General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 36-40 High Street, ALLOA, Clackmannanshire, FK10 1JE

Pharmacy reference: 1041942

Type of pharmacy: Community

Date of inspection: 11/08/2022

Pharmacy context

This is a community pharmacy in the town centre of Alloa. Its main activity is dispensing NHS prescriptions. And it supplies medicines in multi-compartment compliance packs to some people who need help remembering to take their medicines at the right times. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And it supplies a range of over-the-counter medicines.

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 suitably identifies and manages the risks with its services. Pharmacy team members follow written procedures to help them safely carry out tasks. They keep the records they need to by law, and they safely keep people's private information. The team is adequately equipped to manage any safeguarding concerns.

Inspector's evidence

The pharmacy had put measures in place to keep people safe from infection during the COVID-19 pandemic. It had screens up at the medicines' counter and hand sanitiser available at the premises entrance and medicines counters. Floor markings remained to highlight social distancing.

The pharmacy had a full range of standard operating procedures (SOPs). The team was currently in the process of moving these to an online platform, so these were kept in both a folder and online. There was evidence of team members having read and agreed to follow them. Team members described their roles within the pharmacy and the processes they were involved in and accurately explained which activities could not be undertaken in the absence of the pharmacist. The pharmacy employed an Accuracy Checking Technician (ACT). Team members were able to describe the process for prescriptions being clinically checked by the pharmacist prior to dispensing and how this was clearly marked on the prescriptions. The pharmacy had a business continuity plan to address disruption to services. Team members were able to describe the process for branch closure when there was no pharmacist available. They had clear plans in place to ensure supply to vulnerable people was safeguarded in these times. This included contact with the local addictions service team, contacting people directly and communicating with other local pharmacies.

Team members used 'near miss logs' to record dispensing mistakes that were identified in the pharmacy, known as near misses. And they recorded errors that had been identified after people received their medicines. They reviewed all near misses and errors each month to learn from them and they introduced strategies to minimise the chances of the same error happening again. The pharmacy manager had identified that not all near misses were being recorded on the online form. It was found this was often due to time pressures or availability of a computer terminal. So they had started to use a paper template that would be added to the online tool when convenient. This meant that information from these incidents would be captured, and the team would not miss learning opportunities. The pharmacy had a complaints procedure and welcomed feedback.

The pharmacy displayed the responsible pharmacist notice and had an accurate responsible pharmacist record. It had private prescription records including records of emergency supplies and veterinary prescriptions. It kept complete records for unlicensed medicines. The pharmacy kept controlled drug (CD) records with running balances. The balances of three randomly selected controlled drugs were checked during the inspection and correct. Stock balances were observed to be checked on a weekly basis. The pharmacy had a CD destruction register to record CDs that people had returned to the pharmacy. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost.

Pharmacy team members were aware of the need for confidentiality. They separated confidential

waste and this was taken away for secure destruction centrally. The pharmacy had a formal procedure to help the team raise any concerns they may have about the safeguarding of vulnerable adults and children. Team members gave examples of hypothetical situations where they would raise concerns to the RP. They knew how to raise a concern locally and had access to contact details and processes.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. They manage the workload well and support each other as they work. They feel comfortable raising concerns, giving feedback and suggesting improvements to provide a more effective service.

Inspector's evidence

The pharmacy employed one full-time non-pharmacist manager, two part-time accuracy checking technicians (ACTs), one full-time and four part-time dispensers. The pharmacy had no regular pharmacist and used a mixture of employed relief pharmacists and locums.

The manager described the challenges the team had faced with staffing pressures over the past six months, starting around January 2022. The previous store manager and base pharmacist left the business along with both a full-time and part-time dispenser. The manager had support from the area manager and professional standards pharmacists. They developed an action plan together to ensure the continued safe running of the pharmacy and recruitment of new team members. The plan also included support using team members from other branches of the pharmacy. The health board had authorised the pharmacy to reduce its opening times to help the pharmacy better manage its workload due to staffing shortages. One qualified dispenser and another trainee dispenser had started working at the pharmacy recently. The manager had been regularly working extra hours. Although the pharmacy had several complaints in connection with long waiting times and prescriptions not being ready when they needed to be, these had reduced more recently. Team members were able to manage the current workload. Team members seen during the inspection demonstrated a good rapport with many people who visited the pharmacy and were seen appropriately helping them manage their healthcare needs

The pharmacy planned learning time during the working day for all team members to undertake regular training and development. But due to staffing pressures training time had been prioritised to those starting courses or with limited experience. A trainee dispenser was observed being supervised in their role and were able to describe the training plan that they were working through. A team member was able to describe recent training for one of the local services. Team members had annual appraisals with the pharmacy manager to identify their learning needs. Team members asked appropriate questions when supplying medicines over-the-counter and referred to the pharmacist when required. They demonstrated an awareness of repeat requests for medicines intended for short term use. And they dealt appropriately with such requests.

Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own mistakes. They had an open environment in the pharmacy where they could share and discuss these. When speaking to team members, it was clear that they felt they could make suggestions and raise concerns to the manager. The pharmacy team discussed incidents and how to reduce risks. The team had regular team meetings. The company had a whistleblowing policy that team members were aware of.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy keeps its premises clean, well maintained, and secured when closed. It has a suitable, sound-proofed room where people can have private conversations with team members.

Inspector's evidence

These were large-sized premises incorporating a retail area, dispensary and back shop area including space for assembling compliance packs, storage space and staff facilities. The premises were generally clean, hygienic, and well maintained. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water, soap, and clean hand towels.

People were not able to see activities being undertaken in the dispensary. The dispensary area was small but well organised. The manager described plans for this to be extended with a shop refit planned within the next six months. The pharmacy had a consultation room with a desk, chairs, and computer, and the door closed providing privacy. The pharmacy also had a separate area for specialist services such as substance misuse supervision. Temperature and lighting were comfortable.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy makes its services accessible to people. And it manages its services well to help people look after their health. The pharmacy correctly sources its medicines, and it completes regular checks of them to make sure they are in date and suitable to supply.

Inspector's evidence

The pharmacy had good physical access by means of a level entrance and an automatic door. And the central pharmacy counters were low in height for those using wheelchairs. The pharmacy advertised some of its services and its opening hours in the main window. It had a hearing loop in working order for people wearing hearing aids to use. And it could provide large print labels for people with impaired vision. All team members wore badges showing their name and role.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used baskets to separate people's medicines and prescriptions. Team members used coloured alert labels to attach to prescriptions containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members add their initials to dispensing labels to provide an audit trail of who had dispensed and checked all medicines. They also initialled prescriptions to provide an audit trail of personnel involved at every stage of the dispensing process including labelling and handing out.

The pharmacy supplied medicines in multi-compartment compliance packs to people that needed extra support with their medicines. The pharmacy managed the dispensing and the related record-keeping for these on a four-weekly cycle. The pharmacy was not currently accepting new patients for these packs due to capacity and staffing levels. The pharmacy had a waiting list for patients who requested this service and signposted to other local pharmacies who could supply them. Team members assembled four weeks' packs at a time, usually one week before the first pack was due to be supplied. They kept master backing sheets for each person for each week of assembly. These master backing sheets recorded people's details, current medication and administration times. Records of changes to medication were observed and the pharmacy retained written communication from the person's general practice (GP). This included copies of discharge letters or notification of change forms. This created a clear audit trail of any medication changes. Packs were labelled clearly with directions and descriptions. Shelving to store the packs was kept neat and tidy.

The pharmacy supplied a variety of other medicines by instalment. A team member dispensed these prescriptions in their entirety when the pharmacy received them. The pharmacist checked the instalments and placed the medicines in bags labelled with the person's details and date of supply. A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving higher risk medicines including valproate, methotrexate, lithium, and warfarin. People were supplied with written information and record books if required. But the team recognised that they could do more to record the outcomes of some conversations. They identified an opportunity to record interventions within the PMR so they would then have an audit of discussions about people's medicines. The pharmacy had put the guidance from the valproate pregnancy prevention programme in place. The team highlighted these prescriptions with a specific-coloured label to ensure the

pharmacist counselled them appropriately and checked that they were on a pregnancy-prevention programme.

The pharmacy followed the service specifications for NHS services. It had patient group directions (PGDs) in place for unscheduled care, the Pharmacy First service, smoking cessation, and emergency hormonal contraception (EHC). The pharmacy team members were trained to deliver the Pharmacy First service within their competence and under the pharmacist's supervision. They used the sale of medicines protocol and the formulary to respond to symptoms and make suggestions for treatment. They referred to the pharmacist as required.

The pharmacy obtained medicines from licensed wholesalers. The pharmacy stored medicines in original packaging in drawers and on shelves. And team members used space well to separate stock and dispensed items. The pharmacy stored items requiring cold storage in a fridge and team members monitored and recorded minimum and maximum temperatures daily. They took appropriate action if these went above or below accepted limits. Team members regularly checked expiry dates of medicines and those inspected were found to be in date. The pharmacy protected pharmacy (P) medicines from self-selection to ensure sales were supervised. Team members followed the sale of medicines protocol when selling these.

The pharmacy printed recalls and safety alerts on receipt. Once actioned, records were kept on a board to ensure all team members were aware. Team members contacted people who had received medicines subject to patient level recalls. They returned items received damaged or faulty to suppliers as soon as possible.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had resources available including current editions of the British National Formulary (BNF) and BNF for Children. It had Internet access allowing online resources to be used.

Team members kept crown-stamped measures by the sink in the dispensary, and separate marked ones were used for substance misuse medicines. The pharmacy used a pump for measuring individual doses on a weekly basis. Team members cleaned the pump at the end of each use and poured test volumes to ensure accuracy. The pharmacy team kept clean tablet and capsule counters in the dispensary. People waiting at the counter could not read confidential information on computer screens. The pharmacy stored prescription medication waiting to be collected in a way that prevented people's information being seen by any other people in the retail area. Team members used passwords to access computers and did not leave them unattended unless they were locked.

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.