General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 32-34 Murray Street, FILEY, North Yorkshire, YO14 9DG

Pharmacy reference: 1038920

Type of pharmacy: Community

Date of inspection: 25/07/2019

Pharmacy context

The pharmacy is in Filey, a popular seaside resort in North Yorkshire. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And offers services including medicines use reviews (MURs), flu vaccinations and the NHS New Medicines Service (NMS).

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 adequate processes and written procedures in place. And they protect the safety and wellbeing of people using its services. It keeps the records it must have by law and generally keeps people's private information safe. It is well equipped to help protect vulnerable adults and children. The pharmacy's team members record and report any errors made when dispensing, and they show that they learn from them.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. These provided the team with information on how to perform tasks supporting the delivery of services. The SOPs covered procedures such as taking in prescriptions and dispensing. The team members were up-to-date with reading and signing the SOPs. And these included the more recent delivery SOP. They were seen working in accordance with the SOPs. All the team members had read and signed the SOPs that were relevant to their role.

The pharmacy had a process in place to report and record errors that were made while dispensing. The safer care champion explained the procedure. The pharmacist having spotted the error let the team member know that they had made an error. The pharmacist recorded the error and handed the prescription back to the dispensing assistant responsible to correct. The near miss records sometimes lacked detail. And sometimes it was not clear what the error was. A monthly patient safety review (MPSR) was completed and the most recent one was displayed in the dispensary. There were still some errors with the look alike sound alike drugs (LASA). There was a laminate near both labellers to remind the pharmacy team. There were also select and speak warnings on the shelves where the stock was held. The manager logged into the system and brought up a recent error. The action noted following the incident was for the pharmacy team members to re-read the SOPs for dispensing.

The pharmacy had a leaflet on display that gave details of the various ways people could make a complaint or raise a concern. The pharmacy organised an annual survey to establish what people thought about the service they received. People had identified waiting times and queues at the pharmacy counter as an issue. The pharmacy team members advised that there was a bell on the door and this alerted the team that a person was entering the pharmacy and needed attention. The pharmacy team members responded promptly when people approached the counter. Appropriate professional indemnity insurance facilities were in place. The responsible pharmacist notice displayed the correct details of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. A sample of controlled drug (CD) registers were looked at and were found to be in order including completed headers, and entries made in chronological order. Running balances were maintained. And they were checked every week. A CD destruction register for patient returned medicines was correctly completed. The pharmacy retained records of private prescription and emergency supplies. The pharmacy retained completed certificate of conformities following the supply of an unlicensed medicine.

The team held records containing personal identifiable information in staff only areas of the pharmacy. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The

confidential waste was destroyed off site. A privacy policy was on display in the retail area. The pharmacy had a “Pharmacy Fair Data Processing Notice” on display. The pharmacy team members had completed annual information governance training.

The team members completed training each year via an internal online training module on safeguarding. The team had a policy available to them which guided them on how to manage and report a concern. There was a laminated copy of the procedure, along with the contact details if there was a concern. These were displayed in the dispensary. The pharmacy team members said that they would discuss their concerns with the pharmacist on duty at the time.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the right qualifications and skills for their roles. And for the services they provide. The pharmacy supports the team members to regularly develop their knowledge and skills. And they can raise professional concerns if necessary.

Inspector's evidence

The store pharmacist was on duty at the time of the inspection. And was supported by three pharmacy assistants. One of these was the store manager. The team were seen to be supporting each other well. And said that they generally managed with the current level of staffing. The pharmacy gets busier in the summer months when there are more visitors to the town. And at these times there was extra money in the budget for part time members of the pharmacy team to work overtime when necessary.

The pharmacy team members involved the pharmacist when offering advice to people who were purchasing over-the-counter products for various minor ailments. And they asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The team members accurately described the tasks that they could and could not perform in the pharmacist's absence. The pharmacy provided training to the team, through an online training portal. The portal consisted compulsory modules and assessments. These covered topics from all aspects of the pharmacy. Including medical conditions, health and safety, law and ethics and over-the-counter products. The team members could voluntarily choose a module to work through if they felt their knowledge in an area of their work needed improvement. The team members had regular huddles. And near misses and tasks that needed completing were discussed.

