

Registered pharmacy inspection report

Pharmacy Name: Boots, 54-56 High Street, SKIPTON, North
Yorkshire, BD23 1JP

Pharmacy reference: 1039006

Type of pharmacy: Community

Date of inspection: 13/06/2022

Pharmacy context

The pharmacy is on a high street in Skipton. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides people with services via the NHS Community Pharmacist Consultation Service (CPCS). And provides seasonal flu vaccinations to people.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	3.4	Standard not met	The pharmacy does not always adequately manage the risk of unauthorised access to the pharmacy premises.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not suitably manage all its medicines to make sure it safeguards them from unauthorised access.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has systems in place to identify the risks associated with providing the pharmacy's services. It keeps the records it must by law. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's private information. Pharmacy team members record and discuss the mistakes they make. They make some changes to help prevent isolated errors happening again. But they don't always effectively manage and reduce the risks of errors that continue to occur.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks to its services. The superintendent pharmacist's (SI's) team had reviewed the SOPs in 2020 and 2021. And they intended to review them again in 2022 and 2023. Pharmacy team members were provided with new and updated SOPs to read in batches over the year. And they read them as part of their ongoing mandatory training requirements. Pharmacy team members had signed to confirm they had read and understood the procedures since the latest review. The pharmacy had SOPs and patient group direction (PGD) documents available for the most recent 2021-2022 seasonal flu vaccination service. The service had ended in March 2022. Pharmacy team members had read the key documents. They had signed them to confirm their understanding. And they had completed a checklist to help them identify and mitigate the risks associated with providing the service to people. People were referred to the pharmacy for services via the NHS Community Pharmacist Consultation Service. Pharmacy team members explained the system clearly. And most people currently being referred required an emergency supply of their medicines. This was often for people visiting the area on holiday. Pharmacy team members recorded their consultations with people, including the outcome.

Pharmacy team members highlighted and recorded near miss and dispensing errors they made when dispensing. There were documented procedures to help them do this effectively. They discussed their errors and why they might have happened. And they used this information to make some changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines on the shelves, to help prevent the wrong medicines being selected. One example was separating quinine and quetiapine. A pharmacy technician analysed the data collected every month to look for patterns. And they recorded their analysis. Pharmacy team members discussed the patterns found. They had identified a common factor in near miss and dispensing errors over several months as distractions and interruptions from dispensing contributing to errors. This was to serve people at the pharmacy counter and to answer the telephone. They particularly highlighted a person that recently experienced a dispensing error involving a controlled drug (CD). They identified that both the dispenser and the pharmacist been distracted and interrupted from dispensing and checking the prescription at least once. And this had contributed to them making the mistake. There was no documented action to mitigate this risk seen.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained feedback was usually collected verbally. And any complaints were immediately referred to the pharmacist to handle. There was information available for people in the retail area about how to provide the pharmacy with feedback. The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete.

It kept running balances in all registers, including registers for methadone. And pharmacy team members audited balances against the physical stock quantity approximately each week. The pharmacy kept a register of CDs returned by people for destruction. It maintained a responsible pharmacist record. And this was also complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. These bags were collected periodically by a waste disposal contractor and taken for secure destruction. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members had signed to confirm they had understood the procedure. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality. A pharmacy team member gave some examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had procedures for dealing with concerns about children and vulnerable adults. Pharmacy team members completed mandatory safeguarding training every two years. And had last completed training in 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has team members who are suitably qualified for their roles and the services they provide. And pharmacy team members manage to complete ongoing training to keep their knowledge and skills up to date. The pharmacy has just enough team members to manage the workload, but they don't always manage the distractions effectively. This increases the risk of them making mistakes.

Inspector's evidence

During the inspection, the pharmacy team members present were a locum pharmacist, a full-time pharmacy technician and a part-time dispenser. The pharmacy also employed two further part-time dispensers that were not present during the inspection. The pharmacy had a manager, but they were currently absent from the pharmacy long-term. Their management responsibilities were being undertaken by the manager from another local store remotely. The locum pharmacist present during the inspection worked at the pharmacy regularly two or three days a week. But they did not have any managerial responsibilities. Pharmacy team members were working without pause or respite during the inspection. And they often found it difficult to allow time to speak to the inspector. Pharmacy team members were continually distracted and broken off from their dispensing activities to serve people at the pharmacy counter and answer queries from people. And frequently, people were presenting at the pharmacy counter to purchase items that did not require the expertise of a pharmacy team member. For a significant proportion of the inspection, there was a queue of five or six people at the counter waiting to be served. Pharmacy team members managed the workload to the best of their capacity.

