General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 9-13 High Street, REDHILL, Surrey, RH1 1RD

Pharmacy reference: 1036723

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

A community pharmacy set in a shopping centre in Redhill. The pharmacy opens seven days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers winter influenza (flu) vaccinations and it provides multi-compartment compliance aids to help people take their medicines. And it delivers medicines to people who can't attend its premises in person.

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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It generally keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. They record the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. But they could do more to keep people's private information safe.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic containers to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by one of the pharmacists who were also seen initialling the dispensing label.

The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's staff discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they highlighted look alike and sound alike drugs to help reduce the risks of them picking the wrong product from the dispensary shelves.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help; for example, a member of the pharmacy team explained that she would refer repeated requests for the same or similar products to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of recent patient satisfaction surveys were published online. Details on how patients could provide feedback about the pharmacy were included in the pharmacy's practice leaflet. People could provide feedback about the pharmacy in person, online or by contacting the company's customer care centre. People's feedback led to changes in the way the pharmacy team managed its dispensing workload to reduce prescription waiting times.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy's RP records were adequately maintained. The address from whom a controlled drug (CD) was received from wasn't always included in the CD register. And correctional notes weren't always dated. But the CD register's running balance was checked regularly as required by the pharmacy's SOPs. The nature of the emergency within the pharmacy's records for

emergency supplies made at the request of patients didn't always provide enough detail for why a supply was made. The date of prescribing wasn't included in the pharmacy's records for emergency supplies made at the request of practitioners. The details of the prescriber were occasionally incorrectly recorded within the pharmacy's private prescription records. The date a specials line was obtained and sometimes when it was supplied and to whom weren't included in the pharmacy's specials records.

An information governance policy was in place and staff were required to complete online training on it. Arrangements were in place for confidential waste to be collected and sent to a centralised point for secure destruction. Some prescriptions, which were stored on the pharmacy's reception desk, were in easy reach of people. But they were removed when staff were told about them. People's details weren't always removed or obliterated from patient-returned waste before its disposal.

A safeguarding policy and a list of key contacts for safeguarding concerns were available. Staff were required to complete safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to provide safe and effective care. The pharmacy's team members are encouraged to keep their skills up to date. Staff are comfortable about giving feedback to improve the pharmacy's services. They use their judgement to make decisions about what is right for the people they care for. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 61 hours a week and it dispensed about 7,500 prescription items a month. The pharmacy team consisted of a full-time store manager, two part-time dispensing assistants, two full-time trainee dispensing assistants, one part-time trainee dispensing assistant, a full-time medicines counter assistant (MCA) and two part-time MCAs. The pharmacy was trying to recruit a regular pharmacist as it didn't have one. And it relied upon relief and locum pharmacists to cover this vacancy. The store manager wasn't a pharmacy professional. But she was a trained dispensing assistant. Staff have completed or were undertaking accredited training relevant to their roles. The pharmacy was reliant upon its team members, relief staff and staff from nearby branches to cover any absences. A relief pharmacist (the RP), a locum pharmacist, the store manager, two trainee dispensing assistants and an MCA were working at the time of the inspection.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The pharmacists supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. A trainee dispensing assistant described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant, elderly people or people with long-term health conditions.

Staff performance and development needs were discussed informally throughout the year and at colleague reviews. Members of the pharmacy team were encouraged to ask the pharmacists questions, familiarise themselves with new products, read the company's monthly 'Professional Standard' newsletter and undertake online training to keep their knowledge up to date. Team meetings were held to update staff and share learning from mistakes or concerns. Staff unable to attend these meetings were updated during one-to-one discussions. Members of the pharmacy team felt comfortable in providing suggestions about the pharmacy during team meetings. And they knew how to raise a concern with the persons nominated within the company's whistleblowing policy or anonymously through a telephone hotline. Their feedback led to changes in the way staff recorded important information about the day-to-day running of the pharmacy.

The pharmacy's team members didn't feel their professional judgement or patient safety were affected by company targets. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. But it could do more to make sure its floor is kept clean.

