

Registered pharmacy inspection report

Pharmacy Name: Boots, 2a Dalry Road, KILBIRNIE, Ayrshire, KA25
6HY

Pharmacy reference: 1041840

Type of pharmacy: Community

Date of inspection: 21/02/2024

Pharmacy context

This is a community pharmacy in the village of Kilbirnie in Ayrshire. 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.

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	1.8	Good practice	The pharmacy has a clear culture of safeguarding children and vulnerable adults. And it supports its team members in raising concerns. Team members have confidence and experience to suitably protect vulnerable people's welfare. And they can provide examples of safeguarding interventions they have made with evidence of positive interventions.
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 appropriately manages the risks associated with the services it provides for people. Its complete set of written procedures help the team carry out tasks consistently and safely. They 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. And they work well together to protect people's welfare.

Inspector's evidence

The pharmacy had a 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. The pharmacy's superintendents (SI) team reviewed the SOPs on a two-year rolling rota. Team members were observed working within the scope of their roles and they were able to describe their responsibilities. They were aware of the responsible pharmacist (RP) regulations and of 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 a paper 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. The team also completed a monthly patient safety report which included analysis of the near miss record. Each team member also reviewed their own errors. The trainee dispenser explained how this analysis had allowed them to recognise that their most common error involved dispensing the incorrect quantities of medicines. They amended their dispensing process to include a double check of each quantity of medicines dispensed. And this had reduced the recurrence of this type of error. 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 pharmacist and the SI. 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. A quick response (QR) poster was in place in the retail area for people to provide feedback and to rate their experience of pharmacy services. The feedback was reviewed by the head office team.

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. And they maintained an electronic log of unlicensed medicines supply. Electronic records of private prescriptions were maintained. Occasionally, the incorrect prescriber was recorded on the register, so the records were not wholly accurate.

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. Team members provided examples of safeguarding interventions they had made with positive outcomes. 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. The pharmacy team supports its members 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 a full-time pharmacist who was also the manager. Other team members included one part-time trainee technician, a full-time dispenser, two part-time dispensers and a part-time trainee dispenser. And the pharmacy had support from a second pharmacist for one and a half days per week. Team members had all completed accredited training or were enrolled on an accredited qualification training course for their role. They had regular reviews with the pharmacist manager who was their course supervisor. All team members enrolled on an accredited training course received regular weekly protected learning time. Team members completed ongoing training that was relevant to their roles, and they were provided with protected learning time to complete this training. The team had recently completed online training relating to Information Governance. The team were observed working well together and managing the workload. 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.

The pharmacy team received visits from the area manager. They felt comfortable to raise any concerns with their pharmacist manager or members of the head office team. And the pharmacist manager was a member of a company instant messaging manager forum where they could ask for support if required. Members of the team received regular feedback as they worked. And the company had a quarterly documented formal appraisal process for registered professionals. Team members attended regular team meetings where they discussed alerts from head office and any learnings from near misses or dispensing incidents.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they identified repeated requests from people for medicines subject to misuse, for example, codeine linctus. The team described a recent example for such a request where the pharmacist made an intervention and referred to the patients GP.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. It has a private area where people can have more private conversations with a pharmacy team member if needed. The pharmacy is secure when closed.

Inspector's evidence

The premises were secure, modern, and provided a professional image. They consisted of a retail area and main dispensary. And there was a toilet and staff facilities to the rear. The pharmacy workspaces were well organised with designated areas for completion of pharmacy tasks and suitable storage for prescriptions. A bench used by the RP to complete the final checking process was at the front of the main dispensary near the retail counter. The medicines counter could be clearly seen from the checking area which enabled the pharmacist to intervene in a sale when necessary. Team members used a hatch area protected by a screen to provide supervision of substance misuse services. This area also allowed team members to have more private conversations with people. There was no consultation room available.

The dispensary was screened from public view which provided privacy for various dispensing tasks to take place without distraction. The dispensary had a sink which provided hot and cold water for professional use and for hand washing. And the toilet facilities were clean and hygienic and there were other facilities for hand washing. Temperature and lighting were kept to an appropriate level throughout the premises

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support people's health needs. It manages its services well and they are easy for people to access. The pharmacy receives its medicines from reputable sources and stores them appropriately. And team members carry out checks to help ensure medicines are suitable to supply.

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, these included information on the NHS Medicines: Care and Review service and smoking cessation.

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. The baskets were stored on separate shelving whilst waiting to be checked by the pharmacist. This enabled the dispensary benches to remain clear. Team members signed dispensing labels to maintain an audit trail of who had dispensed and checked the medicines. The team provided owing's slips to people when it could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine. The pharmacy offered a delivery service and kept an electronic record of completed deliveries so the team could answer queries from people expecting deliveries.

Team members demonstrated a good awareness of the Pregnancy Prevention Programme (PPP) for people who were prescribed valproate, and of the associated risks. And they knew of the additional information to be supplied to help them take their medicines safely. The team were aware of the most recent patient safety alert relating to valproate. Team members attached various alert cards to prescriptions. The cards detailed questions and counselling points. They used these as a prompt before they handed out medicines to people who may require further intervention from the pharmacist.

The team used an offsite pharmacy hub for dispensing people's repeat prescriptions which helped manage workload within the pharmacy. Team members labelled prescriptions on the patient medication record. And these were clinically checked and accuracy checked by the RP before being assembled at the pharmacy hub. The completed prescriptions were delivered to the pharmacy via the pharmacy wholesaler in sealed prescription bags. Team members matched the assembled prescriptions with the paper prescription and placed them onto the retrieval shelves for people to collect.

The pharmacy provided the NHS Pharmacy First service. 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 they kept a printed copy. And they kept a printed copy of the completed consultation forms. The medicines counter assistant asked people relevant consultation questions and then referred to an electronic approved list of medicines before suggesting a treatment option to the pharmacist. The pharmacist then completed the consultation.

Pharmacy-only (P) medicines were stored in locked glass cabinets beside the pharmacy counter to prevent unauthorised access. The pharmacy obtained its stock medicines from licensed wholesalers and stored them tidily mainly on shelves and in drawers. Team members had a process for checking expiry dates of the pharmacy's medicines. This was completed quarterly in sections. Short-dated stock which was due to expire soon was highlighted with stickers and was rotated to the front of the shelf, so it would be used first. The team advised that they were up to date with the process, and they had an audit trail to demonstrate completion. A random selection of medicines were all found to be in date. The pharmacy had a medical grade fridge to store medicines that required cold storage which were operating within the correct temperature range. 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. It kept a record of actioned recalls. 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 dispose of 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 an electronic copy of NHS Ayrshire Pharmacy First Formulary. And there was access to intranet and 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. There were separate marked tablet counters for high-risk medicines. 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.