General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 22 - 28 Market Place, KNARESBOROUGH, North Yorkshire, HG5 8AG

Pharmacy reference: 1038948

Type of pharmacy: Community

Date of inspection: 19/02/2020

Pharmacy context

This is a community pharmacy in Knaresborough. A market town in North Yorkshire. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and long-term conditions. It provides NHS services, such as the new medicines service and medicines use reviews. It provides flu vaccinations. And it provides a home delivery service.

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

The pharmacy identifies and manages the risks associated with the services it provides to people. And it has a set of written procedures for the team members to follow. The pharmacy keeps the records it must have by law. And it keeps people's private information secure. The team members openly discuss and record any mistakes that they make when dispensing. The team members know when and how to raise a concern to safeguard the welfare of vulnerable adults and children.

Inspector's evidence

The retail area was large. And there was an adequately sized pharmacy. The pharmacy counter acted as a barrier between the retail area and the dispensary to prevent any unauthorised access. There were two front facing dispensing stations. And the pharmacist checked walk-in prescriptions here. This allowed him to easily oversee any sales of medicines and listen to any advice the team members were giving to people.

The pharmacy had a set of written standard operating procedures (SOPs) in place. The SOPs had an index, which made it easy to find a specific SOP. The pharmacy's superintendent pharmacist's team reviewed the SOPs every two years. The pharmacy defined the roles of the pharmacy team members in each procedure. Which made clear the roles and responsibilities within the team. The team members had read and signed each SOP that was relevant to their role. And they completed a short quiz sheet when they had been issued with new or revised SOPs to test their understanding.

The pharmacist highlighted near miss errors made by the team when dispensing. And the details of each near miss error were recorded onto a paper near miss log. There was a separate log for each member of the pharmacy team. The team members recorded the date and type of the error. One of the pharmacy assistants reviewed the near misses with the pharmacist at the end of the month. There were twenty-two near misses in January. The RP showed the monthly patient safety review for January to the inspector. It noted that there were no LASA errors in January. The MPSR noted that there had to be more robust date checking. And also, that laminates to alert that a controlled drug or fridge line needed to be added had to be used. There were no changes made that related to the errors recorded. A member of the pharmacy team said that the Columbus system had been introduced last year. And this required the team members to scan the barcodes of each item while they were dispensing. And the software would alert the team member if the wrong item had been selected. The team members explained the system had reduced the number of near miss errors they made. But they were still making some dose errors. The pharmacy had a process to record and report dispensing incidents that had reached the patient. It recorded the details of such incidents using an electronic reporting system called PIERS. The regular pharmacist was on a day off and the store manager was on holiday. The RP on the day was unable to access the system to show the inspector the recent errors. The inspector was investigating a concern raised by a person who had been supplied with the wrong quantity of a medicine. The team were aware of it and were aware that a report had been made. The pharmacy used small paper slips called pharmacist information forms (PIFs). They were used to communicate messages to the pharmacist such as if a person was eligible for a service. Or if there were any changes in dose or directions. The team members were seen working within the scope of their role throughout the inspection. The team members used a stamp split into four sections to record which team member had

accuracy checked the prescription, clinically checked the prescription, dispensed the medicines and handed out the medicines. This ensured the pharmacy kept a robust audit trail of dispensing activities.

The pharmacy had a formal complaints procedure in place. And details were available for people to see in the pharmacy's practice leaflet which was available in the retail area for self-selection. The pharmacy collected feedback through an annual patient satisfaction survey. The team members discussed the findings of the survey with each other. The team were unable to recall any changes made as a result of patient feedback.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy displayed the correct responsible pharmacist notice. And it was easily seen from the retail area. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept CD registers. And they were completed correctly. The pharmacy team checked the running balances against physical stock every week. A physical balance check of a randomly selected CD matched the balance in the register. The pharmacy kept complete records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines and they were completed in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

The team was aware of the need to keep people's personal information confidential. They had all undertaken General Data Protection Regulation (GDPR) training. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was periodically destroyed off site. There were was a high counter and a lip, this prevented people looking over the counter when prescriptions were being prepared. So, this helped to keep people’s information private.

The pharmacist had completed training on safeguarding via the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had some written guidance on how to manage or report a concern and the contact details of the local support teams. This was in the back of the pharmacist sign in file.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the appropriate qualifications and skills to provide the pharmacy's services safely and effectively. They work together to manage their workload and to ensure people receive quality service. And they feel comfortable to raise professional concerns when necessary. The pharmacy encourages and supports its team members to complete regular training to help them keep their knowledge and skills refreshed and up to date. It achieves this by providing its team members with training time and regular performance appraisals.

Inspector's evidence

At the time of the inspection, the responsible pharmacist was a recently qualified company employed pharmacist. He told the inspector that he had worked in the pharmacy on two previous occasions. So, he was not familiar with where files and evidence were stored. Even so he was helpful and explained company procedures. There were two pharmacy assistants working in the pharmacy during the inspection. The store manager was on holiday and the regular pharmacist was on a day off. The pharmacy team members felt that they usually managed the work load. But when members of the pharmacy team were on holidays it was more difficult. They sometimes had staff from nearby branches to help out. The team acknowledged people as soon as they arrived at the pharmacy counter. They were informing people of the waiting time for prescriptions to be dispensed. And taking time to speak with them if they had any queries. The pharmacy assistant was heard offering advice to a person with an eye problem. And she explained why chloramphenicol eye drops would not be appropriate for the symptoms described.

