General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 11 High Street, UCKFIELD, East Sussex, TN22 1AG

Pharmacy reference: 1036281

Type of pharmacy: Community

Date of inspection: 06/12/2019

Pharmacy context

This is a medium sized branch of Boots in the centre of Uckfield and is accredited as a Healthy Living Pharmacy (HLP). It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons. It dispenses some medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. It also offers a home delivery service for those who are unable to get to the pharmacy themselves

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	Records of errors, near misses and other patient safety incidents are regularly reviewed and records are kept showing what has been learned, what has been done, and how they have been used to improve the safety and quality of services provided
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 provides its services in line with clear, up-to-date processes and procedures which are being followed by its team members. They are clear about their roles and responsibilities. And they work to professional standards, identifying and managing risks effectively. The pharmacy keeps good records of the mistakes it makes during the dispensing process. One of the pharmacy's regular pharmacists regularly reviews them with members of the team so that they can learn from them and avoid problems being repeated. The pharmacy manages and protects confidential information adequately and tells people how their private information will be used. Team members understand their role in helping 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. Several had been updated in November 2018 and due a review in November 2020 with others, notably the SOPs for controlled drugs (CDs) dated Nov 2019 and due to be reviewed in Nov 2021. There were also signed training logs present in the folder for the new SOPs verifying that each member of staff understood them. Staff roles and responsibilities were all set out in a matrix within the SOP folder, and staff were all clear on the correct procedures to follow.

Errors and near misses were seen to be regularly recorded on a report form kept by the dispensing workstation. The regular part-time pharmacist reviewed them and completed the 'Patient Safety Review' (PSR) every month for head office. Copies of the last two monthly reviews were on the 'patient safety zone' noticeboard for all staff to read. Errors and near misses were discussed during a monthly team huddle. The recent near miss incident logs highlighted the need to double check quantities when splitting packs. The pharmacy advisor explained that since they had introduced the new Columbus patient medication record (PMR) system the number of near misses caused by selection errors had significantly reduced, hence the focus on quantities. However, if the barcode on the medicine pack didn't scan successfully, they made a note on the pharmacist information form (PIF) attached to the prescription, to prompt an additional check of the product itself. They highlighted 'Look Alike Sound Alike' (LASA) drugs on the PIF to help avoid picking errors. They had also put 'select and speak' signs on cartons adjacent to the LASAs as a prompt when picking those items.

A business continuity plan was in place and a file with emergency contact details was in a red offline folder in the control office. People working in the pharmacy were able to 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 not on display in the pharmacy but were available online. The latest results showed that 98% of respondents rated the pharmacy as excellent or very good. A display of prompt cards was available at the counter to encourage people to provide feedback. There was a complaints procedure in place and this was detailed in a patient guide leaflet which the pharmacist could print off as required. It included contact

details for the company's head office, Patient Advice and Liaison Service (PALS) and the Independent Complaint Advocacy Service. 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 some were seen to have the incorrect prescriber details recorded. This was discussed and the pharmacy advisor made notes to brief the rest of the team. Emergency supply records were also maintained electronically, complete with details of the emergency and the reason for supply.

The controlled drug (CD) register was seen to be correctly maintained. Running balances were checked weekly in accordance with the SOP and recorded weekly in the pharmacy duty folder as well as in the register itself. Stock balances of two random samples 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 complete with the prescriber's details. Access to the CD keys was recorded daily in the CD key log, stored within the pharmacy duty folder.

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 by the prescription reception counter for people to see. Completed prescriptions awaiting collection were stored in opaque white trays so that patient details were not legible to those waiting at the counter.

There were safeguarding procedures in place and contact details of local referring agencies were in the safeguarding section of the pharmacy duty folder. All registrants had been trained to level 2 and there was evidence to show that all other staff members had very recently undergone level 1 Boots e-learning prior to launching the annual seasonal flu vaccination service. 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 healthcare advisors (medicines counter assistants), one pharmacy advisor and the responsible pharmacist (RP), on duty during the inspection. The RP was a relied pharmacist employed by Boots. A second (locum) pharmacist arrived during the course of the inspection as the pharmacy was staying open later than usual that evening. The size of the team appeared to be appropriate for the workload. In the event of staff shortages, they could contact the area manager for support such as using relief dispensers or borrowing staff from another branch. All staff wore badges showing their names and role.

Certificates to confirm 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. All members of staff were seen to serve customers and asking appropriate questions when responding to requests or selling medicines.

The (relief) pharmacist confirmed that he was comfortable with making decisions and did not feel pressurised to compromise his 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. Team members said that they could raise concerns and that there was a whistleblowing policy available for them if needed. Staff have periodic reviews to discuss performance and areas for development. There were targets in place but they were applied sensibly and the pharmacist felt that they didn’t impact upon his professional judgement

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a safe, secure and professional environment for people to receive its services. The premises include a private room which the team uses for some of its services and for private conversations.

Inspector's evidence

There was step-free access into the pharmacy through two sets of doors, one set of which opened automatically. The pharmacy premises were clean, tidy and in a reasonable state of repair. The dispensary was sufficiently large to allow for separate assembly and checking areas, which were tidy and free of clutter. There was plenty of space to work safely and effectively and the layout was suitable for the activities undertaken. There was a notice near the dispensary sink outlining the procedure to be followed in the event of a needle-stick injury.

