General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 2 Tweedale Building, High Street, FORT WILLIAM, Inverness-Shire, PH33 6EU

Pharmacy reference: 1042140

Type of pharmacy: Community

Date of inspection: 30/08/2019

Pharmacy context

The pharmacy is in the town centre of Fort William. 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. 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 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. And 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 displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. And the team members were in the process of reading a new set of SOPs including delivery and stock management processes. The team members signed each SOP. And they confirmed they understood their roles and responsibilities. The pharmacy defined the care home dispensing processes. But the SOPs used for interim prescriptions had passed a review date of 2018. And the pharmacy team members were unable to confirm if they were following current best practice. The pharmacy carried out a quarterly self-audits to confirm compliance with professional standards. And a recent external verification process confirmed 100% compliance.

The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The team members recorded their own errors. But they did not always provide a reason about how the errors could have happened. A dispenser had been nominated to carry out the monthly near-miss review. And the team members discussed ways of managing dispensing risks at a monthly review meeting. But the actions over the past few months had been the same:
1. Record LASA's on the pharmacist information forms (PIFs).
2. Check postcodes when handing out prescriptions.
3. Manage stress to reduce the number of near-misses.
The pharmacy team actioned a list of look-alike and sound-alike medicines that had been issued by a central office. And attached shelf edge-caution labels to highlight the risk of selection errors, such as, pregabalin/gabapentin, 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 tramadol MR 50mg and 150mg. And they knew to take more care when dispensing. 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 received mostly positive comments. And there were no examples of

change in response to 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 had public liability and professional indemnity insurance in place and this was 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 were kept up to date with details of who had received each supply. The pharmacists had been accredited to use patient group directions to improve access to medicines and advice. 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 trained team members on a regular basis to comply with data protection arrangements. And they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags which were uplifted for off-site shredding. And archived spent records for the standard retention period.

The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. And the company had registered the pharmacists with the scheme. The pharmacy trained the pharmacy team to comply with safeguarding arrangements. And provided contact details so that team members knew who to contact if they had a concern about a child or a vulnerable adult. The pharmacy team recognised the signs and symptoms of abuse and neglect. And knew when to refer to the pharmacist. For example, the team members asked people to sign to confirm they had collected their multi-compartmental compliance pack. And spoke to the surgery and carers when people failed to collect their medication on time. A trainee dispenser who was working on the medicines counter knew when to refer concerns to the pharmacist. For example, when people tried to buy excessive quantities of medicines liable to abuse.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy monitors its staffing levels. And it ensures it has the right number of suitably skilled pharmacy team members throughout the week. The pharmacy team members reflect on their performance. And they 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 pharmacy team members support each other in their day-to-day work. And they can speak up at regular meetings. And make suggestions for improvement 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 used performance targets. For example, senior team members had been trained and authorised to register people with the chronic medication service (CMS). And the rest of the pharmacy team were focussed on offering a text service that informed people about their prescriptions. The pharmacy team did not feel undue pressure to register people with the services they provided.

Most of the dispensers had worked at the pharmacy for many years. And were experienced and knowledgeable in their roles. The pharmacy kept the team's certificates on-site. And the following team members were in post; three part-time pharmacists with second pharmacist cover on a Wednesday and Friday to check multi-compartmental compliance packs and care home prescriptions, one full-time store manager/trainee dispenser, one part-time pharmacy technician, one full-time trainee dispenser, one part-time trainee dispenser, one full-time dispenser, two part-time dispensers, one Saturday medicines counter assistant and one delivery driver.

The pharmacy team members were expected to submit holiday requests a year in advance. And the pharmacy manager reviewed team rotas up to two weeks in advance to ensure that minimum levels were maintained. A dispenser arrived from the Oban branch to provide cover during the inspection due to unplanned absence. And the store manager was also providing dispensing support.

The pharmacy carried out annual performance reviews to identify areas for development. For example, the store manager/dispenser had agreed to concentrate on developing the knowledge and skills needed to work in the dispensary. And to be able to provide feedback and challenge to the pharmacy team. The pharmacy provided regular training. And protected learning time was built into the rotas to ensure that team members were supported. The team members were currently focussed on reading several new SOPs that had been issued. And they had been reading a case study about paediatric doses that had featured in a monthly professional standards publication.

The pharmacy team completed compliance training. And this ensured that team members followed the company's policies and procedures to help provide safe and effective services. For example, they had recently completed training so they were up-to-date with safeguarding, data protection and digital ordering requirements.

The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, the pharmacy managers were in communication with surgery staff to request they reminded people of the 48 hours prescription turnaround time. And this was due to people arriving straight-away to collect their repeat prescriptions which had not been dispensed.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean. And provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. And the pharmacy provided seating and some healthcare information leaflets for self-selection. The team members dispensed walk-in prescriptions near to the waiting area. And the pharmacist supervised the medicines counter from the checking bench. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room which was professional in appearance.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information in the window. And it lets people know about its services and when they 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 extra information to people taking these medicines. .

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 pharmacy had a business continuity plan in place. And it provided information in the event of service disruptions such as the pharmacy team's contact telephone numbers.

The pharmacy provided a managed repeat prescription service which accounted for around 50% of the dispensing workload. The team members received prescriptions in advance and this helped them to safely manage their workload. The dispensing benches were organised. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process.

The pharmacy dispensed multi-compartment compliance packs for around 61 people. And it dispensed original packs and medication administration record sheets (MAR) for around 100 people in three care homes. The team members used a separate room at the rear of the pharmacy. And they used a large planner to manage the work-load to make sure that medication was dispensed and supplied on time. A regular dispenser managed the service four days a week. And another dispenser had been trained to provide holiday cover when necessary. The dispensers isolated packs when they were notified about prescription changes. And they recorded the changes in the communications book and in the person’s medication records. The pharmacy supplied patient information leaflets and provided descriptions of medicines. And this supported people to take their medicines as prescribed.

The pharmacy team used pharmacist information forms (PIFs) and laminated cards whilst dispensing to communicate safety messages to each other. For example, to highlight medication such as methotrexate and warfarin. And to ensure that team members reminded people of the need to have their bloods regularly checked. 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 team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy used two controlled drug cabinets. And the team members carried out regular stock management activities highlighting 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 members acted on drug alerts and recalls. For example, they had actioned an alert in August 2019 that had highlighted a shortage of Physeptone tablets and this had been shared with the pharmacy team members. The team members had completed training about the valproate pregnancy protection programme. And they knew to provide safety leaflets and cards. The pharmacist monitored prescriptions for valproate and ensured that people received safety information from their GP. The pharmacy had not introduced the Falsified Medicines Directive (FMD). And the team members were unable to confirm when it was due to 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. Measures were labelled 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.