General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 5 Finkle Street, Thorne, DONCASTER, South Yorkshire, DN8 5DE

Pharmacy reference: 1039142

Type of pharmacy: Community

Date of inspection: 28/10/2019

Pharmacy context

This is a community pharmacy in the centre of a small market town east of Doncaster, South Yorkshire. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It offers advice on the management of minor illnesses and long-term conditions. And it provides an NHS and private seasonal flu vaccination service. The pharmacy supplies some medicines in multi-compartmental compliance packs, designed to help people remember to take their medicines.

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	1.2	Good practice	Pharmacy team members act openly and honestly by sharing details of their mistakes to inform learning. And they make changes to their practice to improve patient safety. The pharmacy completes regular audits to measure the effectiveness of these actions.
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 its services. It keeps people's private information secure. And it responds appropriately to feedback it receives about its services. Pharmacy team members act openly and honestly by sharing details of their mistakes to inform learning. And they make changes to their practice to improve patient safety. The pharmacy completes regular audits to measure the effectiveness of these actions. Pharmacy team members have the knowledge required to ensure the health and wellbeing of vulnerable people is protected. The pharmacy generally keeps all records it must by law. But should ensure all staff are aware of how to access records should a query arise.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) in place. The pharmacy superintendent's team reviewed the SOPs on a two-year rolling rota. Roles and responsibilities of the pharmacy team were set out within SOPs. A sample of training records confirmed pharmacy team members had read and signed the SOPs. New SOPs were brought to the team's attention once the regular pharmacist had authorised the SOP for local use. And there was evidence of ongoing learning associated with the SOPs. For example, Pharmacy team members completed SOP quizzes to test their understanding of specific SOPs. They had completed a quiz relating to the core dispensing SOP in July 2019.

Pharmacy team members on duty were observed working in accordance with SOPs. For example, they completed a 'Pharmacist information Form' (PIFs) when labelling prescriptions. This form remained with the prescription throughout the dispensing process. It was used to communicate key messages such as changes to medication regimens and interactions. And it highlighted people's eligibility for services. Pharmacy team members demonstrated how they also used the PIF to highlight 'look alike' and sound alike' (LASA) medicines. This prompted additional checks of medicines at high-risk of being involved in an error. A dispenser explained clearly what tasks she could and could not complete if the responsible pharmacist (RP) took absence from the pharmacy. The manager was an accuracy checking technician (ACT). She had moved to the pharmacy very recently and confirmed she would be looking to use her checking skills once settled in.

The pharmacy had an up-to-date business continuity plan in place. The team had very recently needed to use the offline mode associated with its clinical software programme. The manager completed daily, weekly and monthly clinical governance checks of the pharmacy environment. This helped provide ongoing assurance that the pharmacy was operating safely and effectively. The dispensary provided a suitable space for the dispensing activity observed. There was separate areas for labelling, assembling and accuracy checking medicines. Pharmacy team members assembled multi-compartmental compliance packs on a back workbench. This helped to reduce the risk of distractions during the dispensing process. And the pharmacy assembled its substance misuse medicines ahead of people attending to collect them. This helped to manage workload pressure and reduce the risk of error. Assembled bottles of methadone were stored in a controlled drug (CD) cabinet with the prescription attached to the current dose.

Pharmacy team members demonstrated how they used the clinical software programme to help reduce the risk of mistakes. They scanned medicines as part of the dispensing process. And this confirmed the correct medicine had been picked. A dispenser demonstrated how the system would flag anomalies and this would prompt an additional manual check of her selection to help identify the problem. Pharmacy team members demonstrated a clear understanding of how the system could support them in the dispensing process. But they remained vigilant to the risks associated with dispensing medicines. They recorded near-miss errors on a record in the dispensary. The pharmacy recorded dispensing incidents electronically through the internal 'Pharmacy Incident and Event Reporting System' (PIERS). Evidence of reporting was available. And pharmacy team members were knowledgeable about the actions taken to review and reduce risk following an incident. The RP on duty explained clearly how she would manage a dispensing incident. This included resolving the matter to the person's satisfaction, apologising and discussing how the incident would be investigated and the learning shared.

