General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 94 Albert Street, DUNDEE, Angus, DD4 6QH

Pharmacy reference: 1041716

Type of pharmacy: Community

Date of inspection: 31/01/2024

Pharmacy context

This is an extended opening hours community pharmacy in a predominantly residential area of the city of Dundee. Its main services include dispensing of NHS prescriptions. And it delivers medication to people's homes. Team members advise on minor ailments and medicines use. And they deliver the NHS Pharmacy First service. The pharmacist is an independent prescriber and delivers the NHS Pharmacy First Plus service to treat common clinical conditions.

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	N/A	N/A	N/A
2. Staff	Standards met	2.1	Good practice	The pharmacy regularly reviews its staffing levels to ensure that they remain appropriate. And it reviews the workload and different ways of working to improve the efficiency of the team. This includes using automation to improve pharmacy services.
		2.2	Good practice	The pharmacy fully supports its team members whilst they complete training. And it provides a good amount of protected learning time for all team members to complete ongoing learning while they are at work.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy team works collaboratively with other healthcare providers to help improve the wellbeing of people in the local community. It reaches out to people accessing local substance misuse services to promote its associated services to help meet their needs.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy appropriately manages the risks associated with the services it provides for people. It has a complete set of written procedures which help the team carry out tasks consistently and safely. Team members record and learn from the mistakes they make when dispensing. And they keep the records they need to by law. Team members have knowledge and experience to help support vulnerable people.

Inspector's evidence

The pharmacy had a comprehensive set of standard operating procedures (SOPs) to help pharmacy team members manage risks. Most of the SOPs were available to the pharmacy team members electronically and they reviewed new SOPs regularly via the company's online training portal. Each procedure was accompanied by an assessment to test team members' understanding. A few SOPs were paper based and team members had signed a paper record of competence to show they understood these. The pharmacy's superintendents (SI) team reviewed the SOPs on a two-year rolling rota. The pharmacist who provided the NHS Pharmacy First Plus service had completed a risk assessment relating to their scope of practice. This defined what conditions they were able to prescribe for and when people would need to be referred to another service. Team members were observed working within the scope of their roles. They were aware of the responsible pharmacist (RP) regulations and what tasks they could and couldn't do in the absence of an RP.

Pharmacy team members recorded any mistakes they identified during the dispensing process, known as near misses, on an electronic near miss record. They explained that an error would be highlighted to them by the pharmacist, and it was their responsibility to enter it onto the record. This allowed them to reflect on the mistake. Team members explained that after an error, they would implement actions to reduce the likelihood of a similar error happening again. Recently there had been an increase in errors which looked alike, or names sounded alike (LASA), for example hydroxyzine and hydralazine. The team had separated the medicines to reduce the recurrence of this type of error. The team also completed a monthly patient safety report. This was led by the accuracy checking pharmacy technician (ACPT) who shared the outcome of the analysis with all team members. The pharmacy received a bulletin approximately every month from the company's SI team. This shared professional issues and learning from across the organisation following analysis of reported near misses and errors. Pharmacy team members read the bulletin and signed the front to record that they had done so. Team members also recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded on an electronic platform and were then reviewed by the SI. The individuals involved in the error completed a root cause analysis form and reflective statement to determine how the error may have happened. The team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or SI office.

The pharmacy had current indemnity insurance. The RP notice displayed contained the correct details of the RP on duty, and it could be seen clearly from the retail area. The RP record was compliant. The pharmacy had a paper-based controlled drug (CD) register and the entries checked were in order. Team members checked the physical stock levels of CDs against the balances recorded in the CD register weekly. The pharmacy held certificates of conformity for unlicensed medicines and full details of the

supplies were included to provide an audit trail. Accurate records of private prescriptions were maintained.

