

Registered pharmacy inspection report

Pharmacy Name: Boots, 9a Frew Terrace, IRVINE, Ayrshire, KA12 9DZ

Pharmacy reference: 1041832

Type of pharmacy: Community

Date of inspection: 29/10/2019

Pharmacy context

This is a medium sized pharmacy attached to a surgery in the middle of a housing estate in Irvine. It dispenses NHS prescriptions, and supports people receiving supervised methadone doses and with smoking cessation. It provides the usual services found under the local health board Pharmacy First Scheme. These include the minor ailments service. It also supplies medicines in multi-compartment compliance packs and clozapine.

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	1.2	Good practice	The pharmacy uses a range of monitoring systems and internal audits to review systems. And these ensure that the pharmacy delivers services safely and effectively. Pharmacy team members record all near misses and take action to prevent recurrence.
		1.8	Good practice	Pharmacy team members complete training to protect children and vulnerable adults from harm. And the pharmacy has clear documented procedures to support them to act when there are concerns.
2. Staff	Standards met	2.4	Good practice	The pharmacy team members are engaged, enthusiastic and knowledgeable about the operation of the pharmacy. There is evidence of shared learning, between members of the team and other pharmacies. And they take appropriate action as a result.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	Pharmacy services are effectively managed to make sure they are provided safely. The pharmacy has suitable controls in place to reduce the risk of dispensing errors. This includes regular use of dispensing aids to actively manage risks.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards and identify and manage risks effectively. The pharmacy team members log any mistakes they make during the dispensing process. They are good at learning from these and generally act to avoid repeating errors. The pharmacy enables people to give feedback. And it uses this feedback to help prevent future errors. It tells people how it uses their private information. And it keeps the records it is required to by law. The pharmacy team members understand how they can help to protect the welfare of vulnerable people. And they follow clear documented procedures and take appropriate action when they have concerns.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). These ensured pharmacy team members were clear on their roles and responsibilities. And how they were to complete tasks. These were properly authorised by the store manager. And all pharmacy team members had signed them. Some SOPs were past their review date of September 2019. A few newer SOPs had arrived around the 12th of September. But by the time of inspection, 29th October, a member of the pharmacy team had still to read them.

Pharmacy team members made records of all near miss errors. They reviewed these errors monthly as part of the patient safety briefing system. And they took action to prevent recurrences. An example of this was pharmacy team members identifying that there was a trend in a large number of the near misses being due to Look Alike sound Alike Drugs (LASAs). They had targeted these items and over the last two months they had not had one LASA related error. They had also identified strength errors as a trend and pharmacy team members now circled strength on the label to raise awareness. Pharmacist information forms (PIFs) allowed effective communication between the dispenser and the pharmacist. And also highlighted information that pharmacy team members needed to share with the people at handout. Nine out of ten prescriptions of a sample reviewed had a completed PIF. Pharmacy team members completed the patient safety audit monthly. And identified key activities and learnings to be undertaken to improve people's safety. They also recorded errors that involved the patient, on the PIERS incident reporting system. The last error had been the supply of a wrong strength of co-codamol to a person who was reducing their reliance on this medication. The error had been fully recorded and a root cause analysis conducted, but the outcome was to 'share learning'.

The pharmacy provided people with the customer service phone number, on their sales receipt. That provided details on how to provide feedback about the pharmacy's services. There was also a card that pharmacy team members handed to people that prompted them to provide feedback. An example of the team using feedback was with regards to a family on the same medication. There were several dispensing errors due to the family members being on the same drug. The pharmacy arranged to conduct a 'second dispenser' check prior to the final accuracy check for this drug. This had greatly reduced the errors.

Records were properly maintained for: Responsible pharmacist log. This included sign-on and sign-off

times. Fridge temperatures which pharmacy team members recorded daily. And these were within the required range of between two and eight degrees Celsius. Controlled drug records were accurate. A check of Durogesic 100mcg patches showed that the theoretical and actual amounts tallied. Patient returned controlled drug records were complete. And showed when the pharmacy received and destroyed them, including witness details. There were regular CD balance checks conducted but on ten CD record pages looked at, some five had corrected errors on them. Pharmacy team members recorded private prescriptions online. The pharmacy kept records of all emergency supplies. These included details of reasons for people's requests.

Pharmacy team members segregated confidential waste into special bags. And these were destroyed off-site. Pharmacy team members were aware of the company guidance on privacy and confidentiality. And were aware of the impact of the General Data Protection Regulations (GDPR). They had received training on the above. There was no confidential waste in the consultation room. And there was no people specific information in the general waste. People could not read other people's details on prescriptions awaiting collection. And there was information in the practice leaflet, to tell people how the pharmacy used their information. The pharmacist was protection of vulnerable groups (PVG) registered and had attended the NHS Education Scotland (NES) course on child and vulnerable adult protection. The pharmacy provided team members with training in the Boots safeguarding guidance and there were local contact details available in store. They gave examples of how they had helped vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough pharmacy team members for the services provided. The pharmacy team members are competent. And they have the appropriate skills and qualifications for their roles. They work effectively together in a supportive environment. And undertake regular learning both during the working day and at home. They learn from near miss error reviews and from people's feedback. And they act to improve safety. They also feedback their own ideas and act on them to improve their services.