Every month the pharmacy team engaged in a patient safety review. This involved a pharmacist looking at near-miss error trends, dispensing incidents, interventions, drug alerts and any other patient safety issues. And discussing trends and areas of improvement with team members. Pharmacy team members were enthusiastic at explaining how the reviews supported their practice by identifying areas for improvement. Each month the pharmacy team focussed on three areas for improvement and its progress was reviewed the following month. The pharmacy displayed details of its latest review in the dispensary. And pharmacy team members identified how this helped focus their attention on the agreed areas for improvement. The main areas for focus following the September review included ensuring the diabetic eye and foot audit was completed, ensuring gabapentin and pregabalin were included on PIFs as LASA medicines and ensuring all CD prescriptions were clearly highlighted. Pharmacy team members explained how they were also paying extra attention to quantities when dispensing medicines. As the patient safety review had highlighted a trend in mistakes involving quantity errors.

The pharmacy advertised its complaints procedure clearly within its practice leaflet. And pharmacy team members could explain how they would manage feedback or a complaint. A pharmacy team member discussed the escalation process for concerns if people were not happy with the response provided. The pharmacy promoted feedback through making 'Community Pharmacy Patient Questionnaires' available to people. And it provided people with the opportunity to provide feedback through an online survey. This survey was advertised on prescription bags.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. Entries in the RP record followed legal requirements. A sample of the controlled drug (CD) register found that it met legal requirements. The pharmacy kept running balances in the register. Balance checks of the register against physical stock took place weekly. A physical balance check of Zomorph 10mg capsules complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. The team entered returns in the register on the date of receipt. The pharmacy held the Prescription Only Medicine (POM) register electronically. Records generally complied with legal requirements. But pharmacy team members did not always record an accurate prescribing date when making the record. Emergency supplies were recorded in full. Pharmacy team members were aware of the need to keep records associated with unlicensed medicines in accordance the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA). A dispenser who had worked at the pharmacy for a number of years explained she could not recall the last time the pharmacy had dispensed an unlicensed medicine as the specials they ordered were normally hosiery orders. Team members on duty didn't know where unlicensed medicine records were archived. This information should be established to support good record keeping if the pharmacy was to receive a prescription for an unlicensed medicine moving

forward.

The pharmacy displayed a privacy notice. It held records containing personal identifiable information in staff only areas of the pharmacy. Lockable storage in the pharmacy's consultation room was used for storing some records. Pharmacy team members completed annual information governance training. A dispenser demonstrated how team members applied vigilance when working on one of the front dispensing stations. And any personal identifiable information was put out of sight prior to pharmacy team members leaving this work area. The pharmacy had submitted its annual NHS data security and protection (DSP) toolkit as required. Pharmacy team members put confidential waste in blue bags which were sealed and sent for secure destruction periodically.

All pharmacy team members completed mandatory safeguarding training. And pharmacy professionals had completed level two learning through the Centre for Pharmacy Postgraduate Education (CPPE). Members of the team spoken to about safeguarding were able to identify how they would recognise and report a concern. The pharmacy had information including contact details for safeguarding agencies within the dispensary.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy employs qualified and skilled people to provide its services. Pharmacy team members take part in regular conversations relating to risk management and safety. They have access to the ongoing learning to support them in their roles. And they have the confidence to follow the pharmacy's feedback processes to raise concerns should they need to.

Inspector's evidence

On duty during the inspection was the RP, the pharmacy manager and two pharmacy advisors (qualified dispensers). The RP was a company employed relief pharmacist and worked infrequently at the pharmacy. The manager was an accuracy checking technician and was in the second week of her new role. One pharmacy advisor was a member of the branch team. And the other pharmacy advisor was a member of the relief team, she had been providing regular cover at the pharmacy. The pharmacy also employed two regular pharmacists and another three qualified pharmacy advisors. The manager confirmed there was a vacancy in the team. It had been agreed that the relief dispenser would be based at the pharmacy three days each week long-term to fill this vacancy. One pharmacist had recently returned from planned long-term leave. There was some flexibility and back-fill available to cover leave due to most members of the team working part-time.

