

Registered pharmacy inspection report

Pharmacy Name: Boots, 5 Wentworth Street, PORTREE, Isle of Skye,
IV51 9EJ

Pharmacy reference: 1042164

Type of pharmacy: Community

Date of inspection: 26/04/2019

Pharmacy context

The pharmacy is in the village of Portree on the Isle of Skye. It is connected to Scotland's North West coast by bridge. And lies 114 miles west of Inverness. The nearest pharmacy is in the village of Broadford which is 26 miles south of Portree. The pharmacy dispenses NHS prescriptions to the surrounding area. And opens for longer between April and September to meet extra demand. It orders and dispenses prescriptions for people on repeat medication. And dispenses multi-compartment medicines devices for people who need extra help. A consultation room is available for people to 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. The pharmacy keeps records of mistakes when they happen. And senior pharmacy members carry out checks to make sure the pharmacy is running safely. The pharmacy updates its processes and procedures. And this ensures that services remain safe and effective. The pharmacy keeps the records it needs to by law. It understands its role in protecting vulnerable people. And it provides regular training to keep confidential information safe. People using the pharmacy can raise concerns. And staff know to follow the company's complaints handling procedure. This means that staff listen to people and put things right when they can.

Inspector's evidence

A relief pharmacist had been providing cover since February 2019. The pharmacist displayed the responsible pharmacist notice. And people could identify who was in charge.

The pharmacy team signed to confirm they followed standard operating procedures. And the procedures defined the pharmacy processes and staff responsibilities.

The pharmacy team signed prescriptions to show they had completed a dispensing task. And included labelling, assembly and accuracy checking.

The pharmacist checked prescriptions. And gave feedback to dispensers when they failed to identify their own errors. The dispensers recorded their errors. But did not always identify the contributing factors. This meant that improvement action was not always identified and discussed.

A sample near-miss report for March 2019 showed improvement action had been documented. For example, the pharmacy team had been reminded to record their near-misses to improve the quality of the monthly near-miss review. The pharmacy team had also agreed to check prescription balances daily to ensure they were not forgotten about.

The pharmacy had introduced a risk management initiative. And highlighted look-alike and sound-alike medication using company shelf edge caution labels. A list of such medicines was also kept beside the patient medication record computer. For example, they highlighted amitriptyline and allopurinol.

The superintendent's office issued monthly newsletters. And case studies informed the pharmacy team about the potential for harm when dispensing incidents happened. For example, they had learned about the pregnancy protection scheme and the risks associated with females taking sodium valproate.

A non-pharmacist manager managed the incident reporting process. The pharmacy team knew when incidents had happened and what the cause had been. For example, the pharmacy separated rivaroxaban and rosuvastatin tablets due to a mix-up and to avoid the same thing happening in the future.

A complaints policy ensured that staff handled complaints in a consistent manner. A leaflet informed

people about the complaints process and provided contact details. The number of complaints had increased due to a high turnover of staff. And this had been due to increased waiting times. The pharmacy team had discussed how to improve the waiting time. And had agreed to ask people in the queue if they were handing in prescriptions to shorten the wait for others. The pharmacy team also agreed to inform people when the waiting time was going to be longer than normal to manage people's expectations. This had led to a decrease in the number of complaints.

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 mostly checked and verified the balance of controlled drugs on a weekly basis. The pharmacist had recently identified an 80ml shortage of methadone. And they had reported this to the clinical governance manager. And it was being investigated at the time of the inspection.

The pharmacy recorded controlled drugs that people returned for destruction. The staff destroyed the controlled drugs on a regular basis. And recorded their names once completed.

A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication.

The pharmacist was not accredited to provide the pharmacy first service. But was accredited to provide medication supplies and advice using national patient group directions (PGD). For example, the community pharmacy unscheduled care service (CPUS). The PGD was valid until October 2019.

The pharmacy team completed data protection training on a regular basis and knew to safeguard confidential information. The pharmacy team disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding.