Pharmacy team members completed mandatory training modules sent by head office periodically. And these included new and updated standard operating procedures (SOPs). They explained that it was often difficult to find time during working hours to complete their training. And if they did spend time training, this put extra pressure on their colleagues who were left to manage the workload. But they generally managed to complete the necessary training. And some team members chose to complete their learning at home in their own time. Pharmacy team members raised questions with each other and with the pharmacist. And they would be supported by discussion or by being signposted to appropriate resources to address the gaps in their knowledge. The pharmacy had an appraisal process in place for pharmacy team members. But the team members present explained they had not received an appraisal for at least two years. And were not currently working towards any specific personal objectives.

Pharmacy team members explained they would raise professional concerns with their area manager or a pharmacy manager at another local store. They felt comfortable raising concerns. But they were less confident that their concerns would be considered, or changes made to help them improve. The pharmacy had a whistleblowing policy. Pharmacy team members communicated with an open working dialogue during the inspection. They explained they felt comfortable suggesting areas for improvement in the pharmacy. And these would be raised informally amongst the team. But they could not give any examples of any recent changes they had suggested to improve the delivery of their services.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy premises are suitable for the services provided. But it does not always adequately address the risk of unauthorised access. The pharmacy is clean and well maintained. And it has appropriate facilities so people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. And the benches where medicines were prepared were mostly tidy and well organised. The pharmacy's floors and passageways were generally free from clutter and obstruction. The pharmacy kept equipment and stock on shelves throughout the premises. It had a room elsewhere in the store which pharmacy team members used to prepare and store multi-compartment compliance packs. This room was included in the pharmacy's registered premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. The room was signposted by a sign on the door. The store also had a storeroom that was not part of the pharmacy's registered premises. Pharmacy team members used this room to store medicines as well as other items of stock for the rest of the retail area.

There was a clean, well-maintained sink in the dispensary used for medicines preparation. There was a toilet elsewhere in the building, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained heat and light to acceptable levels. Its overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The pharmacy's professional areas were well defined by the layout and were well signposted from the retail area.

There was a risk of unauthorised access to the pharmacy at times.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy usually suitably manages and sources its medicines. But it does not store all of its medicines appropriately. The pharmacy's services are easily accessible to people. And it generally provides its services safely and effectively. Pharmacy team members properly support people to take their medicines appropriately. And they provide people with the necessary advice and information to do this safely.

Inspector's evidence

The pharmacy had access from the street through automatic doors. Pharmacy team members could use the patient medication record (PMR) system to produce large-print labels to help people with visual impairment. And they said they would use written communication with someone with hearing impairment to help them access services. The pharmacy also had a hearing induction loop available for people to use.

The pharmacy used a large room at the back of the building to store stock that was not part of the pharmacy's registered premises. Some of the medicines it kept in this room were not stored appropriately.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. And they signed boxes printed on each prescription token. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. Pharmacy team members used various alert cards to highlight various aspects on a prescription. These included highlighting an item that required storage in a fridge. Or a controlled drug (CD). Pharmacy team members also attached a sticker to prescription bags containing CDs. They wrote the expiry date of the prescription on the sticker. And this was to help prevent the medicines being give out after the prescription had expired. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They advised they would also check if they were on a pregnancy prevention programme. The pharmacy did not have stock of some of the information materials to give to people to help them manage the risks of taking valproate. This was discussed. And a pharmacy team member gave their assurance that the necessary materials would be obtained as soon as possible.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached labels to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet. This was a record of all their current medicines, where they were placed in the packs and the times they needed to be taken. The pharmacy delivered medicines to people via a delivery driver that they shared with several other local stores. It used an electronic system to manage and record deliveries which uploaded information to the driver's handheld device. Pharmacy team members highlighted bags containing controlled drugs (CDs) on the driver's device and on the prescription bag. The delivery driver left a card through the letterbox if someone was not at home when

they delivered. The card asked people to contact the pharmacy.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves. The pharmacy had disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures in the pharmacy's fridge each day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates in various areas of the pharmacy every week on a rolling cycle. And this meant they checked all medicines every three months. They recorded their checks. Pharmacy team members highlighted and recorded any short-dated items up to six months before their expiry. And they removed expiring medicines during the month before their expiry. The pharmacy responded to drug alerts and recalls. It quarantined any affected stock found for destruction or return to the wholesaler. It recorded any action taken. Records included details of any affected products removed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had some equipment available to help prevent the transmission of Covid-19. These included hand sanitiser and plastic screens. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. It had a suitable container available to collect and segregate its confidential waste. It kept its computer terminals in the secure areas of the pharmacy, away from public view. And these were password protected.

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.