

Registered pharmacy inspection report

Pharmacy Name: Boots, 25 High Street, Storrington, PULBOROUGH,
West Sussex, RH20 4DR

Pharmacy reference: 1037386

Type of pharmacy: Community

Date of inspection: 05/11/2019

Pharmacy context

This is a community pharmacy, located in the centre of the village of Storrington. It serves the local population as well as those living in the outlying rural surrounding areas. The pharmacy offers NHS dispensing services as well supplying medicines in multi-compartment compliance aids to help patients living in their own homes to remember to take their medication.

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 provides services safely in line with clear processes and procedures which are being followed by staff. Team members record, review and learn from mistakes that occur during the dispensing process to help prevent similar mistakes in future. The pharmacy team asks people for their views and deals with any complaints. And it uses this feedback to improve the service it provides. The pharmacy keeps the records it needs to by law. And it protects patient information and the team members understand their roles in protecting vulnerable people.

Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The pharmacist demonstrated that dispensing incidents and near misses were recorded, reviewed and analysed. In addition feedback is provided to staff. Following the analysis of near miss incidents and trends both within the pharmacy and across the company, had led to greater care being taken with the selection of 'look alike and sound alike drugs' (LASA). The pharmacy used shelf highlighters and separated these drugs on the shelves, to minimise risks as well as utilising the pharmacist information form (PIF) to highlight the risks when dispensing LASA drugs. The pharmacy has recently started using the new Columbus computer system which has also reduced the incidence of errors and near misses through the scanning and automatic checking of packs dispensed.

Up-to-date and relevant standard operating procedures (SOPs) were in place to ensure the safe and effective operation of professional services provided from the pharmacy and these were continually reviewed, with a number of new SOPs being re-issued during 2019. SOPs had been read and signed by staff to confirm their understanding. The pharmacy staff also completed regular SOP audits to reinforce their learning and compliance with the SOP. The pharmacy staff were clear on their roles and responsibilities. On questioning, they explained that they would refer any requests for advice and certain P medicines (for example regular regular requests for codeine preparations) to the pharmacist.

The pharmacy had a procedure in place for obtaining feedback and handling complaints. The process for providing feedback was highlighted in the pharmacy practice leaflet and a patient satisfaction survey was carried out annually. Generally, feedback was positive. As a consequence of feedback the staff took care to highlight the availability of seats in the waiting area for patients awaiting prescriptions. Professional indemnity insurance arrangements were in place for the pharmacy services. The pharmacy could ensure that these results were on display so patients could clearly see what steps the pharmacy were taking in relation to feedback provided.

The responsible pharmacist sign was clearly displayed and responsible pharmacist records maintained appropriately. The CD register, specials records, private prescription records and emergency supply records examined were in order. Running balances were checked and recorded weekly and those checked during the inspection were in order. Records of patient returned controlled drugs were maintained in accordance with good practice.

The pharmacist explained that staff completed online information governance training and this procedure was also available online via the e-Learning system. All staff were required to complete this and compliance with this was monitored and followed up by head office. The pharmacy computer and the patient medication record (PMR) systems were restricted to authorised members of staff and

password protected. A confidential waste bin was used to dispose of patient identifiable and confidential waste. Confidential waste was stored securely awaiting collection.

All staff had completed the e-Learning module associated with safeguarding and the pharmacy team had access to the telephone numbers for safeguarding contacts. The pharmacist had also completed the CPPE safeguarding course. On questioning, both the pharmacist and staff were able to explain what to do or, who they would make aware if they had concerns about the safety of a child or a vulnerable adult.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient staff for the services it provides, and provisions are in place to ensure adequate staffing levels are maintained. Pharmacy staff have the appropriate skills and qualifications for their roles or, are working towards obtaining these. They work effectively together in a supportive environment and are actively encouraged to undertake ongoing learning. The team works with openness and honesty to help support the safe and effective delivery of pharmacy services. They can make suggestions and get involved in making improvements to the systems used and services provided.

Inspector's evidence

There was a responsible pharmacist and four pharmacy advisers present during the inspection. Staffing levels were planned in advance and a staff rota was in operation. All staff had either completed or were in the process of completing appropriate training courses for their roles. Staff wore name badges and uniforms and were identifiable to patients. One of the pharmacy advisers was currently in the process of completing the NVQ technician training course.

The pharmacist explained that all staff had formal appraisals, where development needs were individually discussed and documented. Staff were encouraged to continue their own personal development by completing regular training courses e.g. e-Learning, 30 minute tutors, Audit quizzes on the SOPs, CPD and reading the Professional Standards newsletter. Staff were provided with some time for training during working hours. The pharmacist was observed supervising and overseeing the sales, supply and advice given by staff and staff were observed to be working well as a team. Staff were observed following the sales of medicines protocol asking appropriate questions and providing advice when making OTC recommendations and were also seen referring patients to the pharmacist when necessary.

