General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 35 Keymer Road, HASSOCKS, West Sussex, BN6 8AG

Pharmacy reference: 1037329

Type of pharmacy: Community

Date of inspection: 29/04/2019

Pharmacy context

This is a community pharmacy set on a row of shops in the centre of Hassocks village. The pharmacy is close to a medium-sized secondary school and a health centre. The village has a lot of new homes being built. Most of the people who use the pharmacy are older people. But there are increasing numbers of young families moving into the area. The pharmacy opens 6 days a week. It dispenses NHS prescriptions and it offers a seasonal flu (influenza) vaccination service. It also supplies medicines in multi-compartment medicine packs to people who live in their own homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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

Members of the pharmacy team know what their roles and responsibilities are. They work to professional standards and identify and manage risks appropriately. The pharmacy adequately monitors the safety of its services. Its team members log, review and learn from the mistakes they make during the dispensing process. The pharmacy normally keeps all the records it needs to by law. The pharmacy acts upon people's feedback. And it generally keeps people's private information safe. The pharmacy team is trained in how to protect vulnerable people and team members know what to do to protect people's welfare.

Inspector's evidence

The pharmacy's consultation room was locked when not in use to ensure its contents were kept securely and safeguarded from unauthorised access. The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. Members of the pharmacy team were required to read and sign 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 the Responsible Pharmacist (RP) who was also seen initialling the dispensing label.

Staff were aware of the company's "Monthly Patient Safety Review" process. They described the actions they have taken to prevent risks in the dispensing process, such as the separation of look-alike and sound-alike drugs. Dispensing incidents and near misses were recorded, reviewed and discussed to share learning and help strengthen the dispensing process.

A RP notice was on display next to the pharmacy's reception area. Staff were required to wear name badges which identified their roles within the pharmacy. They understood what their roles and responsibilities were, and these were described within the SOPs.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. People could provide feedback about the pharmacy online or by contacting the company's customer care centre. And the results of a recent patient satisfaction survey were published online. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had insurance arrangements in place including professional indemnity. The controlled drug (CD) register, the emergency supply records and the RP records were adequately maintained. The CD running balance was checked regularly as required by the SOPs. The details of the prescriber were occasionally incorrect in the private prescription records. And the date a specials line was obtained, when it was supplied and to whom weren't routinely 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. People's details were not always removed or obliterated from patient-returned

waste before its disposal. The prescription filing box for the retrieval system was stored on top of the dispensary reception area and was accessible to the public.

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 just enough staff to deliver its services safely. But some members of the pharmacy team didn't have time set aside so they can carry out training during working hours. The pharmacy encourages its staff to provide feedback. The team members 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 was open for 51 hours a week and dispensed between 3,000 and 4,000 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time pre-registration pharmacy technician trainee and two part-time trainee pharmacy advisors. Members of the pharmacy team have completed or were undertaking accredited training relevant to their roles. A vacancy for a third part-time pharmacy advisor had recently been filled. But this member of staff wasn't due to start at the pharmacy until the beginning of June. The pharmacy was reliant upon staff from nearby branches or relief staff to cover planned and unplanned absences.

The pharmacy was managed by the RP. The RP generally received additional pharmacist support one day most weeks so she could complete her managerial duties. But occasionally this support was taken away to cover the absence of a pharmacist at another branch.

The RP and the pre-registration pharmacy technician trainee were the only members of staff working at the pharmacy on the day of the inspection. They didn't have any other team members coming in to cover their breaks. So, they decided to close the pharmacy for a short period of time that day to have their lunch. The pharmacy had received a large retail order that morning. But its team members postponed putting this stock away because they needed to prioritise the dispensing service.

Staff supported each other so people were served and counselled in a helpful and knowledgeable way. The RP supervised and oversaw the supply of medicines and advice given by staff. The pre-registration pharmacy technician trainee described the questions she would ask when making OTC recommendations and when she would refer people to the RP; for example, requests for treatments for infants or repeated requests for products liable to abuse.

The pharmacy's team members discussed their performance and development needs with their line manager. They were encouraged to keep their knowledge up to date by completing accredited training and online training. But they were sometimes too busy serving people or delivering the pharmacy's services and didn't always get time to train whilst at work.