On the day of inspection, the pharmacy team was busy managing a backlog of work. Pharmacy team members explained the pharmacy's clinical system had gone offline on the Saturday prior to the inspection. They were observed prioritising their workload and ensuring people who came to collect their medication were not kept waiting. The team members on duty worked together well and were polite and professional when speaking with members of the public. The pharmacy did have some targets to support its team members in delivering its services. On the day of inspection, the focus was on getting up to date with the dispensing service. And undertaking the flu vaccination service when it was requested.

Pharmacy team members completed ongoing learning associated with their roles. This ranged from mandatory e-learning such as health and safety requirements to e-learning to support team members in delivering services. For example, learning associated with children's oral health. Some pharmacy team members completed the learning in their own time. But time during working hours was available to the team. Pharmacy team members also received appraisals. These one-to-one meetings focussed on their performance, learning and development.

The pharmacy had a whistleblowing policy and pharmacy team members confirmed their awareness of how to raise concerns at work. Specific examples of how the pharmacy responded to feedback from its team members were not provided. The team were in a state of change due to the staffing and management changes. Pharmacy team members confirmed they felt supported in their day-to-day roles in the pharmacy. The pharmacy team members took part in regular discussions relating to patient safety and workload management. The team gathered monthly to share learning through a formal patient safety review. And the outcomes of these discussions were recorded.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure and maintained to the standards required. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

Inspector's evidence

The pharmacy was on a pedestrianised shopping street in the centre of the town. It was professional in appearance and it was secure. The public area was fitted with wide-spaced aisles which enabled people using wheelchairs and pushchairs to move around with ease. The pharmacy was clean. Floor spaces were generally clear of clutter. Some totes in the dispensary from the medicine order were pushed back against shelves to avoid the risk of trip or fall.

There was a sign-posted consultation room at the back of the public area. The room was a sufficient size and it provided a suitable space for holding private conversations with people. A semi-private hatch was located to the side of the dispensary. But the designated waiting area for the pharmacy was directly outside this hatch. This required team members to remain vigilant when delivering services in this area to ensure people's confidentiality was protected. The hatch door leading from the dispensary to the public area was kept closed when the hatch was not in use.

The dispensary was a sufficient size for the level of activity carried out. Pharmacy team members explained work benches were not normally cluttered. On the day of inspection there were some stacked tubs on work benches. And further tubs containing medicines waiting were on designated shelves in the dispensary. These tubs held the managed prescription workload awaiting an accuracy check. There was sufficient space for labelling, assembling and final accuracy checks. The pharmacy's clinical system had gone offline the Saturday prior to the inspection. This has caused the backlog of work seen. And the team was working hard to clear this backlog. A door at the back of the public area was protected from unauthorised access. This area led to a small holding area and stairs leading to the first-floor. On the first-floor of the pharmacy was staff facilities, an office and a store room. The pharmacy stored dispensary sundries and retail stock in this room.

Pharmacy team members reported maintenance issues to a designated support desk. There were no outstanding maintenance issues at the time of inspection. Pharmacy used the dispensary sink primarily for reconstituting liquid medicines and washing equipment. Sinks were equipped with antibacterial hand wash and paper towels. The pharmacy's heating, ventilation and lighting arrangements were sufficient.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy advertises its services and makes them accessible to people. It has up-to-date procedures to support the pharmacy team in delivering its services. And its team follow these procedures well. People visiting the pharmacy receive advice and information to help them take their medicine safely. And the pharmacy team identifies high-risk medicines to help make sure people taking these medicines have the support they need. The pharmacy obtains its medicines from reputable sources. And it keeps its medicines safe and secure.

Inspector's evidence

The pharmacy was accessed through power assisted doors at street level. It advertised details of its opening times and services clearly. It had a small health promotion zone to the side of the healthcare counter and another display towards the back of the pharmacy, close to the consultation room. Pharmacy team members had a wealth of information available to them to help signpost people to other health and social care services if required. The pharmacy had up-to-date patient group directions (PGDs) and procedures readily available to support the flu vaccination service. The service had grown in popularity and team members commented on how people found it accessible. The pharmacy team checked the eligibility of people for other services such as Medicines Use Reviews (MURs) during the dispensing process. And it marked PIFs with these details to help promote services.

