General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 27 Market Place West, RIPON, North Yorkshire, HG4 1BN

Pharmacy reference: 1038971

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

The pharmacy is in the market place in Ripon. A picturesque market town 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.

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 to protect the safety and wellbeing of people using its services. It keeps most of the records it must have by law and it keeps people's private information safe. It is well equipped to help protect vulnerable adults and children. The pharmacy's team members record, report and learn from errors they make when dispensing. But sometimes they don't fully embed the changes they identify. So, they may miss out on opportunities to reduce the risk of a similar error.

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 incident reporting and dispensing. Team members were in the process of reading and signing the new daily dosage system SOPs. And these needed to be completed by the end of August. The team members 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 accuracy checking technician (ACT) explained the procedure. The checker having spotted an error lets the team member know that they had made an error. The checker usually recorded the error, and handed the prescription back to the dispensing assistant responsible to correct. There were 10 near misses recorded in June, and 25 in July. The ACT thought that the increase in the number of near misses was partly due to the fact that previously not all near misses were being recorded. Also, there had been an increase in the number of errors involving look alike sound alike drugs (LASA). A monthly patient safety review (MPSR) was completed. And it referred to changes being made to reduce LASA errors. And these included writing and ticking the name of the LASA drug on the pharmacist information leaflet (PIF). A check of the completed PIFs indicated that this was not always happening. There was a procedure in place for recording dispensing incidents. Errors were recorded electronically on the pharmacy incident and errors reporting system (PIERS). There was an error in June and another in July. The manager brought these up on the screen and there were no actions noted following the errors.

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. The ACT described an occasion when a person was unhappy with receiving their medication as a number of cut blisters instead of full strips in the packs and replaced them with full packs.

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 complete records of private prescription and emergency supplies. The pharmacy retained completed

certificate of conformities following the supply of an unlicensed medicine. But there were no patient details with these as required by the MHRA. And the file was untidy, so it would be difficult to identify supplies to resolve any queries.

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. The pharmacy leaflet had a section which described how people's data was protected. The pharmacy team members had completed annual information governance training. The team members completed training 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. The pharmacy team members said that they would discuss their concerns with the pharmacist on duty at the time. There was a file with up-to-date key contact details for vulnerable adult, and child services.

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. They have regular performance reviews. So, they can identify and address any development needs to improve their knowledge. They have access to ongoing training. And they feel comfortable to raise professional concerns if necessary.

Inspector's evidence

There was one of the regular pharmacists on duty at the time of the inspection. There was one ACT. And four dispensary assistants. The ACT said that one of these was enrolled on the technician's course. They were half way through the course. And were supported by the pharmacist. The trainee received dedicated time every Monday afternoon. The pharmacy team members thought that usually they managed with the current staffing levels. There were four relief dispensing assistants covering the area. And these could be booked in advance to cover pharmacy team members holidays. The pharmacy was busy and sometimes people were not acknowledged when waiting at the pharmacy counter. 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 pharmacy provided training to the team, through an online training portal. The manager monitored compliance. The pharmacy team members had recently completed training on PIERs and security rules.

The team members had regular huddles. The team members also received an annual performance review and quarterly updates with the manager. The reviews allowed 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. There was a whistleblowing policy 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 medicine use review (MUR) and New Medicines Service (NMS) consultations completed. The pharmacy team members thought that these were mostly achievable.

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 a good size. There was a room to the rear where multi-compartmental compliance aids were prepared. There were front facing dispensing stations. Where walk-ins were prepared. The pharmacy was professional in its appearance. There was a store cleaner. And it was generally clean, hygienic and adequately maintained. There was a clean, well-maintained sink in the dispensary for medicines preparation. There was only cold water available at this sink. But there was hot and cold running water in the staff area. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities, a desk and a sink. The room was professional in appearance and was locked when not in use. There was air conditioning 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. The services are generally well managed. It stores, sources and manages its medicines appropriately. And it identifies and manages risks adequately. The pharmacy team responds appropriately to drug alerts and product recalls. And it makes sure that its medicines are safe to use. The pharmacy team members support people taking high-risk medicines. But they don't always record useful information, such as blood test results. So, they may miss opportunities in the future to use this information to fully support people taking these medicines.

Inspector's evidence

There was a slight incline at the entrance to the store. Wheelchair users and those with mobility problems could access the pharmacy. The pharmacy advertised its services and opening hours. Seating was provided for people waiting for prescriptions. A range of healthcare related leaflets were available for people to select and take away.

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 and on the PMR. The team supplied the packs with backing sheets which contained dispensing labels. And information which would help people visually identify the medicines. Patient information leaflets were supplied with the packs each month. One member of the pharmacy team took overall responsibility for the packs. All members of the pharmacy team were trained to dispense these.

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 13 weeks. And the team kept records of the activity. The team used stickers to highlight medicines that were expiring in the next six months. For example, Amias had been marked as out of date in December 2019. 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. For example, Oramorph liquid was marked as opened on 31 July 2019.

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 (PIFs), and these were held with

prescriptions. The team recorded any additional information on the forms, such as if the person was due for a service e.g. an MUR. Sometimes there were no PIFs with the prescriptions. This could mean that people do not get information or additional advice about their medicines. 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 usually 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 her doctor was informed.

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 a 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. And were unsure if there was anything in the pipeline. 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 Boots live and actioned. The pharmacy kept a record of the action the team had taken. And these were retained to provide an audit trail.

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

The pharmacy had copies of the British National Formulary (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 used tweezers to help them dispense multi-compartmental compliance packs. The fridge used to store medicines was of an appropriate size. And the medicines inside were organised in an orderly manner. All the electrical equipment looked in good condition and was working. 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 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. Members of the pharmacy team had their own NHS smart cards. And they were using these.

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.