting the risk of mis-picking the wrong insulin. The review forms indicated the likelihood of an error occurring, and the potential severity of harm to give an overall indication of the risk involved. As a result, staff were more aware of the risks and took extra care with these items.

A business continuity plan was in place to ensure that services could be maintained in the event of a power failure or similar emergency. Roles and responsibilities of staff were clearly documented with a matrix in the SOP folder. People working in the pharmacy could clearly explain what they do, what they were responsible for and when they might seek help.

The RP log was seen to be complete and up to date. Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist notice was correct and clearly displayed for patients to see. Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were on display in the pharmacy. The latest results showed that 67.7% of respondents rated the pharmacy as excellent or very good. Blank questionnaires were also available for patients to provide feedback. There was a complaints procedure in place but there was no practice leaflet available. Details were also found in the services leaflet and printed on till receipts. The practice leaflet had apparently been ordered some time ago but not arrived.

A certificate of professional indemnity and public liability insurance from XL Insurance Co. Ltd was held electronically on the company's intranet. Private prescription records were maintained electronically on the Patient Medication Record (PMR) system. A sample of records were checked and mostly seen to be correct. One private dental prescription was recorded as having been issued by a local GP instead of having the correct prescriber details.

Emergency supply records were also maintained electronically and found to be mostly complete, with the reason for supply, but no details of the nature of the emergencies. The controlled drug (CD) register was seen to be correctly maintained, with running balances checked weekly in accordance with the SOP. Balances of Equasym XL 20mg capsules and Tranquilyn 20mg tablets were checked and found to be correct.

Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed "specials" were seen to be mostly complete but several were missing prescriber and/or patient details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example taking patients aside or speaking quietly when discussing sensitive information. Confidential waste was kept separate from general waste and shredded offsite. The annual Data Security and Protection (DSP) toolkit had been completed, and there was a privacy notice on display for people to see.

Completed prescriptions awaiting collection were visible to people waiting at the counter but they were too far away for patient details to be read by those waiting. There were safeguarding procedures in place and contact details of local referring agencies were in the pharmacy duty folder. All registrants had been trained to level 2 and all other staff members had Boots e-learning which was updated every year. Staff were able to describe some of the signs to look for and knew when to refer to the pharmacist. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate

Inspector's evidence

There were two pharmacists, one pre-registration pharmacy graduate (pre-reg), one ACT, two pharmacy advisors (dispensers), and two more upstairs in the MDS room and two Medicines Counter Assistants (MCA) on duty during the inspection. The size and skill-mix of the team appeared to be appropriate for the workload, and they were working well together. In the event of staff shortages, part-time staff could call upon other trained staff members from elsewhere in the store.

Certificates showing staff qualifications were available online to show the levels of training completed. Ongoing training consisted of e-learning modules for staff to complete online. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases.

Various members of staff were seen to serve customers and asking appropriate questions when responding to requests or selling medicines. The pharmacist and Pre-reg both confirmed that they were comfortable with making decisions and did not feel pressurised to compromise their professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. Regular team meetings provide an opportunity to discuss feedback or concerns and staff feel free to express their own views.

Staff have periodic reviews to discuss performance and areas for development. Team members said that they could raise concerns and that there was a whistleblowing policy available for them if needed. There were targets in place but both of the pharmacists felt that they didn't impact upon their professional judgement

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive its services.

Inspector's evidence

There was step-free access into the pharmacy through several wide entrances. There were two sets of automatic doors at the front opening onto the main High Street, and wide-open access at the rear into the undercover shopping centre. The pharmacy premises were clean, tidy and in a satisfactory state of repair. The dispensary was large with workbenches on two sides and an island workbench in the middle. This allowed for separate assembly and checking areas. Most checking appeared to be done at the front reception of the pharmacy. There was plenty of space to work safely and effectively, and the layout was suitable for the activities undertaken.

There was a consultation room for confidential conversations, consultations and the provision of services. The door was kept locked when the room was not in use, and if patients were left alone, the sharps bin was closed and under the desk. The filing cabinets were kept locked and there was no confidential information visible.

The dispensary sink was lightly stained with limescale, had hot and cold running water and handwash available. There was a very large room upstairs for preparing the MDS blister packs. This room was divided into different workstations for each member of staff to be able to work, and a separate area for the ACT to check the assembled packs. Room temperatures were appropriately maintained by combined heating and air-conditioning units, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It identifies people supplied with high-risk medicines, and records the checks that it makes so that they can be given extra information they need to take their medicines safely. The pharmacy responds appropriately to drug alerts or product recalls to make sure that people only get medicines or devices which are safe. It keeps a record of the checks it makes to keep people safe. But, the pharmacy doesn't currently use a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

A list of pharmacy services was displayed on a large poster the pharmacy reception area. There was also a range of leaflets providing information about the services available from the pharmacy. The pharmacy provided a wide range of services including travel vaccines, chickenpox vaccines, smoking cessation and employment related hepatitis B vaccinations. Seasonal flu and pneumonia vaccinations were also available during the autumn and winter.

