

Registered pharmacy inspection report

Pharmacy Name: Boots, Fore Street, CASTLE CARY, Somerset, BA7
7BG

Pharmacy reference: 1036307

Type of pharmacy: Community

Date of inspection: 21/01/2020

Pharmacy context

This is a community pharmacy located in the centre of the market town of Castle Cary in Somerset. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines and delivers medicines. It also offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations.

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 manages risks in a suitable manner. Members of the pharmacy team understand how to protect the welfare of vulnerable people. They protect people's confidential information well. The safety of the pharmacy's services is routinely monitored, team members record their mistakes and learn from them. And the pharmacy largely maintains the records that it needs to. But the pharmacy is not always recording enough detail for some of its records and for some, the details are inaccurate. This means that the team may not have all the information needed if problems or queries arise. And they could be missing opportunities for ongoing learning by not always identifying the cause of their internal errors.

Inspector's evidence

The pharmacy held a range of documented standard operating procedures (SOPs) to cover the services that it provided. They were dated from 2017 to 2019. Staff had read and signed the SOPs, they knew their responsibilities and the tasks that were permissible in the absence of the pharmacist. The team's roles were also defined within the SOPs. The correct responsible pharmacist (RP) notice was on display and this provided details of the pharmacist in charge on the day.

The pharmacy was organised, and its workspaces were clear of clutter. The team attached the company's pharmacist information forms (PIFs) to all prescriptions so that relevant information could be easily identified. The RP accuracy-checked prescriptions from a designated area. Staff routinely recorded their near misses and they were collectively reviewed every month with the company's Patient Safety Review used to assist this process. The team was briefed about common mistakes every month. Since the pharmacy had implemented a new system, the team's near misses had reduced as upon selecting and scanning an incorrect medicine this was picked up and highlighted before medicines were dispensed. Staff had identified trends with quantities, they had focussed on this and tried to minimise mistakes by ensuring a three-way check of the medicine, generated label and prescription routinely took place. However, there were gaps within the near miss log where the reason for the errors had not been routinely documented. Incidents were handled by the RP and the store manager. Their procedure was in accordance with the company's expectations. There was information on display in the retail area to inform people about the pharmacy's complaints procedure and the store manager described highlighting details to the team as well as learning from previous incidents.

Confidential information was contained within the dispensary and not left in areas that were accessible to the public. Dispensed prescriptions awaiting collection were stored in a location that prevented sensitive details on them being visible from the front counter. Confidential waste was segregated into a designated bin and disposed of through company procedures and staff had completed the company information governance e-Learning training. There were also details on display to inform people about how the pharmacy maintained people's privacy. Staff could identify groups of people who might require safeguarding and could identify signs of concern. In the event of a concern, the RP would be informed. Team members described liaising with people's GP's when concerns had been identified in the past. Staff had been trained through reading relevant information and completing an e-Learning module. The procedure to follow with relevant and local contact details were present and the RP was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE).

The team kept daily records of the minimum and maximum temperatures for the fridge and this verified that medicines were stored here appropriately. Staff also maintained a complete record of controlled drugs (CDs) that had been returned by people and destroyed by them. The pharmacy's professional indemnity insurance was in place. Most of the pharmacy's records were maintained in line with statutory requirements. This included a sample of registers seen for CDs, the RP record in general, records of emergency supplies and unlicensed medicines. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet, the quantities held matched the balances within the corresponding registers. There were occasional over-written entries in the RP register and the RP had signed out before his shift had finished. Team members were also recording incorrect prescriber information for some entries within the electronic private prescription record. Ensuring the pharmacy's record keeping routinely complied with legal requirements was discussed during the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities well. And they keep their skills and knowledge up to date by completing on-going training.

Inspector's evidence

At the time of inspection, there were three trained dispensing assistants and a locum RP. The latter had only worked at the pharmacy for the past two days and only Essential Services had been carried out as the team had been working to keep up to date with the workload. One of the dispensing assistants was also the store manager. Staff wore name badges outlining their roles, they asked relevant questions before they sold over-the-counter (OTC) medicines and checked with the RP appropriately. The team's certificates to verify their qualifications obtained were not seen although their competence was demonstrated during the inspection. Team members in training were provided with set aside time to complete their studies. To assist with ongoing training needs, the company provided staff with e-Learning modules and tutor packs that were combined with quizzes about SOPs. Staff progress and appraisals were conducted every six months. They were a small team and communicated verbally, there were noticeboards available and the store manager provided relevant information via small groups. The RP described a target to complete two MURs every day, one NMS per week and there had been no pressure applied to complete them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises generally provide an appropriate environment for the delivery of healthcare services. The pharmacy's layout helps to protect confidential information and allows prescriptions to be prepared in private.

