General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 384 Green Street, Upton Park, LONDON, E13 9AP

Pharmacy reference: 1040161

Type of pharmacy: Community

Date of inspection: 17/03/2023

Pharmacy context

This is a community pharmacy on a parade of shops in the London Borough of Newham, East London. People who use the pharmacy are mainly from the local area. The pharmacy dispenses NHS and private prescriptions. It offers the New Medicine Service (NMS), seasonal flu vaccinations and local deliveries as a paid-for service. The pharmacy also supplies some people's medicines inside multi-compartment compliance packs if they find it difficult to manage their medicines at home.

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 regularly reviews and monitors the safety and quality of its services. Members of the pharmacy team routinely record, review and implement learning from mistakes.
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 effectively identifies and manages the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people’s private information appropriately. And the pharmacy largely keeps the records it needs to by law.

Inspector's evidence

The pharmacy had a range of electronic standard operating procedures (SOPs) to provide guidance for the team to carry out tasks correctly. They had been read by the staff and completion of this was monitored by the store manager. Team members understood their roles and responsibilities. They knew which activities could take place in the absence of the responsible pharmacist (RP) and referred appropriately. They were also observed to work in accordance with the SOPs. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. Staff explained that the pharmacy’s patient medication record system required the barcodes of medicines to be scanned during the dispensing process. This helped ensure the correct medicine was being dispensed as it prompted or alerted dispensing staff that they had selected an incorrect medicine. Team members described concentrating and working on one task at a time. As they were a small team, they asked each other for help so that they did not multi-task. This helped them to minimise mistakes.

Staff routinely recorded errors that occurred during the dispensing process (near miss mistakes) electronically. The details were collated and reviewed formally every month by the regular pharmacist which helped identify any trends or patterns. The findings were subsequently discussed with the team to raise awareness. As a result, medicines which looked similar or sounded similar were separated. The pharmacy had a complaints as well as an incident management policy. The RP's process to handle dispensing errors which reached people was suitable and in line with the pharmacy’s procedures. This involved appropriate handling of the situation, formal reporting and investigation to identify the root cause.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people through mandatory training modules. They could recognise signs of concern for the latter and knew who to refer to in the event of a concern. Contact details for the relevant local safeguarding agencies were available. The RP was trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy displayed details on how it protected people’s private information and the team ensured confidential information was protected. Confidential information was stored and disposed of appropriately. No sensitive details could be seen from the retail space. Staff were observed instructing the RP to store prescriptions awaiting collection in a way that ensured people's private information was out of sight of the public. Staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were largely compliant with legal and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet,

their quantities matched the stock balances recorded in the corresponding registers. Checks to verify the balance of CDs were made and recorded regularly. Records of CDs that had been returned by people and destroyed at the pharmacy were kept. The pharmacy had suitable professional indemnity insurance arrangements in place. The RP record, records about supplies of unlicensed medicines and emergency supplies had all been appropriately completed. However, on occasion, incorrect details about prescribers had been documented within the electronic private prescription register. This was discussed .

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified for their roles. They understand their roles and responsibilities well. And the company provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

During the inspection, the pharmacy team consisted of a locum pharmacist, a trained, dispensing assistant and medicines counter assistant. There was also a regular pharmacist who was the store manager. The pharmacy had enough staff to support the workload and the team was up to date with this. Staff wore name badges and uniforms. They worked well together and were long-standing as well as experienced members of the team. As a result, they were seen to support each other and work independently of the pharmacist. The dispenser was observed to actively assist and coach the locum pharmacist on the pharmacy's internal processes. He was supported by the MCA and together, they maintained a seamless service for people who used the pharmacy's services.

