General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 2 Talisman Square, KENILWORTH, Warwickshire, CV8 1JB

Pharmacy reference: 1037764

Type of pharmacy: Community

Date of inspection: 12/02/2020

Pharmacy context

This is a community pharmacy located in the centre of Kenilworth in Warwickshire. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations, Emergency Hormonal Contraception and a few private services. The pharmacy also supplies multi-compartment compliance packs to people if they find it difficult to take their medicines on time.

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 monitors the safety and quality of its services well. It does this by ensuring the company's set internal processes are adhered to. And team members routinely record and review their mistakes so that they can learn from them.
2. Staff	Good practice	2.1	Good practice	The pharmacy's team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. The team ensures that routine tasks are always completed so that the pharmacy operates in a safe and effective manner.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The company provides resources to ensure the team's knowledge is kept up to date. And some members of the team actively ensure the pharmacy operates safely and in line with its standard operating procedures.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy ensures its services are provided safely. The team makes appropriate clinical checks for people. And it actively promotes healthier living.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy is well-run, and it has safe working practices in place. Members of the pharmacy team understand how to protect the welfare of vulnerable people. They protect people's private information appropriately. The pharmacy monitors the safety of its services as team members record their mistakes and learn from them. And the pharmacy maintains the records that it needs to.

Inspector's evidence

This was a very well-managed pharmacy. The pharmacy was up-to-date with its workload. It was routinely kept clear of clutter and it was organised. The pharmacy's dispensing activity took place in two separate areas. Prescriptions brought in by people and repeat prescriptions were assembled in the main dispensary situated downstairs. Multi-compartment compliance packs were prepared from a dispensary upstairs in an area that was not accessible to the public. The latter helped to minimise the likelihood of errors happening and reduced distractions.

In the main dispensary, the workflow involved 'walk-in' prescriptions being dispensed on the front bench. There was an enclosed space here that helped to protect people's privacy and staff ensured that confidential information was kept hidden out of sight. Summary Care Records had been accessed for emergency supplies and consent had been obtained from people verbally for this. Sensitive details on dispensed prescriptions that were awaiting collection could not be viewed from the retail space. Confidential waste was placed into designated bins and disposed of through the company's procedures. There was also a notice on display to inform people about how the pharmacy maintained their privacy.

The team attached the company's pharmacist information forms (PIFs) to prescriptions so that relevant information could be easily identified. Staff routinely recorded their near misses. They were collectively reviewed every month and a 'Patient Safety Review' completed to help learn from mistakes. Team members explained that their near misses had reduced since the company had implemented a new pharmacy system as they were now scanning medicines into the system against prescriptions. They had noticed more errors with quantities happening and this had been focused on. Higher-risk medicines and medicines involved in mistakes had been identified and separated. There were also caution notes in front of stock as an additional visual alert. The store manager and pharmacists handled incidents. Their procedure was in line with the company's documented complaints policy and included recording details on the company's internal reporting system. There was information on display to inform people about the pharmacy's complaints procedure.

Staff were trained to identify groups of people who required safeguarding. This included the RP who was trained to level two via the Centre for Pharmacy Postgraduate Education. Team members had read SOPs, completed training through the company's e-Learning module and were trained as dementia friends. The procedure to follow with relevant and local contact details were present. The pharmacy's chaperone policy was also on display.

Staff understood their responsibilities. The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities on the day. The pharmacy held a range of documented standard operating procedures (SOPs) to cover the services that it provided. They were

dated from 2017 to 2019. Roles and responsibilities of the team were defined within them and staff declarations were complete to state that they had read the SOPs.

The RP record, records of unlicensed medicines, emergency supplies, private prescriptions in general and a sample of registers for controlled drugs (CDs) were maintained in line with statutory requirements. Occasional records of private prescriptions were recorded with incorrect details. This was discussed with the RP at the time. Balances for CDs were checked and documented every week. On randomly selecting some CDs that were held, their quantities corresponded to the balances stated in the registers. The minimum and maximum temperatures of the fridge was routinely monitored. This helped to ensure that temperature sensitive medicines were appropriately stored, and records were maintained every day to verify this. The pharmacy maintained a complete record for the receipt and destruction of CDs that were returned to them for disposal. There was also professional indemnity insurance in place to cover the services provided.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough suitably qualified staff to manage its workload safely. Team members in training are undertaking accredited courses appropriate to their role. Pharmacy team members understand their roles and responsibilities. They keep their skills and knowledge up to date by completing on-going training. And some members of the team have also been helpful to other local branches.