Pharmacy team members identified high-risk medicines through placing bright laminated cards in tubs with the assembled medicines, PIF and prescription. They discussed how the cards prompted additional checks when handing out medicines. For example, people on warfarin were asked for monitoring records. Pharmacy team members could discuss the requirements of the valproate pregnancy prevention programme (PPP). And they had high-risk warning cards readily available to issue to people in the high-risk group.

The pharmacy used a board in the dispensary to help manage the supply of medicines in multi-compartmental compliance packs. And it used individual profile sheets which provided clear details of people’s medication regimens. Pharmacy team members demonstrated how changes to medication regimens were recorded and new sheets were introduced following these changes. Profile sheets were clearly dated to help identify the most up-to-date sheet. A sample of assembled packs contained full dispensing audit trails. The pharmacy provided descriptions of the medicines inside the pack to help people identify them. And it supplied patient information leaflets at the beginning of each four-week cycle of packs.

The pharmacy used tubs throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members brought prescriptions for people waiting to the direct attention of the pharmacist for checking. Pharmacy team members signed the ‘dispensed by’ and ‘checked by’ boxes on medicine labels to form a dispensing audit trail. They also initialled a four-way audit grid on prescription forms. This grid contained details of who had assembled the prescription, accuracy checked it, clinically checked it and handed out the assembled medicines. The pharmacy team kept original prescriptions for medicines owing to people. And it used the prescription throughout the dispensing process when it later supplied the medicine. The pharmacy

retained an audit trail for its free repeat prescription collection service. This allowed the team to chase missing prescriptions or chase queries ahead of collection due dates.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members had some knowledge of the Falsified Medicine Directive (FMD). And could demonstrate tamper proof packaging to medicines which complied with FMD requirements. The pharmacy had implemented a new computer software programme in Spring 2019. And this supported the steps it was taking to prepare for FMD compliance. Pharmacy team members were not aware when they would begin scanning medicines to decommission them from the repository in accordance with FMD requirements.

The pharmacy stored Pharmacy (P) medicines behind the healthcare counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored medicines in the dispensary in an organised manner. The pharmacy team followed a date checking rota to help manage stock and it recorded details of the date checks it completed. Short-dated medicines were identifiable. The team annotated details of opening dates on bottles of liquid medicines. No out-of-date medicines were found during random checks of dispensary stock.

The pharmacy held CDs in a secure cabinet. Medicine storage inside the cabinet was orderly. There was designated space for storing patient returns, and out-of-date CDs. The pharmacy's fridge was clean and stock inside was organised. The pharmacy team monitored fridge temperatures. And recorded these within the pharmacist duty diary. A sample of the diary confirmed the fridge was operating between two and eight degrees Celsius as required. The pharmacy held assembled CDs and cold chain medicines in clear bags within the CD cabinet and fridge. Corresponding prescriptions in the retrieval system were stored with high-risk laminate cards indicating that they contained a CD or cold chain medicine.

Medical waste bins, sharps bins and CD denaturing kits were available to support the team in managing pharmaceutical waste. The pharmacy team received MHRA drug alerts and recall notices through its intranet. And it maintained an audit trail of the alerts it checked. All alerts were actioned to date.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. It monitors its equipment to help provide assurance that it is in safe working order. And pharmacy team members manage and use equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children alongside access to Medicines Complete via the internet. The pharmacy's computers were password protected and information on computer monitors was protected from unauthorised view due to the layout of the pharmacy. The pharmacy stored assembled bags of medicines in a retrieval system behind the healthcare counter. Information on bag labels could not be read from the public area. And prescriptions for the medicines in the retrieval system were protected from unauthorised access. Pharmacy team members used NHS smart cards to access people's medication records. And they used cordless telephone handsets. This helped maintain people's privacy when discussing confidential information over the telephone.

The pharmacy had clean, crown stamped measuring cylinders for measuring liquid medicines. And these included separate measures for use with methadone. The pharmacy had clean counting equipment for tablets and capsules, including a separate counting triangle for use when counting cytotoxic medicines. It had the necessary equipment readily available to support the supply of medicines in multi-compartmental compliance packs. It stored equipment to support the flu vaccination service in the consultation room. For example, anaphylaxis supplies. The pharmacy's electrical equipment was subject to portable appliance testing. These checks were next due in 2020.

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.