General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 31-33 Replingham Road, Southfields, LONDON, SW18 5LT

Pharmacy reference: 1041222

Type of pharmacy: Community

Date of inspection: 17/01/2020

Pharmacy context

A community pharmacy set amongst some retail shops near an underground station in Southfields. The pharmacy opens seven days a week. And most people who use it live, or work, close by. The pharmacy sells a range of over-the-counter medicines, and health and beauty products. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (compliance packs) to help people take their medicines. It offers winter influenza (flu) vaccinations and a substance misuse treatment service. And it helps people stop smoking.

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 written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. They review the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they generally keep people's private information safe.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these were reviewed regularly. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used plastic containers to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They scanned the bar code of the medication they selected to check they had chosen the right product. And they initialled each dispensing label. Assembled prescriptions were not handed out until they were checked by a pharmacist who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. Members of the pharmacy team discussed individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they highlighted look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product from the dispensary shelves.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. Staff were required to wear name badges which identified their roles within the pharmacy. And their roles and responsibilities were described within the SOPs. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to a pharmacist. A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of last year's patient satisfaction survey were available online. The pharmacy's practice leaflet told people how they could provide feedback about the pharmacy in person, online or by contacting the company's customer care centre. The pharmacy team asked people for their views. People's feedback led to the team trying to keep the pharmacy's dispensary tidy.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy's controlled drug (CD) register was adequately maintained. The CD register's running balance was checked regularly as required by the SOPs. The pharmacy's RP records

were generally kept in order. But a pharmacist recently forgot to record the time they stopped being the pharmacy's RP. The nature of the emergency within the records for emergency supplies made at the request of patients sometimes didn't provide enough detail for why a supply was made. The prescriber's details were occasionally incomplete in the pharmacy's private prescription records. The date an unlicensed medicinal product was obtained wasn't included in the pharmacy's 'specials' records.

An information governance (IG) policy was in place and staff were required to complete online IG training. The pharmacy displayed a notice that told people how it, and its team, gathered, used and shared their personal information. It had arrangements to make sure confidential waste was collected and then sent to a centralised point for secure destruction. People's details weren't always removed or obliterated before patient-returned waste was disposed of. And some prescriptions weren't stored in a way so people's names and addresses couldn't be seen by someone who shouldn't see them. The pharmacy team promptly relocated these prescriptions to a more appropriate area within the pharmacy when the matter was brought to its attention. A safeguarding policy and a list of key contacts for safeguarding concerns were available. Members of the pharmacy team were required to complete safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team keep their skills and knowledge up to date. So, they can deliver safe and effective care. They use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 67 hours a week. It dispensed about 4,250 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist manager, two part-time pharmacists, a full-time dispensing assistant, a part-time dispensing assistant, a full-time medicines counter assistant (MCA), a part-time MCA and a full-time trainee MCA. A locum pharmacist, two dispensing assistants and a trainee MCA were working at the beginning of the inspection. They were joined by the pharmacist manager, the area manager and one of the MCAs during the inspection. There was a vacancy for a full-time dispensing assistant. And the pharmacy was trying to make sure it recruited the right person to fill this vacancy. The pharmacy relied upon its team, relief staff or staff from a nearby branch, and, sometimes, locum pharmacists to cover absences and provide additional support when the pharmacy was busy. Members of the pharmacy team occasionally worked outside of their normal working hours to help manage the pharmacy's workload.

The pharmacy's team members needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period and an induction training programme. They supported each other. So, prescriptions were processed efficiently, but safely, and people were served promptly. The pharmacists supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of staff described the questions he would ask when making over-the-counter recommendations and when he would refer people to a pharmacist. For example, requests for treatments for infants or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

Members of the pharmacy team discussed their performance and development needs throughout the year with their line manager. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged to read company newsletters and complete training and assessments to make sure their knowledge was up to date. And they could train at work when the pharmacy wasn't busy. But they tended to train in their own time. Team meetings and one-to-one discussions were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. Its team felt comfortable about making suggestions on how to improve the pharmacy and its services. Staff knew how to raise a concern if they had one. And their feedback led to the pharmacy's ceiling being repaired and changes being made to the way certain tasks were

rostered. They didn’t feel under pressure to complete the things they were expected to do. They didn’t feel their professional judgement or patient safety were affected by targets. And, for example, Medicines Use Reviews and New Medicine Service consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. It has a room where people can have conversations with members of the pharmacy team. But they need to speak quietly to each other when using the room to make sure they're not overheard.

