

Registered pharmacy inspection report

Pharmacy Name: Boots, 7 Harvest Road, Maidenbower Square,
Maidenbower, CRAWLEY, West Sussex, RH10 7RA

Pharmacy reference: 1037298

Type of pharmacy: Community

Date of inspection: 25/10/2019

Pharmacy context

A community pharmacy set in a parade of shops in a residential area of Crawley. The pharmacy opens six days a week and most people who use it live nearby. The pharmacy sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides multi-compartment compliance packs to help people take their medicines. It delivers medicines to people who can't attend its premises in person. And it offers winter influenza (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	1.2	Good practice	The pharmacy continually monitors the safety of its services to protect people and further improve patient safety.
2. Staff	Standards met	2.4	Good practice	Staff work well together as a team and have a work culture of openness, honesty and learning. And they learn from their own and other people's mistakes.
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 continually monitors the safety of its services to protect people and further improve patient safety. Its team members log and review the mistakes they make. So, they can learn from these and act to avoid problems being repeated. The pharmacy has appropriate insurance to protect people if things do go wrong. It mostly 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 understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) 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 making up people's prescriptions 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. And they initialled each dispensing label. Assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had robust systems in place for its team to record and review dispensing errors and near misses. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes regularly to help spot the cause of them and any trends. So, they could try to stop them happening again and improve the safety of the dispensing service they provide. They highlighted look-alike and sound-alike drugs on the dispensary shelves to reduce the risk of them picking the wrong product. And they reviewed and strengthened their dispensing process following a mistake with the supply of a controlled drug (CD). A review of the pharmacy's flu vaccination service led to the introduction of a second check of the selected vaccine before the pharmacist administered it.

The pharmacy displayed a notice that identified the RP on duty. Members of the pharmacy team were required to wear name badges which identified their roles within the pharmacy. And their roles and responsibilities were described within the SOPs. They explained what they could and couldn't do, what they were responsible for and when they might seek help; for example, the medicines counter assistant (MCA) explained that repeated requests for the same or similar products were referred to a pharmacist. A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of last year's patient satisfaction survey were available online. The pharmacy displayed a leaflet that told people how they 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 team managed the pharmacy's repeat prescription collection service.

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 CD was received from wasn't always included in the CD register. 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. And 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 and the date of prescribing were occasionally incorrect within the pharmacy's private prescription records. The date an unlicensed medicinal product 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. The pharmacy had arrangements in place to make sure confidential waste was collected and then sent to a centralised point for secure destruction. Its team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. And people's details were routinely removed or obliterated before patient-returned waste was disposed of. A safeguarding policy and a list of key contacts for safeguarding concerns were available. Staff were trained dementia friends. They 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 its services safely and effectively. And it encourages them to give feedback. Staff work well together as a team and have a work culture of openness, honesty and learning. And they learn from their own and other people's mistakes. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff know how to raise a concern if they have one. They occasionally feel under pressure to do all the tasks they're expected to do. But, their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 55½ hours a week. It dispensed about 6,000 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time store-manager, two full-time pre-registration pharmacy technician trainees and two part-time MCAs. The pharmacy had a vacancy for a part-time trainee dispensing assistant. The RP, the store manager, two pre-registration pharmacy technician trainees and one of the MCAs were working at the time of the inspection. The pharmacy's team members, including the store manager, were required to complete accredited training relevant to their roles. And one of the pre-registration pharmacy technician trainees was a trained healthy living champion. The pharmacy was reliant upon its team members, relief staff and staff from nearby branches to cover any absences.

The RP and the store manager led by example. And staff supported each other so prescriptions were processed efficiently, but safely, and people were served promptly. The RP 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. The MCA 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 or breastfeeding, elderly people or people with long-term health conditions.

Members of the pharmacy team regularly discussed their performance and development needs with their line manager and at colleague reviews twice a year. And they helped each other learn. They were encouraged to ask questions, read company newsletters and familiarise themselves with new products. They were also encouraged to keep their knowledge up to date by completing accredited training and online training. Staff could train while they were at work when the pharmacy wasn't busy or during their own time. They were comfortable talking about their own mistakes and weaknesses with their colleagues. And team meetings were held to update them and to share learning from mistakes or concerns. The pharmacy had a whistleblowing policy. Its team felt comfortable in providing suggestions about the pharmacy during team meetings. Staff knew who they should raise a concern with if they had one or how to raise it anonymously. Their feedback led to the introduction of daily team briefings.

Members of the pharmacy team have occasionally felt under pressure to cope with all the tasks they were expected to do. But they didn't feel their professional judgement or patient safety were affected by targets. Medicines Use Reviews and New Medicine Service 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 an adequate and secure environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy premises were bright, appropriately presented and air-conditioned. The pharmacy had the workbench and storage space it needed for its current workload. But it kept some stock in baskets on its floor. A 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 team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy's sink was clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

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 offers flu vaccinations and keeps records to show that it has given the right vaccine to the right person. 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. And they usually dispose of people's waste medicines safely too.

Inspector's evidence

The pharmacy had automated doors and its entrance was level with the outside pavement. Its services were advertised in-store and were included within its practice leaflet. The pharmacy's team members were helpful. They knew what services were offered and where to signpost people to if a service couldn't be provided. The pharmacy also acted as a collection point for people of a local hospital to collect their out-patient prescriptions from.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines. The pharmacy provided a winter flu vaccination service. The pharmacy had valid, and up-to-date, patient group directions and appropriate anaphylaxis resources in place for this service. It kept a record for each vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. Its team made sure its sharps bin was kept securely when not in use. 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. And they needed to make flu vaccination appointments. So, the pharmacy team could manage the service and its workload. But sometimes people needed to wait for their prescriptions to be checked when the pharmacist was busy with a vaccination. The pharmacy used a disposable and tamper-evident system for people who received their medicines in multi-compartment compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a compliance pack. And it had a process to assess if a person was eligible for the service. The pharmacy kept an audit trail of the person who had assembled each compliance pack and who had checked it. The pharmacy team provided a brief description of each medicine contained within the compliance packs. And patient information leaflets were routinely supplied to people too. 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. 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. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare and Phoenix, to obtain its pharmaceutical stock. It kept 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 marked. The pharmacy stored its stock, which needed to be

refrigerated, appropriately between two and eight degrees Celsius. And it also 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. 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 decommissioning stock at the time of the inspection as the pharmacy didn't have the appropriate facilities to do so. The pharmacy's SOPs hadn't been revised 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 spent sharps, were appropriately signposted. Pharmaceutical waste receptacles were available and in use. But the pharmacy didn't have a receptacle for the disposal of people's hazardous waste, such as cytostatic and cytotoxic products. And some intact patient-returned gabapentin capsules and pregabalin capsules were found in a pharmaceutical waste bin. The pharmacy had a process in place for dealing with alerts and recalls about medicines and medical devices. And staff described the actions they would take and the records they would make when the pharmacy received a concern about a product.

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. And, it uses these to keep people's private information safe.

Inspector's evidence

The pharmacy had a range of clean glass measures. It also had equipment for counting loose tablets and capsules too. The pharmacy team had access to up-to-date reference sources. And it could contact the Chief Pharmacist's office to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy provided blood pressure checks on request. And the blood pressure monitor was replaced every year.

Access to the pharmacy computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.