Team meetings were held to update staff, share learning from mistakes or complaints and so staff could make suggestions about the pharmacy. Staff felt comfortable in providing feedback about the pharmacy during team meetings and knew how to raise a concern with the persons nominated within the company's whistleblowing policy or anonymously through a telephone hotline. Staff feedback led to changes in the way prescriptions for gabapentin and pregabalin were processed.

The team members didn’t feel company targets affected their judgement or patient safety. Pharmacists would only carry out Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations when it was clinically appropriate to do so and when the workload allowed so the delivery of services to patients was not compromised.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean and the pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was bright, appropriately presented and air-conditioned. The pharmacy team was responsible for keeping the premises clean and tidy. A consultation room was available if people needed to speak to a team member in private.

The dispensary had sufficient dispensing workbench and storage space available for the pharmacy's current workload. The pharmacy also had a separate area to its dispensary for the assembly of multi-compartment compliance packs. The pharmacy's sinks were clean and they each had a supply of hot and cold water. And antibacterial hand wash and alcoholic hand sanitising gel were available for staff to use.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to most people. The pharmacy's working practices are safe and effective. The pharmacy team makes sure that people have all the information they need so that they can use their medicines safely. The pharmacy gets its medicines from reputable sources and stores them appropriately and securely. Members of the pharmacy team check stocks of medicines regularly to make sure they are in-date and fit for purpose. The pharmacy generally disposes of people's waste medicines safely. But its staff don't always correctly dispose of medicines that require special handling.

Inspector's evidence

The pharmacy had an automated door and its entrance was almost level with the outside pavement. It had an induction loop for people who wore hearing aids. The pharmacy's services were advertised in-store and were included in the pharmacy's practice leaflet. The pharmacy team knew where to signpost patients to if a service was not provided.

The pharmacy had about 40 people whose medicines were dispensed into multi-compartment compliance packs. And it used disposable and tamper-evident packs for this service. A dispensing audit trail was maintained for the assembled packs seen. A brief description of each medicine contained within the packs was routinely provided. And the SOPs required patient information leaflets to be supplied with dispensed medicines including those in multi-compartment compliance packs.

The pharmacy offered a delivery service to people who couldn't attend the premises in person. An audit trail was maintained for each delivery. The pharmacy offered a seasonal flu vaccination service. Its pharmacists administered about 400 vaccinations last winter. Some people chose to use the vaccination service at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service.

The pharmacy used the company's remote prescribing service, which included independent pharmacist prescribers, for its malaria prevention service. But local demand for this service was low and seasonal. The pharmacy provided about 30 MURs and two NMS consultations a month and people were required to provide their written consent when recruited for these. The RP described an intervention when she referred a recently discharged patient with low blood pressure to their doctor.

Clear bags were used for dispensed CDs and refrigerated lines to allow the person handing over the medication and the patient or their representative 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 that 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 valproate educational materials available.

The RP was aware of the Falsified Medicines Directive (FMD). The pharmacy's team members could

check the anti-tampering device on each medicine was intact during the dispensing process. But they could not verify or decommission medicines at the time of the inspection as they didn't have a scanning device or the associated software to do so. And the pharmacy's SOPs hadn't been amended to reflect the changes FMD would bring to its processes. The RP was unsure when the pharmacy would become FMD compliant.

Recognised wholesalers, such as AAH and Alliance Healthcare, were used to obtain medicines and medical devices. CDs, which were not exempt from safe custody requirements, were stored within the CD cabinet. A record of the destruction of patient returned CDs was maintained. Staff were required to mark and keep patient-returned and out-of-date CDs separate from in-date stock within the CD cabinet. But some intact patient-returned Schedule 3 CD capsules were found in a pharmaceutical waste receptacle.

Pharmaceutical stock requiring refrigeration was appropriately stored between two and eight degrees Celsius. Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks, which were documented, and short-dated products were marked.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was emptied into a tray and checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Although pharmaceutical waste receptacles were available and in use, the pharmacy didn't have a receptacle for the disposal of people's hazardous waste, such as cytostatic and cytotoxic products. And staff disposed of hazardous waste in a receptacle intended for non-hazardous waste. A process was in place for dealing with MHRA recalls and concerns about medicines or medical devices. MHRA alerts were retained and annotated with the actions taken 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 services safely.

Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to information from the Chief Pharmacist's office. The pharmacy had a range of clean glass measures including marked measures for a liquid CD. It also had equipment for counting loose tablets and capsules including a counting triangle for cytotoxic products.

A medical refrigerator was used to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked and recorded regularly. 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 the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.