Inspector's evidence

The pharmacy's premises were air-conditioned, bright, clean, secure and adequately presented. The pharmacy had the workbench it needed for its current workload. But its dispensary had limited storage. So, some bulky prescriptions were stored on the floor when the pharmacy was busy. The pharmacy had a consultation room if people needed to speak to a team member in private. But the consultation room wasn't enclosed as it didn't have its own ceiling. So, people using it had to make sure they didn't speak too loudly to reduce the chances of their conversations being overheard. It was locked when it wasn't being used. This meant that its contents were kept secure. The pharmacy's premises were cleaned regularly by a cleaning contractor. But the cleaner wasn't left unsupervised in the pharmacy. And the pharmacy team also kept the premises tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy provides services that people can access easily. It offers flu vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources and it stores most of them appropriately and securely. Members of the pharmacy team are helpful. And they make sure people have the information they need to take their medicines safely. They generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are fit for purpose. They mostly dispose of people's waste medicines properly. And they respond well to drug alerts or product recalls. So, people get medicines or devices which are safe.

Inspector's evidence

The pharmacy had automated doors. And its entrance was level with the outside pavement. So, people with mobility difficulties, such as wheelchair users, could access the premises. Some of the pharmacy's services were advertised in-store and were included in its practice leaflet. Staff knew where to signpost people to if a service wasn't provided. And they were helpful and routinely provided advice to people on how to take their medicines safely. The pharmacy opened most days of the year. And it stayed open later than usual five days a week. The pharmacy was commissioned to supply the morning after pill for free and offer a stop smoking service. But these services were only available at the pharmacy two or three days a week when a suitably qualified pharmacist was working.

The pharmacy provided a winter flu vaccination service. The pharmacy had valid, and up-to-date, patient group directions and appropriate anaphylaxis resources in place. It kept a record for each flu vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. But the pharmacist didn't always get another appropriately trained team member to check that the vaccine they selected was the correct one before administering it. The pharmacy team made sure the sharps bin was kept securely when not in use. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be re-packaged. And it had a process to assess if a person was eligible for the service. The pharmacy kept an audit trail of the person who had assembled and checked each prescription. Its team provided a brief description of each medicine contained within the compliance packs. And patient information leaflets needed to be supplied. So, people had the information they needed to make sure they took their medicines safely. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. A 'Counselling Reminder' card and a 'Pharmacist Information Form' were used to alert the person handing the medication over that these items had to be added or if extra counselling was required. Prescriptions for CDs were generally marked with the date the 28-day legal limit would be reached to

help make sure supplies were made lawfully. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had some valproate educational materials available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks, which were documented, and short-dated products were marked. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock at the time of the inspection. The pharmacy team was uncertain as to when the pharmacy would become FMD compliant. Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. A pharmaceutical waste bin was available. But it was full and needed to be collected by an appropriate waste contractor. The pharmacy didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products. And some cytostatic medicines were found in the pharmaceutical waste bin intended for non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And staff described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure its equipment is kept clean.

Inspector's evidence

The pharmacy had a range of clean glass measures. It had equipment for counting loose tablets and capsules too. And staff made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the Chief Pharmacist's office to ask for information and guidance. The pharmacy's monitor used in the stop smoking service has been replaced since the last inspection. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team checked and recorded the refrigerator's maximum and minimum temperatures on most days the pharmacy was open. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

What do the summary findings for each principle mean?

✔ 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.