There was a small health promotion area with posters highlighting current local health priorities. There was a consultation room for confidential conversations, consultations and the provision of services. It had a notice on the door highlighting the company's chaperone policy. The door was kept locked when the room was not in use and there was a sharps bin present. There was a tray containing swabs, gloves and two emerade injectors for use in an emergency. There was no confidential information visible.

The sink in the dispensary was clean, had hot and cold running water and handwash available. 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 its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take. It identifies people supplied with high-risk medicines and records most of the checks that it makes so that they can be given extra information they may need to take their medicines safely.

Inspector's evidence

There was a list of pharmacy services displayed in the shop window and there were also some posters around the pharmacy area. There was a range of leaflets providing general health information and the services available from the pharmacy. The pharmacy provided a limited range of services including seasonal flu vaccinations which were 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 pharmacy advisor explained how their new Columbus dispensing system also helped to prevent picking errors when the medicines were scanned as they were selected, and near misses had reduced accordingly. 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. 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. The system also endorsed the prescription tokens with prompts for the staff to sign showing who had labelled, clinically checked, assembled and completed the final check. They also initialled the bag label on the finished prescriptions to complete the audit trail, signifying who had handed the bag out to the patient. This helped to identify who had been involved at each stage in the process if any query arose after the prescription had been handed out. All of the pharmacy's prescriptions were dispensed onsite as they were not using the company's centralised dispensing support pharmacy.

Owings tickets were in use when medicines could not be supplied in their entirety. The prescription was completed as soon as the missing item was back in stock. If the item was likely to be unavailable for some time, the patient would be signposted to their GP for an alternative.

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 pharmacist demonstrated the process to ensure that controlled drug prescriptions weren't handed out after their 28-day expiry. There were prompt stickers on the bags which included the date after which the prescription could not be handed out. The dates on Schedules 2 and 3 CD prescriptions were highlighted with their expiry date. Schedule 4 CDs such as zopiclone or diazepam were not routinely highlighted. The risk of them being handed out after they had expired was discussed and they would be highlighted in future. The prescription retrieval shelves were cleared every week to ten days of anything over four weeks old. One of the dispensary team would

send a reminder text to the patient if possible before the medication was returned to stock and the EPS prescription returned to the NHS spine.

Staff were aware of the risks involved in dispensing valproates to women in the at-risk group, and all such patients were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The pharmacy was currently completing an audit of valproate patients and the team agreed to continue to record future interventions on their patient medication record (PMR) system.

Patients on warfarin were asked if they knew their current dosage, and their INR records were recorded on the PMR system where possible. Most patients didn't always have their yellow book with them, in which case their dose would be checked with them to confirm that it was correct. 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. But the pharmacy did not record all of these interventions on the patient's PMR. Upon reflection the team agreed to do so in future.

The pharmacy supplied some medicines in multicompartment compliance aids to a small number of people. The pharmacy advisor explained how she and the other pharmacy advisor were responsible for ensuring that the prescriptions were ordered from the surgery 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. She explained how they used this information to ensure that all of the necessary prescriptions had been issued by the surgery. The pharmacy advisor then prepared the compliance aids in sufficient time for them to be ready for collection or delivery when needed. They included product descriptions and patient information leaflets (PILs).

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance. Unlicensed 'specials' were obtained from Alliance Specials. The pharmacy was using the 'Columbus' PMR system and was using it to decommission stock in accordance with the requirements of the EU Falsified Medicines Directive (FMD).

Routine date checks were seen to be in place, and record sheets were seen for each quarter. Items within three months of their expiry date were recorded on monthly sheets, and any left in stock one month prior to expiry were then disposed of. There were no opened bottles of liquid medicine as they didn't receive very many prescriptions for incomplete bottles. The pharmacy advisor explained that they would annotate the bottle with the date of opening.

Fridge temperatures were recorded daily, and all seen to be within the 2 to 8 degree Celsius range. Staff explained how they would note any variation from this, completing the 'store checklist for investigation of fridge or freezer anomalies' form if necessary. 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. Patients returning sharps were signposted to the local council for disposal. The pharmacy had a separate purple-lidded hazardous waste container for the disposal of medicines classified as hazardous waste. But there was no list of those medicines available for staff to refer to. The pharmacy advisor agreed to obtain one and keep it with the designated container.

The pharmacy had valid patient group directions (PGDs) in place for both the NHS and private seasonal flu vaccination services. They named the pharmacists accredited to provide the service and were valid

until the end of March 2020. The pharmacy kept signed patient consent forms in a file, together with the vaccination records themselves. There was also a signed PGD in place for administering Pneumonia vaccines valid until August 2020.

The pharmacy received drug alerts and recalls from the MHRA via 'my calendar' on 'Boots Live', printed copies of which were 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 received 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 takes reasonable steps to ensure that people's private information is kept safe and secure.

Inspector's evidence

The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was clean and tidy. 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 had internet access and used 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 were positioned so they were 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 in use with no sharing of passwords, and they were 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.