

Registered pharmacy inspection report

Pharmacy Name: Boots, 8-10 Market Street, CREWKERNE, Somerset,
TA18 7LA

Pharmacy reference: 1036314

Type of pharmacy: Community

Date of inspection: 15/08/2019

Pharmacy context

The pharmacy is located in Crewkerne in Somerset. The pharmacy dispenses NHS and private prescriptions. It supplies medicines in multi compartment devices for people to use in their own homes to help them remember to take their medicines. It also offers advice on the management of minor illnesses and long-term conditions. The pharmacy also offers flu vaccinations, a minor ailments scheme, the supply of emergency hormonal contraception and services for drug misusers.

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 identifies and manages risks appropriately. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has appropriate insurance for its services. The pharmacy generally keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had adequate processes in place to monitor and reduce risks. Near misses were routinely recorded on a paper log and contained details of the error and a brief reflection on the cause. The pharmacy had upgraded to a new patient medication record (PMR) system (Columbus) several months prior to the inspection. The pharmacy advisor described how products were now scanned after they had been labelled and dispensed. She said this had reduced selection errors as the PMR alerted the pharmacy advisor when the product did not match the item labelled. Near misses since the upgrade had generally involved the dispensing of the incorrect quantity of medicine or data entry issues.

Dispensing incidents were recorded on the pharmacy incident and error reporting system (PIERs). The pharmacy advisor said that when errors were identified, they were discussed as a team to identify the potential contributing factors. Following an error when the incorrect bag of medicines had been given to a patient with a similar name, all staff now signed the bag label on hand-out to confirm that the address had been checked.

Shelf-edge alerts had been placed at the locations of selected drugs, including amitriptyline and amlodipine, as part of the company's 'look-alike, sound-alike' (LASA) campaign. Laminated signs were displayed on computer terminals listing the twelve drugs highlighted as high risk by the superintendent's office. All staff were briefed to say the name of LASA drugs out loud when picking to try and reduce errors. The pharmacy had recently added alerts to the locations of pregabalin and gabapentin following company-wide incidents. The team used the 'Pharmacist Information Forms' (PIFs) that were attached to all prescriptions to alert the pharmacist to these drugs and the strength dispensed.

A monthly patient safety report was completed which contained a review of all near misses and dispensing incidents and led to the generation of an action plan to reduce errors. The action plans generated through the patient safety report were shared with all team members through a team huddle and through individual briefings. The pharmacy team received and reviewed the monthly professional standard document supplied by the company's head office. A locally produced clinical governance document was also reviewed which outlined common themes across the region.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the regular RP. Staff had signed the SOPs to show that they had read and understood them. Roles and responsibilities of the pharmacy team members were detailed in the RP SOPs. A pharmacy advisor could describe the activities that could not be undertaken in the absence of the RP.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey, and by handing customers cards inviting them to complete an online survey. 91.3% of people completing the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. The pharmacy had addressed feedback about the cleanliness of the store by ensuring that the store was cleaned regularly and that stock was tidy. A complaints procedure was available in the practice leaflet which was displayed in the retail area.

Professional indemnity and public liability insurances were provided by the XL Insurance Company SE with an expiry of 31 July 2020.

RP records were maintained in a log and the correct RP certificate was displayed. The RP had pre-emptively signed out on the day of the inspection. Records of emergency supplies and private prescriptions were held on the PMR system and were generally in order. But the date of prescribing and the name of the prescriber were not always accurate. Records of the supply of unlicensed specials medicines were kept and certificates of conformity contained the details of to whom the product had been supplied. Controlled drug (CD) registers were generally maintained as required by law. Records of the receipt of CDs did not usually contain the address of the supplier. Balance checks were completed weekly. A random stock balance check of MST Continus 5mg tablets was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 e-Learning provided by the company. Local contacts for the escalation of concerns were available in a folder. Staff were aware of the signs requiring referral.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are well trained for their roles. They keep their skills and knowledge up to date and are supported in their development. The pharmacy gives its trainees protected time to learn. Team members suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection and consisted of a locum pharmacist and three NVQ2 level pharmacy advisors, one of whom was a trainee. The team had a good rapport and felt they could usually manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from other local stores.

The pharmacy team reported that they were allocated protected time to learn during working hours. Resources accessed included the 30-minute tutors supplied by the company, e-Learning and CPPE packages and revised SOPs. The trainee pharmacy advisor was allocated one hour per week to complete her learning. Her records of completed training were seen on the company e-Learning portal. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Staff were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

The staff felt able to raise concerns and give feedback to the store manager and the regular RP, both of whom they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that she had not been set any specific targets whilst she was working in the pharmacy. She said she would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was located on the main street of Crewkerne. A large retail area led to a healthcare counter, and a galley style dispensary. A consultation room was available on the shop floor. The room was soundproof and conversations could not be overheard. The consultation room was unlocked when not in use, but no confidential information was stored in the consultation room. Upstairs was a large stock room, an office and staff facilities.

The dispensary was of an adequate size. There were dedicated areas for dispensing and checking. Medicines were stored on the shelves in a generic and alphabetical manner. Shelves would be cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was generally appropriate for the delivery of pharmacy services. But the inspector felt the lighting level was low and made the large shop feel dark. The staff reported that they had received no complaints from the public about the lighting. Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The pharmacy was well maintained. But there were several areas of the pharmacy where the laminate flooring was in a state of disrepair and was secured using tape.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It makes a record of this additional advice to demonstrate that it has been given. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. The pharmacy deals with medicines returned by people appropriately.

Inspector's evidence

The pharmacy had step-free access and an automatic door. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. Services provided by the pharmacy were advertised in the pharmacy and the regular RP was accredited to provide all promoted services.

A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. A pharmacy advisor described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Coloured laminates were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with laminates. The RP described that she checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Laminates were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by the pharmacist. Records of results were made on the patient medication record (PMR), as were details of significant interventions.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for 25 people based in the community. The pharmacy used a proforma to decide if a compliance aid was the most appropriate solution for a person requesting it. The pharmacy could offer reminder charts and medicine administration record sheets as an alternative. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When

required' medicines were dispensed in boxes and a pharmacy advisor was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every 3 months. Spot checks revealed no date expired stock or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AHH. Specials were obtained from Alliance Specials. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't verifying nor decommissioning stock at the time of the inspection. The updated PMR system had the capability to be FMD compliant. The pharmacy's SOPs were being updated to reflect the changes FMD would bring to the pharmacy's processes.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication. No hazardous waste bin for the disposal of cytotoxic and cytostatic medicines was seen.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible and were in date. The dispensary sinks were clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

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.