Inspector's evidence

The pharmacy was bright, appropriately presented and air-conditioned. Its dispensary has been refurbished since the last inspection. The pharmacy's dispensary had adequate workbench and storage space available for the current dispensing workload. And people's multi-compartment compliance aids were made up in a separate room within the pharmacy. But this room wasn't air-conditioned.

A suitably sized consultation room was available if people needed to speak to a team member in private. And it was locked when not in use to make sure its contents were kept secure.

The pharmacy was cleaned by a cleaning contractor most days. But the pharmacy team also needed to keep the pharmacy clean and tidy as the dispensary's floor wasn't always thoroughly cleaned. The pharmacy's sinks were kept clean. And the premises had a supply of hot and cold water. Antibacterial hand wash and alcoholic hand sanitiser gel were also available.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It provides services that people can access easily. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. And it gets its medicines from reputable sources and it stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. They generally dispose of people's waste medicines safely too. But they could do more to make sure people have all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy had some automated doors and its entrance was level with the outside pavement. The pharmacy was open most days of the year. The pharmacy's services were advertised in-store and were included in the pharmacy's practice leaflet. The pharmacy team knew what services the pharmacy offered and where to signpost people to if a service couldn't be provided.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. An audit trail was maintained for each delivery and people were asked to sign a delivery record to say they had received their medicines. The delivery drivers were based at another store.

The pharmacy offered a winter flu vaccination service. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy provided about 20 MURs and five NMS consultations a month. People provided their written consent when recruited for these.

The pharmacy provided a substance misuse treatment service and a needle exchange service. The pharmacists could supervise the consumption of some substance misuse clients' treatments. The pharmacy team asked needle exchange clients to return spent sharps within the containers provided and deposit these into a designated receptacle.

The company transferred the assembly of most of the pharmacy's repeat prescriptions to its 'Dispensing Support Pharmacy'. This has freed up staff time to help them manage the pharmacy's other services. The pharmacy displayed some notices informing people that some prescriptions may be made up at another of the company's pharmacies. But the pharmacy team didn't routinely tell people about this or ask them for their consent for this to happen.

The pharmacy used disposable and tamper-evident multi-compartment compliance aids for its compliance aid dispensing service. A dispensing audit trail was maintained for the compliance aids seen. And a brief description of each medicine contained within them was provided. But patient information leaflets weren't always supplied as required by the pharmacy's SOPs.

The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. A 'counselling reminder' card and a 'pharmacist information form' were used to alert the person handing the medication over that these items had to be added or if extra

counselling was required. Prescriptions for CDs were marked with the date the 28 day legal limit would be reached to ensure supplies were made lawfully. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had access to valproate educational materials online. And the pharmacy team recently requested some more educational materials from the manufacturer.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare and Phoenix, to obtain its medicines and medical devices. It stored its stock, which needed to be refrigerated, appropriately between 2 and 8 degrees Celsius. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks, which were documented, and products nearing their expiry dates were appropriately marked.

The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock. But patient-returned CDs have been allowed to accumulate and needed to be destroyed.

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 as the pharmacy didn't have the appropriate equipment nor computer software to do so. The pharmacy's SOPs hadn't been reviewed to reflect the changes FMD would bring to the pharmacy's processes. And the pharmacy team didn't know when the pharmacy would become FMD compliant.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was emptied into a plastic tray and was checked for CDs or prohibited items. People attempting to return prohibited items, such as household chemicals, were appropriately signposted. Pharmaceutical waste receptacles were available and in use. But the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as cytostatic and cytotoxic products.

A process was in place for dealing with recalls and concerns about medicines and medical devices. Drug and device alerts were retained, actioned and annotated following their receipt.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had up-to-date reference sources available. And its pharmacy team could access information from the chief pharmacist's office. It had a range of clean glass measures and equipment for counting loose tablets and capsules too. Two medical refrigerators were used to store pharmaceutical stock requiring refrigeration. And their maximum and minimum temperatures were checked and recorded regularly. The pharmacy's diagnostic testing equipment wasn't being used because its diagnostic testing services, such as blood pressure checks and NHS health checks, have been suspended.

The pharmacy had a cordless telephone system to allow its staff to have confidential conversations with people when necessary. Access to the pharmacy computers and the patient medication record system was restricted to authorised personnel and password protected. The computer screens were out of view of people.

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.