The MCA asked relevant questions before selling medicines and counselled people on the use of over-the-counter medicines. He was aware of medicines which could be abused or had legal restrictions and sales of these medicines were monitored. Staff knew when to refer to the pharmacist appropriately. They were also provided with resources for ongoing training through the company's e-learning platform and they read the Professional Standards newsletters or bulletins. E-learning modules included mandatory training on health and safety, safeguarding and information governance. This helped ensure team members continually learnt and kept their knowledge up to date. As they were a small team, meetings and discussions took place regularly. Staff performance was managed by the store manager.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean and secure. They provide an adequate environment to deliver services from. And people can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises were very clean and tidy which overall, presented a professional image. The lighting and ambient temperature within the pharmacy was appropriate for storing medicines and the premises were secure from unauthorised access. However, there was some structural damage to the walls in the dispensary. This did not present a significant risk to the pharmacy operating safely. The dispensary was also very small with limited storage space and an adequate amount of space for staff to carry out dispensing tasks safely. Dispensing benches were kept clear of clutter. There was a clean sink in the dispensary for preparing medicines which had hot and cold running water. The pharmacy had a separate consultation room in the shop area which was used to hold private conversations and provide services. The room was of an adequate size and accessible for people using wheelchairs. Conversations at a normal level of volume could take place inside without being overheard. The room was unlocked when not in use.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It’s team members help ensure that people with a range of needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, and it stores as well as manages them appropriately. Members of the pharmacy team routinely identify people prescribed medicines which require ongoing monitoring, so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

The pharmacy was open Monday to Sunday and the pharmacy’s services as well as its opening times were clearly advertised. People could enter the pharmacy through the front door which was powered and step-free. The area outside the medicines counter and leading up to it, consisted of clear, open space and wide aisles. This helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. Team members explained that they served a range of people from different cultures and with different needs. The team said that speaking clearly helped people to lip read and written communication was used for people who struggled to hear easily. The pharmacy also had a hearing-aid loop that the team knew how to use. Staff were multilingual. They were observed actively translating and helping most of the people who used the pharmacy’s services to understand their medicines. The pharmacy had some information and leaflets on display to promote health. Team members were aware of the local health facilities to signpost people accordingly if this was required. They also had access to documented information to assist with this.

The workflow involved prescriptions being prepared by staff in one area before the RP checked medicines for accuracy from another section. The team used plastic tubs to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members also signed the quadrant stamp printed on the prescriptions forms to identify who was responsible for dispensing, accuracy checking, clinical checking and handing the prescription out. Staff routinely used these as an audit trail. During the accuracy-checking process, electronic pharmacist information forms (PIFs) were printed automatically when labelling and completed by the pharmacist before being attached to prescriptions. They ensured that a clinical check of the prescription occurred and identified relevant points, such as services or changes to people’s medicines. This in turn, helped staff to counsel or advise people on how to take their medicine(s) appropriately.

Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored in a separate section. When people arrived to collect them, their location was accessed using the pharmacy's system. Dispensed CDs and temperature-sensitive medicines were stored within clear bags. This helped to easily identify the contents upon hand-out. Staff used laminated cards to identify certain medicines or specific situations. This included fridge lines, CDs, if pharmacist intervention was required, for paediatric prescriptions and for prescriptions with higher-risk medicines such as methotrexate, warfarin and lithium. For higher-risk medicines, the cards also served as a reminder to prompt staff to ask relevant questions.

The team routinely identified people prescribed medicines which required ongoing monitoring. They

asked details about relevant parameters, such as blood test results for people prescribed these medicines. After obtaining this information, records were kept about this. Staff were also aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and had identified people in the at risk group, who had been supplied this medicine.

The pharmacy supplied medicines inside multi-compartment compliance packs to some people who lived in their own homes, after this was considered necessary and an assessment had taken place. This helped people to manage their medicines more effectively. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. The compliance packs were sealed as soon as they had been prepared. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. The pharmacy offered a local delivery service and the team kept records about this service. Failed deliveries were brought back to the pharmacy, people were called beforehand to inform them about the delivery and no medicines were left unattended.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in an organised way. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. The team checked medicines for expiry regularly and kept records of when this had taken place. Short-dated medicines were routinely identified and on randomly selecting some of the pharmacy's stock, there were no medicines seen which were past their expiry date. Fridge temperatures were checked daily. Records verifying this and that the temperature had remained within the required range had been appropriately completed. Out-of-date and other waste medicines were separated before being collected by licensed waste collectors. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This did not include sharps or needles which were referred elsewhere appropriately. Drug alerts were received electronically from the pharmacy's head office and via email. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is suitably clean. And team members use them appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy's equipment was suitable and kept very clean. This included standardised conical measures for liquid medicines and triangle tablet counters as well as a separate one which was marked for cytotoxic use only. This helped avoid any cross-contamination. The pharmacy also had an appropriately operating pharmacy fridge, a legally compliant CD cabinet and current reference sources. Portable telephones helped conversations to take place in private if required. The pharmacy's computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access.

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.