On questioning, staff were able to explain how they would raise any concerns they had about the provision of a pharmacy service with the company. Staff were aware of the company whistleblowing procedure and the confidential hotline. Regular informal staff meetings and briefings took place, as well as larger across store training meetings for managers and pharmacists. The pharmacist said that the pharmacy was set targets for NMS and MURs, and these were at times challenging to meet. However, she did not feel that these were inappropriate and felt able to make appropriate independent professional decisions about providing such services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and provides an adequate environment for the delivery of its services. The pharmacy protects the privacy, dignity and confidentiality of people with suitable facilities. The team uses these to ensure confidentiality is protected.

Inspector's evidence

The dispensary was of a suitable size for the level of business and was well lit although the dispensary was in need of tidying and cleaning. The ambient temperature of the pharmacy was maintained at a steady temperature by the in-store air conditioning units. The dispensary area was well fitted out and there was sufficient bench space for the activities carried out. And the pharmacist had designated separate areas available for preparing and dispensing prescriptions, as well as for items awaiting checking.

Hand washing facilities were available for staff to use and the sink was clean and had a supply of hot and cold water. A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary. The consultation room was checked during the inspection and no conversations could be heard in the area next to it. However, the consultation room door could be kept secured when not in use, to help reduce the risk unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner and people receive advice and support to help them use their medicines properly. The pharmacy advertises its services and people can easily access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose.

Inspector's evidence

The pharmacy provides a range of services tailored to the needs of the specific local population, in particular the elderly population. And the pharmacy work closely with the local surgery in identifying, monitoring and providing multi-compartment compliance aids to vulnerable patients living in the community. The pharmacy also has a good relationship with the local hospitals in relation to the ongoing care of these patients.

Pharmacy services were clearly advertised. The pharmacy also utilised the texting facility to manage the collection service and notify patients when their repeat medication was ready for collection, although due to the poor mobile phone signal in the area, this was not as effective as it could be. The pharmacy had access for wheelchair users and the consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties.

Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided. In accordance with the SOPs the dispensed-by and checked-by boxes of the dispensing labels on assembled medicines were completed using initials, as well as the use of a quad stamp on all prescriptions to provide a full audit trail of personnel involved in the dispensing process. Fridge lines and CDs were dispensed into clear plastic bags to assist with counselling and reduce the risk of errors. Patient information leaflets (PILs) were seen to be supplied with medicines.

Dispensing baskets together with highlighting cards and pharmacist information forms (PIFs) were used in the dispensing process to manage the workflow, separate prescriptions, reduce the likelihood of errors and highlight any high-risk individual prescriptions to the pharmacist requiring specific attention eg counselling for warfarin patients and females on valproate preparations. Procedures were also in place to highlight high-risk medicines (for example valproate preparations) to ensure that appropriate action was taken including counselling patients where necessary in relation to the Pregnancy Prevention Program. The pharmacy had also carried out an audit of patients on valproate to identify patients at risk.

Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The pharmacy staff demonstrated that the maximum and minimum temperatures of the pharmacy refrigerator was recorded daily and stock was rotated and stored in an orderly manner in the fridge. Medicines were generally stored in alphabetical order and in appropriate conditions, within their original manufacturer's packaging. Although the stock on the shelves could be maintained in a more orderly manner to help reduce the risk of selection errors. Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted and removed prior to expiry.

The pharmacist and staff were aware of the recent requirements for compliance with the Falsified Medicines Directive (FMD) in relation to verification and decommissioning of packs. The pharmacy had

recently received and implemented the new Columbus IT system and scanners. But were still awaiting the roll out of FMD training and sops from Boots head office, to ensure that they can decommission medicines and ensure full compliance. This was expected to be rolled out in 2020.

The pharmacy used licensed wholesalers Alliance, AAH and Phoenix. Specials were generally ordered via Alliance Healthcare Specials. Invoices from a sample of these wholesalers were seen. Waste medicines were stored in appropriate containers and disposed of via licensed contractors. However, the pharmacy did not currently have a facility to dispose of hazardous waste (cytostatic or cytotoxic medicines).

The pharmacy received drug recalls and patient safety alerts and staff were aware of the most up to date safety alerts and could demonstrate that appropriate action had been taken in relation to these alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided and confidential information is protected.

Inspector's evidence

A range of crown stamped measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets and capsules and these were clean at the time of inspection. Medicine containers were stored securely to prevent contamination by foreign matter.

The pharmacy had up-to-date copies of BNF, BNF children and drug tariff as well as access to the internet, Medicines Complete and the facility to contact Boots superintendent's office information service. The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Staff were observed disposing of confidential waste in the special bins provided.

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.