

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 6-7 Majestic Way, MITCHAM, Surrey, CR4  
2JS

**Pharmacy reference:** 1036681

**Type of pharmacy:** Community

**Date of inspection:** 20/05/2019

## Pharmacy context

This is a 'local pharmacy' branch of Boots in the main shopping area of Mitcham, a busy suburb of London. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu and pneumonia vaccines in the autumn and winter seasons. It also dispenses some medicines in multi-compartment compliance packs (blister packs) for those who may have difficulty managing their medicines.

## 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
<b>1. Governance</b>	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.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 most risks effectively. The pharmacy generally logs 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 manages and protects confidential information well, but it doesn't tell 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. Several had been updated in March 2018 and some others due a review in August 2019 and the Controlled Drug (CD) SOPs to be reviewed in November 2019. The Responsible Pharmacist (RP) SOPs had been updated in November 2018.

Errors and near misses were seen to be regularly recorded on a clipboard kept 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 common errors on the tokens, for example ramipril tablets or cetraben 50g. They highlighted "Look Alike Sound Alike" (LASA) drugs on the 'Pharmacist Information Form' (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 notice with emergency contact details was in the dispensary for all members of the team to see. 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 not on display in the pharmacy but were available online. The latest results showed that 93.4% 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 and this was detailed in the practice leaflet held in a leaflet stand on the shop floor. The leaflet also had the contact details for the company's head office, Patient Advice and Liaison Service 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 seen to be correct.

Emergency supply records were also maintained electronically and found to be complete, including the nature of the emergency and the reason for supply. The controlled drug (CD) register was seen to be correctly maintained, with most running balances checked weekly in accordance with the SOP. Balances of two CDs were checked and found to be correct. CD balance checks also recorded weekly in the pharmacy duty folder. 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.

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, but there was no privacy notice on display for people to see.

Completed prescriptions awaiting collection were visible to people waiting at the counter. Staff explained that their Area Manager had already highlighted this and that they were looking for a solution. As an interim measure, one of the pharmacy advisors turned the front row of bags around so that people's details were no longer visible to those waiting at the counter.

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 was one pharmacist, one pre-registration pharmacy graduate (pre-reg), two pharmacy advisors (dispensers), one trainee pharmacy advisor and one Medicines Counter Assistant (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 adjust their hours to help provide extra cover. The manager could also contact the area manager for support such as using relief dispensers or borrowing staff from another branch.

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. Staff had 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 the pharmacist felt that they didn't impact upon his professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally 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 double-doors which opened automatically. The pharmacy premises were clean, tidy and in a reasonable state of repair. The dispensary was small with workbenches on two sides to allow for separate assembly and checking areas. There was just enough 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 not kept locked when the room was not in use but there were no sharps bins present. There was no confidential information visible. The dispensary sink was stained with limescale, had hot and cold running water and handwash available.

There was a room upstairs for preparing the multi-compartment compliance packs (MDS blister packs). This was a large room with one workbench and storage for the packs at different stages of preparation. Room temperatures were appropriately maintained by combined heating and air-conditioning units, keeping staff comfortable and the premises 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. But it doesn't always let people know if their prescriptions are sent away to be dispensed by someone else before being returned to the pharmacy. The pharmacy responds well 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 have 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 in the shop window and on posters around the pharmacy area. There was also a range of leaflets providing information about 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. They also offered pneumonia vaccinations.

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. 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. The pharmacy did not offer delivery services, substance misuse services and there were no 'hub and spoke' (DSP) arrangements in use.

Multi-compartment compliance packs (blister packs) 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 downstairs in the dispensary containing records of each person's medication, when they were taken, any known allergies, any discharge information from the hospitals and contact details. There were no blister packs available to check but the pharmacy advisor explained how they prepared them later in the week, ready for collection by the weekend. He confirmed that they always included product descriptions on the dispensing label and that patient information leaflets (PILs) were always supplied.

Staff were aware of the risks involved in dispensing valproates to people in the at-risk group, and all such people would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The valproate audit did not identify any people in the at-risk group. People taking warfarin were asked if they knew their current dosage, and their INR records were routinely recorded. People 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 PGD for pneumococcal vaccinations was held in a file in the consultation room and was valid until 2020. 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. Some appliances were dispensed using an agency scheme from North West Ostomy Supplies (NWOS). There was no evidence of patient consent being sought and there was no notice on display to inform patients of the scheme. This was discussed at the time, and the pharmacy adviser was going to check their procedures.

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. Routine date checks were seen to be in place, and record sheets were seen for each quarter. The pharmacy advisor explained that they complete the checks on Saturdays and that he was due to do the first checks of the new quarter on the following Saturday. He would start a new sheet then.

Opened bottles of liquid medicine were annotated with the date of opening and some with a revised expiry date as well. But there was a bottle of dexsol oral solution which had been opened on 28 January 2019 and had expired on 28 April 2019. This was removed for disposal and appeared to be an isolated example. Fridge temperatures were recorded daily and all seen to be within the two to eight degrees Celsius 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. Patients with sharps were signposted to the local council for disposal. Medicine destruction containers for the safe disposal of CDs were not seen but an order for new ones had been placed the day before the inspection.

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 knows 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 generally 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 procedures manuals and dummy inhalers easily available. 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 to be used appropriately and with no sharing of passwords. 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.