Controls were seen to be in place to reduce the risk of picking errors, such as highlighting LASAs on shelf with select & speak labels. The team used PIFs to communicate messages about the patient's medicines to the pharmacist. This was used to highlight new medicines, changes to their medicines, any allergies or whether the patient was eligible for further services, such as an MUR. LASAs were also recorded on the PIF. The form also had a blank box to write any further information that the dispenser thought the pharmacist should be aware of. They used baskets to keep individual prescriptions separate, and prescription labels were initialled to show who had dispensed and checked them.

Owings tickets were in use when medicines could not be supplied in their entirety. Patients were referred back to their GP or another pharmacy if the pharmacy was unable to obtain their medicine. Prescriptions for CDs or fridge lines in retrieval awaiting collection were highlighted with laminated prompt cards and some put in a separate envelope so that staff would know that there were items to be collected from the fridge or CD cupboard. The dates on all CD prescriptions, including Schedules 3 and 4 CDs such as pregabalin or zopiclone were highlighted to ensure that they were not handed out after their 28-day validity. That expiry date was also written on the PIF. Prescriptions were colour coded according to which week they were prepared in order to make it easier to clear out of date scripts.

The pharmacy offered a delivery service, substance misuse services and there were no 'hub and spoke' (DSP) arrangements in use. Prescriptions for substance misuse clients were prepared a week at a time, and then double checked again when handed out. Deliveries were centralised and shared with a number of other Boots branches in the local area.

MDS trays were dispensed in a separate room upstairs, away from distractions. There were weekly charts on the wall to help the dispensers ensure that the blister packs were finished on time. There was a 'Medisure' folder containing records of each persons' medication, when they were taken, any known allergies, any discharge information from the hospitals and contact details. Completed blister packs

were all seen to include product descriptions on the dispensing label and patient information leaflets (PILs). The ACT explained that if a product description was missing from the label, she would then add it in manually as she checked them.

Staff were aware of the risks involved in dispensing valproates to women of childbearing age, and all such patients would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. Patients on warfarin were asked if they had their yellow book with them and if they knew their current dosage, and their INR records were routinely recorded. Patients taking methotrexate and lithium were also asked about blood tests. There were laminated prompt cards for staff to put with the PIF to ensure that staff checked.

The PGDs for various travel vaccines, chicken pox and hepatitis B were held in a file in the consultation room and all seen to be valid and in date. The PGD for the seasonal influenza vaccination service expired at the end of the season in March 2019. Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance. Unlicensed “specials” were obtained from Alcura and BCM.

The pharmacy did not have scanners to comply with the Falsified Medicines Directive (FMD) and most of the staff were unaware of it. The pharmacist explained that the company was rolling out a new system (Columbus) which is FMD-compliant, and they were hoping to be implementing it in August.

Routine date checks were seen to be in place, and record sheets were seen for each quarter. Some opened bottles of liquid medicine were annotated with the date of opening but there were several with no date of opening. There was also one bottle of oramorph dated 25/11 and only usable for three months after opening. This was discussed and all were removed for disposal.

Fridge temperatures were recorded daily and all seen to be within the appropriate temperature range. Staff explained how they would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. There was no list of hazardous medicines and no purple-lidded hazardous waste container present, although the pharmacist believed that he had seen one upstairs in the stock room. He was going to follow this up straight away. Patients with sharps were signposted to the local council for disposal. DOOP containers for the safe disposal of CDs were not seen as they had been recently used up but apparently there were more upstairs.

The pharmacy received drug alerts and recalls from the MHRA via ‘my calendar’ on ‘Boots Live’, printed copies of which were seen to be kept in a file. Each alert was annotated with any actions taken, the date and initials of those involved. The team knew what to do if they receive damaged or faulty stock and they explained how they would return them to the wholesalers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy keeps most people's private information safe.

Inspector's evidence

The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was clean and tidy, with current PGDs available. Several strengths of adrenaline injectors were available as well as adrenaline ampoules for anaphylaxis.

There was a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics). Reference sources were available, including the BNF and BNF for children. The pharmacy also has internet access and uses this as an additional reference source.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens are positioned so they are not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They are not left on the premises overnight.

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.