The pharmacy stored prescriptions for collection out of view of the waiting area. And archived spent records for the standard retention period. The pharmacy team used a team password to restrict access to patient medication records. And other people could not see computer screens from the waiting area.

The protecting vulnerable group scheme helped to protect children and vulnerable adults. And the pharmacy had registered the pharmacists and dispensary staff with the scheme.

The pharmacy team had read and signed the safeguarding policy. And knew how to raise concerns when they recognised the signs and symptoms of abuse and neglect. The pharmacy team were aware of vulnerable groups. And asked people to sign when they collected multi-compartment medicine devices. This ensured that failed collections were identified and shared with the relevant agency so that people could be given extra support if needed. The pharmacy kept key contact details to hand should a referral be necessary.

The pharmacy displayed the chaperone policy on the consultation room door. And the pharmacy team had signed to confirm they had read and understood it.

Public liability and professional indemnity insurance were in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a high turnover of staff due to its location. It uses experienced pharmacy team members from other branches when there are staff shortages. This ensures there is more support during busy periods. The pharmacy monitors its staffing levels and plans for shortages. This ensures it has the right number of pharmacy team members throughout the week. The pharmacy supports the pharmacy team to learn and develop. And provides access to ongoing training. The pharmacy team members reflect on their performance. And they identify and discuss their learning needs at regular review meetings. This ensures they keep up to date in their roles. The pharmacy team members support each other in their day-to-day work. They can speak up and suggest service improvements.

Inspector's evidence

The pharmacy work-load had remained stable over the past year. The pharmacy had a high turnover of staff. And the fact that the hospitality industry paid higher rates of pay. A non-pharmacist manager was responsible for reviewing staffing levels to ensure they were adequate. The pharmacy team had changed significantly over the past year. And the longest serving member of staff had worked there for just over a year. The previous pharmacist had worked at the pharmacy for around 15 years. But, had recently resigned to take up a practice pharmacist post. A full-time relief pharmacist had been covering since February 2019. But, was leaving at the end of May 2019 to take up another role. A second pharmacist was providing cover three days each week. And a Boots office arranged locum pharmacist up to four weeks in advance. The non-pharmacist manager had been in post for around a year. And the company had supported them to complete a Boots management course.

The pharmacy spent a significant amount of time recruiting and training people. For example, a new trainee dispenser and two trainee medicines counter assistants were due to start the week after the inspection. And a new pharmacist was due to start in June 2019.

The following staff were in post at the pharmacy: one full-time responsible pharmacist; one second pharmacist working three days per week; one full-time non-pharmacist manager who worked as a dispenser four days per week; and three full-time trainee dispensers.

The pharmacy had asked for support. And an experienced full-time dispenser had been re-deployed from a Dingwall branch until August 2019. And the company sent an experienced pharmacy technician from an Edinburgh branch to provide cover for two weeks.

The pharmacy arranged that new people completed a three-month induction period. And this included health and safety, information governance and standard operating procedure training. The pharmacy supported new recruits to learn. And the manager had agreed protected training time so there was progress with dispenser training courses.

The pharmacy used a model day so that key tasks were completed. And a morning huddle ensured that the pharmacy team knew when tasks had been re-prioritised. For example, when there were staff shortages.

The pharmacy team were up to date with their performance development review. For example, one of the trainee dispensers had agreed to learn about the chronic medication service. This was to ensure that they could support people to benefit from the service and get the best out of their medicines. This would also allow the pharmacy team to better plan the dispensing work-load.

The pharmacy team were up to date with their mandatory training requirements. For example, they were up to date with health and safety requirements. And had recently completed violence and aggression training.

The pharmacy team knew what company targets were in place. But knew only to register people that were suitable for services. For example, people were being told about a text service, so they knew in advance when their prescription was ready for collection.

The pharmacist discussed queries with patients. And gave advice when handing out prescriptions.

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 maintained and cleaned the premises. And a large well-kept waiting area presented a professional image to the public.

The pharmacy provided seating in the waiting area. And a range of patient information leaflets were available for self-selection. A consultation room was available and professional in appearance.

