

Registered pharmacy inspection report

Pharmacy Name: Boots, 77 Dockhead Street, SALTCOATS, Ayrshire,
KA21 5ED

Pharmacy reference: 1041888

Type of pharmacy: Community

Date of inspection: 23/10/2019

Pharmacy context

This is a medium sized pharmacy in the main shopping precinct of the town of Saltcoats. It dispenses NHS prescriptions, and supports people receiving supervised methadone doses and also provides a needle exchange scheme. It provides the usual services found under the local health board Pharmacy First Scheme, including the minor ailments service. It also supplies medicines in multi-compartment compliance packs.

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 to ensure that team members deliver services safely and effectively. They record all near misses and take action to prevent recurrence.
		1.4	Good practice	The pharmacy team encourages feedback from people using its services. And pharmacy team members can give examples of actions they have taken in response to external feedback to improve services.
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 branches, and action is taken 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. Controls are in place to reduce the risk of dispensing errors, including 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 act to avoid repeating errors. The pharmacy enables people to give feedback. And it uses this feedback to improve the services it offers. 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.

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. 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). The patient safety champion briefed team members on this and the pharmacist checked for this regularly when prescriptions were being counted at the end of the day. 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. All 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 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 they received was when they realised there was an unmet need in the town for the supply of specialist baby milks which they now supplied.

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 with regular balance checks. A check of Longtec 10mg 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. 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 person 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, and in a Fair Data Processing notice, to tell people how their information was used.

The pharmacists were 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. There was also written guidance for the use of the pharmacy team members.

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 were two pharmacists (one of whom had started their shift an hour early to assist with the workload), one NVQ2 pharmacy advisor and one trainee NVQ3 pharmacy technician. There was also the store manager who had come into the pharmacy on the morning of his day off to assist the team with the workload. One member of staff was off recuperating and another member had resigned and was not working any notice. 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 protected time during the working day for training. Recent training had included children's medicines, focusing on areas such as dosage and calculations.

Pharmacy team members were suitably qualified. And had a good understanding of their roles and responsibilities. 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. And they put forward ideas to improve services to people. Pharmacy team members often worked in other branches and brought back ideas to improve their own services. Examples had included re-balancing the weekly and monthly prescriptions to ensure an even workflow across the month. And they had changed the method of dispensing daily medicines to reduce errors by ensuring each was bagged and labelled and sealed as soon as checked. There were no targets that caused concern.

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 against 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 clean, tidy and well presented. It consisted of a gallery dispensary. And it had adequate shelving but bench space was at a premium. Pharmacy team members managed this by ensuring benches were kept clear of clutter. The door was a power assisted door. 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. 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. And delivers additional services it identifies as beneficial for the community. 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 has an effective process for the dispensing and delivery of repeat prescription items. This includes confirming what medicines people need. And then tracking progress with the ordering of the prescriptions. This ensures the person receives all their medicines on time. The pharmacy team ensures high-risk medications, including those containing valproate, are appropriately managed.

Inspector's evidence

The pharmacy had provided details of the services it offered by leaflets in store and posters in the windows. As well as providing the usual services under Pharmacy First, the pharmacy team members had identified an unmet demand for specialist baby milks. They had determined a suitable range of such milks and brought them into stock. All prescriptions looked at had audit trails of “dispensed by” and “checked by” signatures. And all 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 people on high risk medicines were counselled by pharmacy team members, 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 patients.

There was provision of medicines in multi-compartment compliance packs to people. Each person had their own file and a master list of current medicines being provided. There was also a communications book that detailed and recorded all requests for changes to compliance packs. And this was seen to be carried through to the master medicine list and implemented. There was no delivery service and compliance packs were collected by people who signed upon receipt. There was a date checking matrix in place which was up to date. Pharmacy team members recorded dates of opening on liquid medicines. And there was no out of date stock on the shelves.

The pharmacy had a folder to store copies of medicine alerts the team had received. It recorded that they had been “done” or there had been “no stock”. These records did not actually detail what actions had been taken. There was a notice board that asked all pharmacy team members to daily record they had read both of two communications diaries. There was also a written record that showed who had reviewed the clinical email account each day to ensure any alerts or recalls were noticed and actioned.

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.