Inspector's evidence

On the day of the inspection there was one pharmacist, one accuracy checking technician (ACT), three NVQ2 pharmacy advisors and one trainee NVQ3 pharmacy technician. The ACT was also the store manager. Pharmacy team members reported that they felt under some pressure with the workload. But they were coping with these pressures.

Pharmacy team members had annual appraisals. And access to training resources via the Boots e-learning system. Pharmacy team members reported there was some time during the working day for training. Pharmacy team members had recently had training on the Boots delivery service, and the Mytime system.

Pharmacy team members were suitably qualified. And had a good understanding of their roles and responsibilities. Pharmacy team members demonstrated their professionalism in the way they managed the dispensary, and asked appropriate questions when providing medicines over the counter. Their actions, following near misses and people's feedback, showed a culture of openness, honesty and learning. They were comfortable to provide feedback to the pharmacy manager.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are tidy and clean and provide a suitable environment for the services offered. The pharmacy is protected from unauthorised entry. There are good facilities to allow people to have a confidential conversation if needed. And there is a discrete area at the counter to further aid private interaction.

Inspector's evidence

The pharmacy was very clean, tidy and well presented. It consisted of a square main dispensary and a smaller front dispensing area that had a checking area. And allowed for dispensing of waiting prescriptions. And it had adequate shelving and bench space. Pharmacy team members ensured they kept benches clear of clutter. There was an entry from the street and an entrance from the attached surgery. Entry directly to the pharmacy required climbing two steps, but entry via a ramp through the surgery entrance was possible. Both entrances had power assisted doors. This made it easier for those in wheelchairs to enter the pharmacy. There was a consultation room with a desk, chairs and hand washing facilities. It contained a carbon monoxide meter used in smoking cessation. And there was a notice on the door that promoted a chaperone if needed. There was also an induction hearing loop for those with hearing difficulties.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides the normal range of services under the Scottish contract. The pharmacy team members use a range of safe working practices. These include use of audit trails and baskets for dispensing. These assist with the near miss error process and in preventing items becoming mixed. The pharmacy team members ensure high-risk medications, including those containing valproate, are appropriately managed. And they generally ensure that medicines are fit for purpose. There is a suitable system for providing medicines in multi-compartment compliance packs. And the team mostly provides patient information leaflets for people receiving these packs.

Inspector's evidence

The pharmacy provided details of the services it offered by leaflets in store and posters in the windows. All prescriptions looked at had audit trails of 'dispensed by' and 'checked by' signatures. And 9 out of a sample of 10 prescriptions looked at had a pharmacist information form (PIF). This provided information to the pharmacist at checking or hand out. Where there were higher risk medications they had 'refer to pharmacist stickers'. Other alert cards used included 'CD' and 'Fridge lines'. These cards helped ensure that pharmacy team members counselled people on high risk medicines, and that items such as controlled drugs were properly managed. Safe working practices included the use of tubs to keep items all together. The pharmacy had a range of materials to provide extra information to people who were receiving valproate. The pharmacy team members made good use of this to brief people, and had reviewed all existing people on valproate.

The pharmacy had an effective process for the dispensing and delivery of repeat prescription items. This included confirming what items people actually needed. And then the team tracked progress with the ordering of the prescriptions. This ensured the pharmacy received all items on time. There was a delivery service and people signed upon receipt including for CDs.

There was provision of medicines in multi-compartment compliance packs to people. Each person had their own file and a master list of their current medicine. There were also record cards that detailed and recorded all requests for changes to compliance packs. And these were entered onto the master medicine list and implemented. Patient information leaflets (PILs) were not regularly given to all, some were withheld at people's requests. All compliance packs had accurate descriptions of medicines. The pharmacy provided compliance packs one week at a time.

There was a date checking matrix in place which was up to date. Pharmacy team members recorded dates of opening on most liquid medicines. But one bottle of Oramorph had no date of opening recorded. And another Oramorph bottle had a date of opening recorded, but it had gone past its three months best before period. There were no other out of date medicines on the shelves. The pharmacy had not yet implemented the Falsified Medicines Directive (FMD). And there was no training or SOPs about its use provided. So, the pharmacy did not use any of the features of FMD. Pharmacy team members had acquired knowledge on their own account about FMD but were unable to explain what plans Boots had in place for FMD.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has sufficient resources in place to effectively provide the services on offer. And it properly calibrates and stores its measuring equipment.

Inspector's evidence

The pharmacy had a range of glass measuring equipment which was ISO or crown stamped. The pharmacy had access to the British National Formularies for both adults and children. And had online access to a range of further support tools. There was a carbon monoxide meter, which the local health board calibrated. There was a consultation room to provide privacy and confidentiality when people required it. And the computer screens were password protected and could not be seen by unauthorised 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.