

Registered pharmacy inspection report

Pharmacy Name: Boots, 9 - 13 Sinclair Street, HELENSBURGH,
Dumbartonshire, G84 8SR

Pharmacy reference: 1041985

Type of pharmacy: Community

Date of inspection: 01/08/2019

Pharmacy context

The pharmacy is in the town centre of Helensburgh. And it is located a short distance away from a sister branch. The pharmacy opens seven days a week and it dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra help. The pharmacy offers a travel clinic. And consultation facilities are available, and people can be seen in private.

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 team members complete training and work to professional standards. They provide safe services and look after people's welfare. The pharmacy keeps records of mistakes when they happen. And senior pharmacy team members carry out checks to make sure the pharmacy is running safely. The team members discuss the need for new safety measures. And they make improvements to keep services safe. The pharmacy keeps the records it needs to by law. And it provides regular training to keep confidential information safe. It understands its role in protecting vulnerable people. And team members complete regular training to ensure they understand the company's safeguarding arrangements. People using the pharmacy can raise concerns. The pharmacy team members know to follow the company's complaints handling procedure. This means they listen to people and put things right when they can.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. And team members had signed most of the SOPs to confirm they followed the procedures. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy displayed a notice when the pharmacist was on lunch. And advised people they were unable to hand out prescriptions at this time. The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist and the accuracy checking technician (ACT) checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The pharmacist and the ACT recorded the near-misses. But they did not always provide a meaningful reason about how the errors could have happened. The pharmacy team discussed ways of managing dispensing risks at a monthly review meeting. And identified areas for improvement when they were able to. The team members had discussed the results of a recent mock-up GPhC inspection. And had taken improvement action such as carrying out expiry-date checking so they were up to date. The pharmacy produced near-miss reports for May and June 2019. And improvement action had been identified and implemented as a result. For example;

1. Reviewing holidays to ensure enough cover in both the downstairs and upstairs dispensaries.
2. Developing team members to work in the care home dispensary due to a dispenser leaving.
3. Double-checking the formulation of medication to avoid mistakes.

The pharmacy highlighted look-alike and sound-alike medicines. And used shelf-edge caution labels to alert team members to risks. For example, amitriptyline/amlodipine and quinine/quetiapine tablets. The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew about an error involving a controlled drug. And they knew to take more care when counting tablets into skillets. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. And it used a practice leaflet to inform people about the complaints process and who to contact should they wish to complain or provide feedback.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs on a weekly basis. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. A sample of private prescriptions were up to date and met legal requirements. And specials records met requirements with details of what had been supplied and who had received it. The pharmacists used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until October 2020.

The pharmacy displayed a 'fair data processing notice' which provided people with information about its data protection arrangements. The pharmacy team members completed training on a regular basis to comply with the arrangements. And they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding.

The pharmacy trained team members on a regular basis. And this helped them to recognise the signs and symptoms of abuse and neglect. The pharmacy used the protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. And the company had registered the pharmacists with the scheme. The pharmacy provided contact details so that team members knew who to contact if they had a concern about a child or an adult. And a chaperone notice informed people they could be accompanied by a companion during consultations.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And ensures it has the right number of suitably qualified pharmacy team members throughout the week. The team members reflect on their performance. And identify and discuss their learning needs at regular review meetings to keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The team members support each other in their day-to-day work. And speak up at regular meetings to keep services safe and effective.

Inspector's evidence

The pharmacy had not experienced any significant growth over the past year. And the work-load had remained mostly the same. The pharmacy team was meeting its performance targets. And the team members did not feel undue pressure to do so. The dispensers had worked at the pharmacy for many years. And were experienced and knowledgeable in their roles. The pharmacy encouraged team members to learn and develop. And provided allocated training time in the workplace so they were supported to do so. The pharmacy kept team member's qualifications on-site. And the following people were in post; one full-time pharmacist, one part-time pharmacist, one part-time accredited checking technician (ACT), one full-time trainee pharmacy technician, three full-time dispensers, two part-time dispensers, one part-time trainee dispenser and one part-time medicines counter assistant (MCA).

The pharmacy managed annual leave requests. And team members were expected to provide cover for each other. A trainee dispenser who normally worked on a Saturday, and a relief dispenser were providing cover at the time of the inspection. And this was due to other dispensers taking annual leave. The relief dispenser had taken up post in April 2019. And had completed her induction in the pharmacy which included reading and signing the company SOPs.