The pharmacy provided the team members with a structured training programme. The programme involved team members completing various e-learning modules. The modules covered various topics, including mandatory compliance training covering health and safety and information governance. Other modules were based on various healthcare related topics and could be chosen voluntarily in response to an identified training need. The pharmacy assistant said that they were given time to do their training. And she also liked the option of logging on from her home computer and completing her training in her own time. The pharmacy had an appraisal process in place for its team members. The appraisals took place every year. The team received a mid-year review. The team had regular huddles to discuss near misses. And tasks that needed to be completed. Team members felt supported and felt that they worked well together. And help each other out.

The team members felt comfortable to raise professional concerns with the pharmacist or the store manager initially. The pharmacy had a whistleblowing policy. And so, the team members could raise concerns anonymously. The team was set various targets to achieve. These included the number of prescription items dispensed and the number of services provided. The targets did not impact on the ability of the team to make professional judgements.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is kept secure and is adequately maintained. The premises are suitable for the services the pharmacy provides. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean and professional in its appearance. The building was easily identifiable as a pharmacy from the outside. There were two entrances one form the market place. And the other from the side street. The store was large. The dispensary was adequately sized for the number of items dispensed. It was kept tidy and well organised during the inspection. There was a smooth workflow. Floor spaces were kept clear to minimise the risk of trips and falls. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. There was a toilet with a sink with hot and cold running water and other facilities for hand washing. There was a sink in the staff area used for drink and food preparation. The pharmacy had a sound-proofed consultation room with seats where people could sit down with the team member. The room was smart and professional in appearance and was signposted by a sign on the door. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible to people. The pharmacy manages its services appropriately and delivers them safely. It provides medicines to some people in multi-compartment compliance packs to help them take them correctly. And it suitably manages the risks associated with this service. The pharmacy sources its medicines from licenced suppliers. And it stores and manages its medicines appropriately. The team members identify people taking high-risk medicines. And they support them to take their medicines safely and give them appropriate advice.

Inspector's evidence

The pharmacy had level access from the street. The front entrance door was wide. And so, people with prams and wheelchairs could enter the pharmacy unaided. The pharmacy advertised its services and opening hours in the windows. It stocked a wide range of healthcare related leaflets in the retail area, which people could select and take away with them. The team had access to the internet to direct people to other healthcare services.

The team members regularly used various laminated cards during dispensing, and they used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels when the dispensing and checking processes were complete. And so, a robust audit trail of the process was in place. They used tubs to hold prescriptions and medicines. This helped the team members to stop people's prescriptions from getting mixed up. They used 'CD' laminated cards to keep with prescriptions. This system helped the team members check the date of issue of the prescription and helped prevent them from handing out any CDs to people after their prescription had expired. 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 pharmacy kept records of the delivery of medicines it made to people. The records included a signature of receipt. So, there was an audit trail that could be used to solve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs to nineteen people living in their own homes. The other company branch nearby dispensed most of the packs for people in the area. They supplied the packs with information which listed the medicines in the packs and the directions. And information to help people visually identify the medicines. For example, the colour or shape of the tablet or capsule. It also routinely provided patient information leaflets with the packs.

The pharmacy dispensed high-risk medicines for people such as warfarin. The team members used separate laminated cards. They kept these with people's prescriptions as a reminder to discuss the person's treatment when handing out the medicine. There were example questions on the reverse of the cards to remind the pharmacist to ask the person collecting various questions to make sure they were taking their medicines safely. For example, the member of the pharmacy team asked people taking warfarin about their current and target INR, their daily dosage and the date of their next blood test. Notes of conversations were made on the person's electronic medication record (PMR). Two people's records were looked. And both had recent INRs recorded. The team members were aware of

the pregnancy prevention programme for people who were prescribed valproate and of the risks. The team members were aware that there was a pack which contained leaflets to supply when dispensing valproate to people. The team could not locate these during the inspection. The team confirmed that an audit had been done. And there were no eligible people identified.

The pharmacy stored its medicines in the dispensary tidily. Every three months, the team members checked the expiry dates of its medicines to make sure none had expired. No out-of-date medicines were found after a random check in four areas in the pharmacy. And the team members used alert stickers to help identify medicines that were expiring within the next twelve months. They kept records of which medicines were expiring in each month. At the beginning of the month, they referred to the records and removed any of the medicines stored in the dispensary. The pharmacy team members said that they were date checking some medicines when they came in. Because some medicines were being sent which were short dated. They recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The pharmacy had a robust procedure in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits.

The team were currently scanning products and undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The team had received training on how to follow the directive. Drug alerts were received via email to the pharmacy and actioned. The alerts were printed and stored in a folder. And the team kept a record of the action it had taken. The pharmacy checked and recorded the fridge temperature ranges every day. And a sample checked were within the correct ranges. The CD cabinets were secured and of an appropriate size. The medicines inside the fridge and CD cabinets were well organised.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is well maintained and appropriate for the services it provides. The pharmacy uses its equipment to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. The team members used tweezers to help dispense multi-compartment compliance packs. The fridge used to store medicines was of an appropriate size. Prescription medication waiting to be collected was 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 seen by unauthorised people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private.

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.