

Registered pharmacy inspection report

Pharmacy Name: Boots, 342 Herringthorpe Valley Rd, ROTHERHAM,
South Yorkshire, S60 4LA

Pharmacy reference: 1039216

Type of pharmacy: Community

Date of inspection: 08/04/2019

Pharmacy context

This is a community pharmacy on a shopping parade with several other local shops. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It also dispenses private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. It also supplies medicines in multi-compartmental compliance packs to people living in their own homes.

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	The pharmacy's team members learn from their errors. And they talk about why errors may have happened and take steps to prevent the errors from occurring again.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members are well supported to complete training. And this helps them improve their knowledge and skills.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The team are good at managing risks associated with its services such as dispensing. It has good processes in place for the supply of medicines in devices designed to help people remember to take them. And it takes extra care with the supply of high-risk medicines to people. So, it can help people to take their medicines safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has adequate written procedures readily available for the team to protect the safety and wellbeing of people who access its services. And it keeps the records it must by law. The pharmacy advertises how people can provide feedback and raise concerns about its services. And it generally keeps people's private information safe. The pharmacy has adequate processes readily available to its team members, to help protect the welfare of vulnerable people. The pharmacy's team members learn from their errors. And they talk about why errors may have happened and take steps to prevent the errors from occurring again.

Inspector's evidence

The dispensary had a manageable workflow with separate, areas for the team members to undertake the dispensing and checking parts of the dispensing process. Baskets were available to hold prescriptions and medicines. The team members used 'quad stamps' on prescriptions during the dispensing process. The stamps identified the team member who had labelled and assembled the medicine, clinically checked the prescription, accuracy checked the prescription and handed out the assembled medicine. The team used 'Pharmacist Information Forms' (PIFs). The PIFs were used to highlight any interactions between medicines, new doses or directions and eligibility for services.

The pharmacy had a set of standard operating procedures (SOPs). 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 seen working in accordance with the SOPs. The pharmacy kept the SOPs in a ring binder. The team had to read new and reviewed SOPs. Once they had done this, they were required to answer some questions to confirm they had understood its contents. The pharmacist manager monitored completion of this.

The pharmacy had a process in place to report and record errors that were made while dispensing. The pharmacist typically spotted the error and then let the team member know that they had made an error. But the pharmacist did not give specific details of the error. This helped the team member's learning. The team member then recorded details of the error on to a log. The records included the time, date and the cause of the error. The errors were analysed at the end of each month by a team member. The team member was required to spot any patterns or recurring themes within that month. The pharmacy team members had made several errors involving medicines that looked or sounded like other medicines. The pharmacy displayed the details of any patterns found in the dispensary. A poster was displayed which reminded the team to take care when dispensing amisulpride and amiodarone. The pharmacy recorded details of dispensing incidents electronically on a software system known as PIERS. The team printed off the record for future reference. The team had not had any incidents over the last few months.

The pharmacy had leaflets in the retail area which contained information on how to make a complaint. The pharmacy organised an annual survey to establish what people thought about the service they received. The pharmacy displayed the results of the survey in the retail area.

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 were being made in chronological order. Running balances were maintained. And they were checked every week. A random CD item was balance checked and verified with the running balance in the register (Fentanyl 50mcg patches X 3). A CD destruction register for patient returned medicines was correctly completed. The pharmacy corrected retained records of private prescription and emergency supplies. The pharmacy correctly kept records of the receipt and supply of unlicensed medicines.

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 collected periodically by an independent company. The company then organised its destruction. 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 adequately positioned to ensure confidential information wasn't on view to the public. The computers were password protected.

The pharmacy had procedures in place which guided the team on how to manage and report a concern about the welfare of a vulnerable person. The pharmacist had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE). Each team member had completed training by completing a company training module. The pharmacy kept a list of key contacts that the team could report concerns to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs people with the right skills to undertake the tasks within their role. And they share information and their learning from their errors in an open and honest environment. The pharmacy team members are well supported to complete training. And this helps them improve their knowledge and skills.

Inspector's evidence

A regular pharmacist, a pre-registration pharmacy graduate, a trainee pharmacy technician and three pharmacy assistants were present at the time of the inspection. Team members wore name badges detailing their roles. One of the pharmacy assistants was the pharmacy manager. The manager organised the rotas. The team members were not permitted to plan absences in December. This was to ensure there was no disruption to service around Christmas and the new year.

The pharmacist supervised the team members. And they involved the pharmacist in offering advice to people who were purchasing over-the-counter products for various minor ailments. They carried out tasks and managed their workload in a competent manner. And they asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The team was aware of what could and could not happen in the pharmacist's absence.