The pharmacy had allocated benches for the different dispensing tasks. The pharmacy team dispensed walk-in prescriptions near to the waiting area. And a rear area was available to carry out other dispensing activities.

The pharmacy dispensed multi-compartment medicine devices and care home prescriptions in a separate room. And a hatch connected the room to the dispensary to support communication between teams.

The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. A security alarm protected the pharmacy after hours. And CCTV and panic buttons were available.

The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides dispensing services to the surrounding area. It extends its opening hours to include a Sunday during the summer months. And this allows the pharmacy to meet extra demands. The pharmacy displays service information and opening times in the window. And provides patient information leaflets in-store for self-selection. The pharmacy supports vulnerable people. And dispenses multi-compartment medicine devices for people who need extra help. The pharmacy manages its services. It updates the pharmacy team about high-risk medicines. This means that staff are up to date with current safety messages. The pharmacy sources, stores and manages medicines to ensure they are fit for purpose. But does not follow new legislation for the Falsified Medicines Directive. This means that the pharmacy team does not scan medicines when they are received into stock.

Inspector's evidence

The pharmacy had level access and a power assisted door was available if needed. This ensured that people with mobility difficulties could access the pharmacy without restriction.

The pharmacy displayed its opening hours at the front of the pharmacy. And changed between April and September to include Sunday opening to meet extra demands from visiting tourists.

The pharmacy provided dispensing services to Portree and beyond. And a twice daily prescription collection service ensured that the pharmacy team could dispense prescriptions as far in advance as possible.

The pharmacist used patient group directions to improve access to medicines and advice. But, a pharmacy first service was not provided as the pharmacist was not accredited to do so.

The pharmacy used a pharmacist information form to communicate key information. And it ensured completion of the form for every prescription. For example, the pharmacy team had been identifying people that were suitable to receive a text service. And they were expected to record look alike and sound alike medication to manage the risk of dispensing errors.

The pharmacy team attached laminates to prescription bags so they were all aware when they needed to take additional action. For example, a prescription had a controlled drug laminate and a controlled drug label attached to highlight extra security arrangements and the prescription's expiry date.

The pharmacy team used boxes when dispensing. And this kept prescriptions and medicines contained throughout the dispensing process.

The pharmacy provided multi-compartment compliance aids for people who needed extra support. And the pharmacy trained one of the trainee dispensers to oversee dispensing of these packs. This ensured that the service was safely provided, and people did not go without their medication. The pharmacy team used trackers to manage the work-load. And they kept a patient record to carry out checks and

query any prescription changes. The pharmacy recorded prescription changes in a communications book. And kept an audit trail of changes made. The pharmacy supplied patient information leaflets and descriptions of medicines. This was to support people using the packs

The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The pharmacy kept controlled drugs in a secure cabinet. And had banded multi-compartment dispensing devices together to avoid dispensing errors.

The pharmacy team secured the controlled drug keys at the end of the day and kept an audit trail.

The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs. They monitored and recorded the fridge temperatures. And demonstrated that the temperatures had remained between two and eight degrees.

Staff accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacy team acted on drug alerts and recalls. And recorded the outcome, and the date they checked for affected stock. For example, they had checked stocks of chloramphenicol eye ointment in April 2019 with none found.

The pharmacist had carried out an audit in 2018 to identify people who were taking valproate medication. And they submitted this via the company's intranet. The pharmacist had briefed the pharmacy team about the use of valproate in women. And they knew about the pregnancy protection scheme and where to find safety leaflets and cards.

The pharmacy had not trained staff to follow the falsified medicines directive. And had not provided the resources to carry out the required checks.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services.

Inspector's evidence

The pharmacy used CE quality stamped measures for measuring liquids. And counting triangles were available. Cleaning materials were available for hard surface and equipment cleaning. And hand washing solution was also available. The pharmacy sink was clean and suitable for dispensing purposes.

Reference sources were available. For example, the current copy of the BNF and BNF for children were in use.

A consultation room was available. And the pharmacy protected people's privacy and dignity.

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.