A company privacy notice and an NHS Pharmacy First privacy notice were displayed in the retail area informing people how the pharmacy handled their data. Team members were aware of the need to keep people's confidential information safe. And they were observed separating confidential waste into separate waste bags for secure collection and destruction by a third-party supplier. The pharmacy stored confidential information in a staff-only storage area of the pharmacy. Pharmacy team members had completed learning associated with their role in protecting vulnerable people. They understood their obligations to manage safeguarding concerns well and were familiar with common signs of abuse and neglect. And they had access to contact details to relevant local agencies. The pharmacists were members of the Protecting Vulnerable Groups (PVG) scheme.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has sufficient team members with the right qualifications and knowledge to manage its workload and provide its services. And it reviews its workload and processes to improve the efficiency of the team. The pharmacy team supports its members well to complete appropriate training for their roles and keep their skills up to date. Members of the team work well together and communicate effectively. And they are comfortable raising concerns should they need to.

Inspector's evidence

The pharmacy employed two full-time pharmacists who were also independent prescribers (IP). A full-time ACPT was employed as the pharmacy manager. Other team members included an additional full-time ACPT, three full-time dispensers, three part-time dispensers and three part-time trainee dispensers. Two relief dispensers also worked in the pharmacy on occasion. The manager advised that staffing levels were reviewed annually by members of the head office team. And there was a full-time dispenser vacancy. The team were observed working well together and managing the workload. The team also worked collaboratively with the local NHS substance misuse team who held prescribing clinics and counselling services from the pharmacy on a part-time basis. This allowed them to work closely together to improve patient care. Planned leave requests for the pharmacy team were managed so that only one or two team members were absent at a time. Team members were able to rotate tasks so that all tasks could be completed effectively during absence periods. Part-time staff members were also used to help cover absences. And relief dispenser support was requested from head office when needed.

Team members who were enrolled on an accredited training course received 90 minutes of protected learning time per week to support its completion. They had regular reviews with the pharmacy manager who was their course supervisor. All team members received protected learning time to support with reading the SOPs and completion of mandatory training modules. The team had recently completed training relating to information governance on the company electronic learning platform. The clinical governance manager had also recently supported the team to complete training on a new part-automated dispensing process which aimed to increase the efficiency of the team. The team had completed e-learning and read the SOP relating to the process. And they also underwent a period where the pharmacists manually double checked the prescriptions dispensed using the new process to confirm the team were competent. The team found this an effective learning technique. And the pharmacists advised that by using this technology it had allowed them time to focus on the NHS Pharmacy First Plus prescribing service. The team had reduced the turnaround time for prescriptions by using this new automated process. And team members felt under less time pressure to complete dispensing of prescriptions in advance of people collecting.

The pharmacy team received regular visits from the area manager. They felt comfortable to raise any concerns with their manager, pharmacists, or members of the head office team. Members of the team received regular feedback as they worked. And the company had a quarterly documented formal appraisal process.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated

requests from people for medicines subject to misuse, for example, codeine containing medicines. And that they would refer them to the pharmacist. There were some targets set for pharmacy services, but the team felt that these were appropriate and did not feel under pressure to achieve them.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and the team maintains them to a high standard. The pharmacy has private consultation facilities where people can have confidential conversations with a pharmacy team member if needed.

Inspector's evidence

The premises were secure and provided a professional image. The pharmacy workspaces were well organised with designated areas for completion of pharmacy tasks and suitable storage for prescriptions. There was a dispensing area in the rear of the pharmacy where team members could work if required to reduce distractions. This was mainly used to dispense multi-compartment compliance packs. The RP used a bench positioned near the retail counter to complete the final checking process. The medicines counter could be clearly seen from the checking area which enabled the pharmacist to intervene in a sale when necessary. Two good-sized consultation rooms were clearly signposted and had lockable storage for confidential information. And they were locked when not in use. One of these was used by the local substance misuse team to provide counselling services to users of their service. The pharmacist used an additional treatment room to provide the NHS Pharmacy First Plus service. Team members used a separate hatch area protected by a screen to provide supervision of substance misuse medicines. A local well-being charity and substance misuse team used the pharmacy part time. There was a designated area known as the drug treatment centre for these teams to use which had seating facilities. And an area providing information and contact details relating to the service users and their additional needs.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and there were other facilities for hand washing. And team members regularly cleaned pharmacy workspaces and staff facilities. The pharmacy kept heating and lighting to an appropriate level in the dispensary and retail area.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a wide range of services to support people's health needs. It manages its services well and they are easily accessible to people. And the team works collaboratively with other healthcare professionals. The pharmacy receives its medicines from reputable sources and stores them appropriately. The team carries out checks to help ensure the medicines are kept in good condition.