The team members also received an annual performance review. The reviews were designed to allow the team to give feedback on how to improve the pharmacy's service, discuss various aspects of their performance, including what they had done well, what could be improved. The team described how they would raise professional concerns. The whistleblowing policy was on display in the pharmacy. So, the team members knew how to raise a concern anonymously. The pharmacy asked the team to meet targets in areas such as prescription volume, and the number of medicine use review (MUR) and New Medicines Service (NMS) consultations completed. The pharmacy team said they did not feel under pressure to deliver targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure and adequately maintained. It has a sound-proof room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The dispensary area was large, and the counter could be observed from the checking area. The pharmacy was professional in its appearance. And was generally clean, hygienic and well maintained. Floor spaces were clear with no trip hazards evident. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. The working benches area were free of clutter. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities, a computer and a sink. The room was professional in appearance. There was air con and the temperature was comfortable throughout the inspection.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. It generally stores, sources and manages its medicines safely. And it identifies and manages its risks adequately. The team members help people to safely take high-risk medicines.

Inspector's evidence

There was a step up into the pharmacy. There was a portable ramp to help people in wheelchairs and those with mobility problems. There also was a working bell to alert members of the pharmacy team that assistance was needed. The pharmacy advertised its services and opening hours in the window. Seating was provided for people waiting for prescriptions. A range of healthcare related leaflets were available for people to select and take away.

Alert cards were kept with prescriptions to alert the team to issues on hand out. For example, interactions between medicines or the presence of a fridge or a controlled drug that needed to be added to the bag. An audit trail was in place for dispensed medication using dispensed by and checked by signatures on labels. The dispensary had a manageable workflow with separate areas for the team members to undertake the dispensing and checking parts of the dispensing process. Tubs were available to hold prescriptions and medicines. This helped the team to stop people's prescriptions from getting mixed up. The team used patient information forms, and these were held with prescriptions. The teams recorded any additional information on the forms, such as if the person was due for a service e.g. an MUR. The pharmacy used clear bags to store dispensed fridge and CD items. Which allowed the team to do a further check of the item against the prescription. And by the person during the hand out process.

The team sometimes identified people who were prescribed high-risk medication such as warfarin. And they were given additional verbal counselling by the pharmacist. But details of these conversations were not recorded on people's medication records. So, the pharmacy could not demonstrate how often these checks took place. INR levels were not always recorded. The team were aware of the pregnancy prevention programme for people who were prescribed valproate. And they had completed an audit and identified an eligible patient. The person had been given the information. And was referred to her GP.

People could request multi-compartmental compliance packs. And these were supplied to people to help them take their medicines at the right time. The team recorded details of any changes, such as dosage changes, on the master sheets. The team supplied the packs with backing sheets which contained dispensing labels. And information which would help people visually identify the medicines. The pharmacist did not supply patient information leaflets with the packs each month. This is not in line with requirements. And could mean that people do not get all the information they need to take their safely.

The pharmacy kept records of the delivery of medicines from the pharmacy to people. The records included a signature of receipt. A separate delivery sheet was used for controlled drugs. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed.

One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity.

The team checked the expiry dates of the stock every three months. And the team kept records of the activity. The team used stickers to highlight medicines that were expiring in the next six months. The team recorded the date the pack was opened on liquid medicines. This allowed them to identify medicines that had a short-shelf life once they had been opened. And check that they were fit for purpose and safe to supply to people.

The team were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). No software, scanners or an SOP were available to assist the team to comply with the directive. The team had not received any training on how to follow the directive. Fridge temperatures were recorded daily using a digital thermometer. A sample of the records were looked at. And the temperatures were consistently within the correct range. The pharmacy obtained medicines from several reputable sources. Drug alerts were received via email to the pharmacy and actioned. The pharmacy kept a record of the action the team had taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is clean and safe. And the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

References sources were in place. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of CE quality marked measuring cylinders. Tweezers and gloves were available to assist in the dispensing of multi-compartmental compliance packs. The fridge used to store medicines was of an appropriate size. Medicines were organised in an orderly manner. Prescription medication waiting to be collected were stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't on view to the public. The computers were password protected. Cordless phones assisted in undertaking confidential conversations. Members of the pharmacy team had their own NHS smart cards.

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.