Inspector's evidence

At the time of the inspection, staff present included the regular RP and two trained pharmacy advisors, one of whom was working upstairs on the compliance packs. A new trainee pharmacy advisor was due to start, and the store manager had recently started at the store; he was undertaking accredited training to work on the medicines counter and in the dispensary. The latter described being supported by the team and was provided with protected time to complete his course material. There were some formal targets set for the pharmacist to complete services although this was manageable according to the RP. The pharmacy was also described as being ahead of the company's expectations.

The team wore name badges. They covered each other as contingency for absence or annual leave. Support could also be obtained from some of the company's other local branches if required. The team's certificates of qualifications obtained were not seen but their competence was demonstrated. Staff provided advice and asked appropriate questions before they sold medicines over the counter. They referred to the RP when required.

The company ensured that staff kept their knowledge current by providing e-Learning modules, newsletters, SOPs and tutor packs. Staff were up to date with the company's mandatory training. They were kept informed about relevant information by the store manager, RP and through a noticeboard that was present in the dispensary as well as in the upstairs staff areas. Morning huddles took place to keep the team informed about relevant updates. The team's progress was checked regularly with formal appraisals taking place.

Some members of the team had taken ownership for ensuring the pharmacy's services were delivered safely. This included the 'patient safety champion' who was also the 'Healthy Living champion' (see Principle 4). This member of staff had also been responsible for ensuring the former role was enacted in another of the company's local pharmacies where he had assisted in the recording and reviewing of the team's near misses. This took place whilst he had worked there for an interim period. This was seen by the inspector when an inspection had been carried out at that pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for the delivery of healthcare services. The pharmacy is clean and secure.

Inspector's evidence

The pharmacy premises consisted of a spacious retail area and smaller dispensary on the ground floor. The latter held enough shelving and workspace for the pharmacy’s stock holding and volume of dispensing. The retail area was appropriately presented. The pharmacy was bright, suitably ventilated, clear of clutter and clean. The dispensary upstairs was of a medium-size and kept in an organised manner. Pharmacy (P) medicines were stored behind the front pharmacy counter and staff were generally within the vicinity to help prevent P medicines from being self-selected. A signposted consultation room was available for services and private conversations. This was kept unlocked when not in use and the space was of an adequate size. There was no confidential information present. A curtain could be drawn across the entrance to protect people’s privacy.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It seeks to ensure everyone can access its services. And it promotes healthier living. The pharmacy obtains its medicines from reputable sources, it stores and manages its medicines well. And the pharmacy's team members take extra care when people are prescribed higher-risk medicines.

Inspector's evidence

The pharmacy was located next to a public car park. There was an automatic door at the front of the store. Entry into the pharmacy was at street level. This, coupled with the wide aisles and clear, open spaces inside the pharmacy, enabled people requiring wheelchair access to easily use the pharmacy's services. Staff described using written details for people who were partially deaf, and a hearing aid loop was available. They provided physical assistance if required for people who were visually impaired. The pharmacist spoke Punjabi if required to assist people whose first language was not English. Three seats were available for people waiting for prescriptions and documented information was present to help staff to signpost people to other local services if needed.

The pharmacy team used plastic tubs during the dispensing process to hold prescriptions and items. This helped prevent any inadvertent transfer. A dispensing audit trail from a facility on generated labels as well as a quad stamp on prescriptions assisted in identifying staff involved. The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Staff were aware of the processes involved for the European Falsified Medicines Directive (FMD). There was no guidance information present for the team and the pharmacy was not yet complying with the decommissioning process at the point of inspection.

Medicines were stored in an organised manner and staff checked them for expiry every week. There was a date-checking schedule to verify that this process had been taking place. Staff used stickers to highlight short-dated items. There were no date-expired medicines or mixed batches seen. Liquid medicines were marked with the date upon which they were opened. CDs were stored under safe custody and the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. A CD key log was completed as an audit trail to verify this. Drug alerts were received through the company system, the team checked for affected stock and acted as necessary. An audit trail was present to verify the process. Medicines returned for disposal, were accepted by staff and stored within designated containers. This included containers for hazardous and cytotoxic medicines as well as a list to help the team to identify these medicines. People returning sharps for disposal, were referred to another of the company's local pharmacies which could accept and dispose of them. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their destruction.