Inspector's evidence

The pharmacy consisted of a medium sized retail area, with the medicines counter situated by the front entrance and a smaller dispensary behind this. There was an adequate amount of space in the dispensary for the pharmacy's processes to take place safely. Between the medicines counter and the dispensary, there was a small section where dispensed prescriptions were stored. This area was not visible to the public and meant that confidential information was well protected. The dispensary was separated from the retail area by the medicines counter and whilst this allowed for prescriptions to be prepared in private, there was no barrier here to prevent people from walking into this section. The inspector walked into this area upon arrival thinking that the dispensary counter was further back. Staff explained that people often ventured into this space, but they asked them to step back when this happened. A barrier is therefore required to help minimise the risk of unauthorised access.

The pharmacy fixtures and fittings were dated but still functional and the pharmacy was clean overall. The sink in the staff WC however, required cleaning. The pharmacy was professional in its appearance, it was suitably bright and ventilated. A consultation room was available for private services and conversations. However, this was not signposted to indicate its use and the room was located towards the rear of the premises. This meant that people may not have realised that a private space was available for this purpose. The store manager explained that this had been raised with their maintenance team, but no action had resulted. The room was kept locked when not in use and there was no confidential information accessible.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services safely and it obtains its medicines from reputable sources. Team members ensure medicines are stored appropriately and managed well. They also take extra care when prescriptions are seen for higher-risk medicines. But they don't always record relevant information when some people receive these medicines. This makes it difficult for them to show that they have provided appropriate advice when supplying them.

Inspector's evidence

People could access the pharmacy's services through a wide, automatic front door at street level and a ramp. There was also a ramp inside the premises, along with clear, open space and wide aisles. This helped people with wheelchairs to use the pharmacy's services easily. There were two seats available for people waiting for prescriptions. A hearing aid loop could be used for people who were partially deaf, and staff described facing them so that they could easily lip-read. They physically assisted people who were visually impaired and called or read details to them. They could also provide labels with a larger sized font. Gestures were described as used to assist people whose first language was not English. Staff could signpost people to other local services from their own knowledge of the area, from online resources, documented information that was present and there were also relevant contact details on display in the dispensary.

During the dispensing process, the team used tubs to hold prescriptions and medicines and this helped to prevent the inadvertent transfer of items. A dispensing audit trail was used to identify the staff involved. This was through a facility on generated labels and a quad stamp on prescriptions. Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The team identified fridge items, CDs (Schedules 2-4) and when pharmacist intervention was required with stickers, PIFs and laminates. They had also created their own laminates for this. Clear bags were used to hold assembled fridge items and CDs. This assisted in identifying the contents when they were handed out to people.

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. Unlicensed medicines were obtained from Alliance Healthcare. Most of the staff were unaware of the process involved for the European Falsified Medicines Directive (FMD) and the pharmacy was not yet complying with the decommissioning process. The pharmacy's stock was organised. Medicines were described as date-checked in sections every month and the team used a date-checking schedule to verify when this process was carried out. Short-dated medicines were identified using stickers, liquid medicines were marked with the date upon which they were opened and there were no date-expired medicines or mixed batches seen. Medicines were stored evenly in the fridge. CDs were stored under safe custody and keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts and product recalls were received through the company, stock was checked, and action taken as necessary. The pharmacy kept an audit trail to verify this.

Medicines returned for disposal, were accepted by staff and stored within designated containers. There was a list available for the team to identify hazardous and cytotoxic medicines that required disposal and designated containers to store them. The former had also been highlighted and annotated for

further clarity for the team. People returning sharps for disposal, were referred to the local GP surgery. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their destruction. Relevant details were entered into a CD returns register.

The pharmacy provided a delivery service and the team retained audit trails for this. CDs and fridge items were highlighted. The driver obtained people's signatures when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

The pharmacy also provided a repeat prescription ordering and management system. Written consent was obtained from people initially when they signed up to this service. Staff ordered prescriptions for people on their behalf by checking the medicines that were required for the following month, when they handed out dispensed medicines. Details were ticked on the repeat slips by the person and signed, staff queried with them if routine medicines had not been requested. There was also a lockable filing cabinet used to store the repeat prescriptions.

The team was aware of the risks associated with valproates, these medicines were highlighted with relevant information about the associated risks placed underneath them as a visual alert for staff. There was also guidance material available to provide to people at risk. Audits had been completed in the past and no-one at risk had been identified as having been supplied this medicine. People prescribed higher-risk medicines were routinely identified, counselled and relevant parameters were checked. This included checking the International Normalised Ratio (INR) levels for people prescribed warfarin and asking about blood test results. Only some records about this had been documented and this was not taking place routinely.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities to provide its services safely. They are used in a way to help protect people's privacy.

Inspector's evidence

The pharmacy held an appropriate range of equipment and facilities that it needed for its services. This included current reference sources, access to online reference databases, a range of standardised conical measures for liquid medicines, counting triangles, capsule counter and a separate triangle for cytotoxic medicines. The CD cabinet was secured in line with statutory requirements and the medical fridge was operating within the appropriate temperature range. The dispensary sink used to reconstitute medicines was stained and could have been cleaner. There was also lime scale on the measures. This was discussed at the time. There was hand wash and hot as well as cold running water available. Staff could store their personal belongings in lockers. The pharmacy's computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions and they took them home 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.