The pharmacy provided training to the team, through an online training portal. The portal consisted of a library of 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 recently completed a mandatory module based on skin care. A team member showed a sample of their training record. It showed that they were completing training on a regular basis. The team members advised that they received protected time to train. And this time was always during the working day. The team advised that this helped them train without any distractions.

The pharmacy organised monthly team meetings. The team talked about dispensing accuracy, any concerns they may have, gave feedback and discussed how they could improve their service. The team were given a monthly 'professional standards bulletin' newsletter. The most recent newsletter discussed the 'drug of the month', which was trazadone. The team members read the bulletin, and segregated trazadone and trimethoprim from each other. This was done to prevent the team making selection errors when they were dispensing.

The team members received annual performance reviews. The appraisal was in the form of a one-to-one conversation with the pharmacy manager. They were given the opportunity to discuss various aspects of their performance, including what they had done well, what could be improved, and any learning needs they had identified. The appraisal was also an opportunity for team members to provide feedback on how they could improve the service.

The team members described how they would raise professional concerns. A whistleblowing policy was in place. So, the team members could raise a concern anonymously.

The pharmacist was set targets for services such as medicine use reviews (MURs) and the NHS new medicines service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and is adequately maintained. Consultation facilities are smart and professional and allow people to have private conversations.

Inspector's evidence

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 used for medicines preparation and staff use. There was a WC which provided a sink with hot and cold running water and other facilities for hand washing. The area was free of clutter.

The pharmacy had a signposted and sound proofed consultation room which contained adequate seating facilities. The room was smart and professional in appearance. Temperature was comfortable throughout the pharmacy and lighting was bright.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services that can help people to meet their health needs. The team is good at managing risks associated with its services such as dispensing. It has good processes in place for the supply of medicines in devices designed to help people remember to take them. And it takes extra care with the supply of high-risk medicines to people. So, it can help people to take their medicines safely. The pharmacy has adequate processes in place to ensure that the medicines they supply to people are fit for purpose.

Inspector's evidence

The pharmacy could be accessed from the street. Which led to a push/pull door. The services on offer, and opening times were advertised in the front window. Seating was provided for people waiting for prescriptions. Large print labels were provided on request. The team members had access to the internet. Which they used to signpost people requiring a service that the team did not offer. The pharmacy had a hearing loop.

Laminated cards were stored with prescriptions to alert the team members to issues on hand out. For example, interactions 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 pharmacy had a procedure in place to highlight dispensed controlled drugs, that did not require safe custody. This helped the team ensure that the medicine could not be supplied to people after the prescription had expired. 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 identified people who were prescribed high-risk medication such as warfarin. And they were given additional verbal counselling by the pharmacist. The details of these conversations were recorded on people's medication records. INR levels were assessed. The team members were aware of the pregnancy prevention programme for people who were prescribed valproate. The team were aware of the risks. And they demonstrated the advice they would give people in a hypothetical situation. The team had access to leaflets and alert cards about the programme. And they gave these to any people who would benefit from information about the programme. The pharmacy team had completed an audit to identify any people that met the criteria of the programme. And found no affected people.

People could request multi-compartmental compliance packs. The team was responsible for ordering the person's prescription. And then the prescription was cross-referenced with a master sheet to ensure it was accurate. The team queried any discrepancies with the person's prescriber. The team recorded details of any changes, such as dosage increases/decreases, 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 team supplied patient information leaflets to people each month.

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. A note was posted to people when a delivery could not be completed. The note advised them to contact the

pharmacy to arrange an alternative delivery time.

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 attempted to complete the owing the next day.

The pharmacy stored pharmacy only medicines behind the retail counter. These medicines could only be sold in a pharmacy, and under the supervision of a pharmacist. The storage arrangement prevented people from self-selecting these medicines.

The team checked the expiry dates of the stock every 3 months. And the team kept records of the activity. The team used stickers to highlight medicines that were expiring in the next 6 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.

A controlled drug cabinet was in place and secured. The fridges used to store medicines were of an appropriate size. Medicines were organised in an orderly manner. Fridge temperatures were recorded daily using a digital thermometer. A sample of the records were looked at. And the temperatures were always within the correct range.

The pharmacy obtained medicines from several reputable sources. Drug alerts were received via email to the pharmacy and actioned immediately. The alerts were printed and stored in a folder. An alert for the recall of losartan was seen. But there was no record of the action taken. So, it couldn't evidence that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The equipment and facilities the pharmacy uses in the delivery of services are clean, safe and 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 a British National Formulary (BNF) and the BNF for Children.

The pharmacy used a range of CE quality marked measuring cylinders. Tweezers and rollers were available to assist in the dispensing of multi-compartmental compliance packs.

The computers were password protected and access to peoples' records were restricted by the NHS smart card system. Cordless phones assisted in undertaking confidential conversations.

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.