The RP described MURs providing the most impact out of the services that were provided. He explained that this was because this service provided an opportunity to sit down with people and hold a discussion about their medicines. This had helped identify side effects such as muscle pains for people prescribed statins for example and they had subsequently been referred to their GP. The pharmacy had routinely completed the practice-based audits that were required of it. This included an audit about whether people prescribed non-steroidal anti-inflammatory drugs (NSAIDs) were co-prescribed

gastroprotection. 100% of the people surveyed were found to have been co-prescribed a proton pump inhibitor and no referrals had been required. On completing an audit about whether people with diabetes had received checks for their eyes and feet, the RP explained that he had referred a few people to the eye hospital because the former had not taken place and their eye sight had been deteriorating rapidly. They were now having regular eye checks and had expressed their gratitude to the pharmacy team as a result.

The pharmacy was also Healthy Living accredited. There was a dedicated zone in one area of the retail space which was used to promote campaigns. This area held leaflets and displayed posters. It also included bespoke material that had been specifically created by one member of staff, the Healthy Living Champion. At the inspection, the board included information about mental health for people who were struggling to cope, where they could be signposted to and ten ways that they could become happier. The Healthy Living champion explained that previous campaigns had involved information about smoking cessation and alcohol awareness. Where possible, he tried to make the display fun and engaging for people to look at so that they could absorb the details. This had also involved putting up an edited picture of the RP to try and reinforce relevant information. In addition, he described tying in this role when people asked for advice on the medicines counter. For example, if they asked for cough or cold remedies, people were asked about their diet so that additional advice could be provided. According to the team, positive feedback had been received about this service.

Staff were aware of the risks associated with valproates and they provided relevant material as well as counselled people at risk when prescriptions were seen. An audit had been completed in the past to identify the supply of these medicines. The pharmacy had also completed an audit about people who received lithium and they had found that these people were being regularly monitored. The team routinely used laminated cards, stickers and PIFs to highlight relevant information on dispensed prescriptions such as CDs (Schedules 2 to 4), fridge and higher-risk medicines. Staff explained that for the latter, they always checked relevant information, such as asking about the dose, strength and blood test results. This included the International Normalised Ratio (INR) level for people prescribed warfarin. However, details were not always documented which could have helped the team to verify this. The last details seen were from 2018 and 2019. This was discussed at the time.

Once dispensed, prescriptions awaiting collection were stored within an alphabetical retrieval system. Uncollected prescriptions were checked every five weeks on a cyclical basis. Dispensed fridge items and Schedule 2 CDs were placed into clear bags after assembly and this helped to identify them more easily when they were handed out.

Compliance packs were supplied after the RP carried out an assessment for suitability. The pharmacy ordered prescriptions on behalf of people and staff cross-referenced details on prescriptions against individual records. This helped them to identify any changes and records were maintained to verify this. Progress logs and communication records were also being used. All medicines were de-blistered into the compliance packs with none supplied within their outer packaging. They were not left unsealed overnight when assembled. Descriptions of medicines were provided and patient information leaflets (PILs) were routinely supplied. People prescribed warfarin who received compliance packs were supplied these medicines separately. Mid-cycle changes involved the compliance packs being retrieved, amended, re-checked and re-supplied.

The pharmacy provided a delivery service and it maintained audit trails to verify this. CDs and fridge items were highlighted. Staff contacted people before attempting to deliver. The company's drivers obtained signatures from people when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people about the attempt made. No medicines

were left unattended.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. Team members ensure that they are maintained appropriately and kept clean.

Inspector's evidence

The pharmacy held current versions of reference sources and staff could use online resources. The CD cabinet conformed to legal requirements and the medical fridge was operating at appropriate temperatures. There were clean, crown-stamped, conical measures available for liquid medicines, counting triangles and a separate one for cytotoxic medicines. The sink in the dispensary for reconstituting medicines was clean. Antibacterial hand wash and hot and cold running water was available. There were also lockers available for the staff to store their personal belongings. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Cordless phones were available to maintain private conversations. Staff held their own NHS smart cards to access electronic prescriptions and took them home 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.