The pharmacy used an annual appraisal to identify areas for development. And the new pharmacist manager had been arranging for team members to work in areas where they needed to develop more experience. For example, one of the dispensers had agreed to take over the management of the upstairs care home dispensary. The company provided ongoing training and development. And the team members were up-to-date with mandatory training. For example, they had completed data protection and safeguarding training in the past year. The pharmacist had completed training and was accredited to provide anti-malarial medication. And a second pharmacist worked a half day every Friday to support the full-time pharmacist. The pharmacy team members felt able to raise concerns and provide suggestions for improvement. For example, they had organised the section used to store eye drops. And moved a commonly used product that was also supplied to people over the counter (OTC). This had ensured easier access for team members and had reduced the waiting time.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean. And provide a safe, secure and professional environment for patients to receive healthcare.

Inspector's evidence

The pharmacy presented a modern professional image to the public. And a large well-kept waiting area provided seating and a range of healthcare information leaflets for self-selection. The pharmacy had allocated benches for the different dispensing tasks. And the pharmacy team dispensed walk-in prescriptions near to the waiting area. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. A large upstairs area was used to dispense and store multi-compartmental compliance packs. And the area was tidy and well-organised. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. A consultation room and separate hatch were available and kept professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information in the window. And lets people know about its extended opening hours and what services are available to them. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And supplies extra information to these people to support them to take their medicines. The pharmacy sources, stores and manages its medicines appropriately. And updates the pharmacy team about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had step-free access at the entrance to the pharmacy. And an automatic door provided unrestricted access for people with mobility difficulties. The pharmacy displayed its opening hours in its window. And displayed patient information leaflets in the waiting area and in the consultation room. The pharmacist liaised with the local surgeries and provided support and advice when necessary. For example, providing recommendations when medicines were out of stock and in short supply, such as nifedipine and HRT products.

The dispensing benches were organised. And the pharmacy team used dispensing boxes to keep prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs in the downstairs dispensary. And these were stored in the upstairs dispensary until they were issued. The pharmacy team used trackers to manage the work-load. And this managed the risk of people going without their medication. The team members isolated packs when they were notified about prescription changes. And they recorded the changes in the communications book. The pharmacy supplied patient information leaflets and provided descriptions of medicines. And this supported people to take their medicines. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drugs to confirm receipt.

The pharmacy team members dispensed original packs and medication administration record sheets (MAR) for people living in care homes. And they used a large wall-planner to record when prescriptions were expected and when supplies were due. A dispenser had replaced another dispenser when she had left. And the pharmacy team were in the process of reading the care home SOPs to ensure they were up to date. But some of the SOPs were expired. And the team members were not as up to date as they could be. The team members used a large upstairs room for dispensing. And a lead dispenser managed the work-load and had left work instructions for the other dispensers before going on annual leave.

The pharmacy used clear bags instead of paper prescription bags for controlled drugs and fridge items. And this allowed the pharmacist to easily carry out additional checks at the time of supply. The pharmacy held stocks of medicines used in palliative care. And team members carried out regular balance and date checks to ensure that medicines were always available for use. The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from

recognised suppliers. The team members kept the pharmacy shelves neat and tidy. And kept controlled drugs in three large well-organised cabinets. The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs during regular checks. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius.

The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy team disposed of spent bottles in designated containers. And these were uplifted and destroyed at a central location. The pharmacy team members acted on drug alerts and recalls. For example, they had checked for aripiprazole oral solution in July 2019. But they had not recorded the date they had checked for affected stock, or what the outcome had been. The pharmacy team had been briefed and knew about the risk of some people taking valproate medication. They knew about the pregnancy protection programme and where to find safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And added flash notes to the PMR. The pharmacy had not introduced the Falsified Medicines Directive (FMD). And the team members were unable to confirm when the directive would be introduced.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard. And it used crown-stamped measures. A measure was marked green for methadone use. And others were available for measuring other liquids such as antibiotics. The pharmacy kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection out of view of the waiting area. And arranged computer screens so they were only visible to pharmacy team members. The pharmacy used portable phones. And the pharmacy team took calls in private when necessary.

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.