Inspector's evidence

The pharmacy had level access and a manual door with a touch pad for people requiring assistance. It advertised its services and opening hours on the exterior of the premises. The pharmacy had information leaflets about their services and there were other healthcare information leaflets available for people to take away with them. People accessing the drug treatment area were provided with specific resources. This included additional information leaflets and posters relating to hepatitis C and the use of emergency naloxone. The pharmacy team also engaged with the local community to provide food bank services in conjunction with a local charity.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. Team members signed dispensing labels to maintain an audit trail. They provided owing's slips to people when they could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine. A record was maintained of any action relating to the owing. The pharmacy offered a delivery service and kept records of completed deliveries including CD deliveries.

Team members demonstrated an awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They explained how they would highlight any prescriptions for valproate for the attention of the RP. And the pharmacist knew to apply dispensing labels to the packs in a way that avoided covering up the written warnings on them. Team members used various alert cards to attach to dispensed medicines that were waiting to be collected. They used these as a prompt before they handed out medicines which may require further intervention from the pharmacist.

A large proportion of the pharmacy workload involved dispensing of repeat prescriptions to help people better manage their medicines. The team had recently started using a new part-automated process for this. Team members labelled people's prescriptions. And these were then segregated them into storage baskets. Prescriptions requiring a clinical check were checked, stamped and initialled by the pharmacist. Prescriptions requiring an accuracy check could be checked by the pharmacist or ACPT, and this was initialled on the stamp. This ensured there was a full audit trail should the need arise to deal with any future queries. The clinical and accuracy checks were also confirmed on the patient medication record, and this allowed the stock data to be transferred to the pharmacy wholesalers for the prescription medicines to be ordered. When the prescription stock medicines arrived in the pharmacy, barcode technology was used to match the medicines against the prescription. Prescription labels were printed and applied to the medicines. The medicines stock and the labels were scanned, and this provided an additional accuracy check. Prescriptions were then placed on to the retrieval shelves for people to collect.

The NHS Pharmacy First service was popular due to the extended opening hours of the pharmacy. This involved supplying medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically and had paper-based copies. They also kept a record of all completed consultations. The pharmacist was also an independent prescriber and provided the NHS Pharmacy First Plus service where they could prescribe for common clinical conditions. They kept paper and electronic records of all consultations and a log of the prescriptions written. These were shared with the GP practice. This service had provided positive outcomes for people using the service who had been able to access advice and treatment at the weekend when GP access was limited.

The pharmacy obtained its stock medicines from licensed wholesalers and stored them tidily on shelves and in drawers. Team members had a process for checking expiry dates of the pharmacy's medicines. Short-dated stock which was due to expire soon was highlighted and rotated to the front of the shelf, so it was selected first. The team advised that they were up to date with the process and a log of medicines close to their expiry dates was completed by team members. A random selection of medicines were checked and no out-of-date medicines were found to be present. The team marked liquid medication packs with the date of opening to ensure they remained suitable to supply. The pharmacy had medical grade fridges to store medicines that required cold storage. The team recorded daily checks of the maximum and minimum temperatures. A sample of the records seen showed the fridge was operating within the correct range of between two and eight degrees Celsius. The pharmacy received notifications of drug alerts and recalls via email and on the pharmacy intranet. And team members carried out the necessary checks and knew to remove and quarantine affected stock. The pharmacy had medical waste bins and CD denaturing kits to manage pharmaceutical waste.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF), the BNF for children and the NHS Tayside Pharmacy First Formulary. And there was access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had a set of clean, well-maintained tablet counters. The pharmacy used a measuring pump for dispensing of some CD liquids and it was calibrated before use and regularly cleaned. The pharmacy stored dispensed medicines awaiting collection, in a way that prevented members of the public seeing people's confidential information.

The dispensary was screened, and computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with people.

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.