

Registered pharmacy inspection report

Pharmacy Name: Boots, 20 High Street, GATEHOUSE OF FLEET,
Kirkcudbrightshire, DG7 2HP

Pharmacy reference: 1042180

Type of pharmacy: Community

Date of inspection: 09/10/2019

Pharmacy context

The pharmacy is on a main road in the town centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. And supplies medicines in multi-compartmental compliance packs. These help people remember to take their medicines. The pharmacy provides NHS services including the treatment for urinary tract infections. And also impetigo and minor ailments.

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 team members consistently record and learn from the mistakes they make whilst dispensing.
2. Staff	Standards met	2.2	Good practice	The pharmacy encourages and supports the pharmacy team to learn and develop. And it engages its team members in regular learning to develop their skills and knowledge to help improve services.
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 has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The team members responsibly discuss mistakes they make during dispensing. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. It provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing prescriptions, high-risk medicines and controlled drugs (CD) management. The company reviewed these and every quarter sent out some for the team to read. The team completed quizzes at the end to test their understanding. The team could advise of their roles and what tasks they could do. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy. The team had a copy of the 'Model day' and 'Model week' which they used a reference to ensure they completed tasks as required.

The pharmacy had two computer terminals in the dispensary. The team used one for general dispensing, including people who walked in with a prescription. And they used the other one for instalment and repeat prescriptions. The pharmacy workflow provided suitable space for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance pack preparation. The pharmacy team members used tubs throughout the process to keep prescriptions and medicines together. They used laminated cards which they placed into the tubs to indicate if any person was waiting or calling back. This indicated the degree of urgency and helped plan workload.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. The pharmacist discussed the near miss at the time or discussed with the individual as soon as possible. And the team members recorded their own near misses if they were present when it was noticed. The pharmacist encouraged the team members to check the shelves when they had made a near miss error to see if this could help identify how the near miss error had occurred. And this helped them when they completed the near miss log with comments to try to identify the root cause. Examples included acyclovir with a labelling error when the label should have read 'once or twice daily' and not 'one twice daily' and another where the quantity was for 28 and 56 were given.

The team had daily huddles and discussed any near misses which had occurred. And the pharmacy had monthly patient safety reviews and completed a form with further discussions of near misses. Improvements noted had been to remember to always complete the quad stamp to show who had been involved in the dispensing process. And to take care with quantities. The team placed 'Select it and Speak it' cards at items which were common errors which included the company's most common Look-Alike Sound-Alike (LASA) drugs. They noted that gabapentin and pregabalin had recently been added to the list. They had the list of the LASAs' at the computer terminals. And the team added these

items to the pharmacist information form (PIF). The PIF was a company internal form which the team used throughout the dispensing process. It accompanied the prescription from start to completion and the team put any relevant details to assist in the dispensing process. The team read the internal magazine The Professional Standard which provided learning from mistakes and scenarios for discussion to improve safety.

The pharmacy had a patient guide which explained the complaints process to people and how people could provide feedback. It had 'share your thoughts' cards at the counter which people could take to complete if they wanted. The team had some examples of positive comments, thanking them for their service. The qualified team members knew how to record any complaints received on the internal system, PIERS. They had an example when they had supplied and noted for learning to take care selecting products with the same letter and strengths. They had included this on the monthly patient safety review for learning. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. The pharmacy had completed the CD registers as required with headings completed and running balances maintained. The team checked the running balances weekly. The pharmacy had a few out of date CDs waiting for authorised destruction. And team members advised they had contacted the appropriate person who was coming to do this next month. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. It kept private prescriptions as required and made the appropriate entries electronically. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The team had read General Data Protection Regulation (GDPR) information and completed e-Learning on this. The pharmacy had the 'Boots Pharmacy Fair Data Processing' notice displayed in the consultation room. The pharmacist had undertaken training through NHS Education for Scotland (NES). The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate containers for offsite shredding. And kept records and any paperwork confidential. Safeguarding information, including contact numbers for local safeguarding were available for the team. If a team member had a concern about a child or vulnerable adult, they would discuss this with the pharmacist in the first instance. All the team were PVG registered.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has systems in place to make sure it has enough staff with the right skills to provide its services. The pharmacy's team members are suitably trained or working under supervision during training. And the pharmacy provides training to team members tailored to their needs. The team members understand their roles and responsibilities in providing services. The pharmacy encourages 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 feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist and two dispensers working in the pharmacy. The dispensers worked 21 and 17 hours a week. In addition, there were two other dispensers who worked 25.75 and 17 hours weekly. The pharmacy was advertising for another part-time dispenser to cover 17 hours a week. The pharmacist advised that being a small team the pharmacy required to employ part-time staff to ensure there was flexibility to obtain cover during holidays and sickness. One of the dispensers had nearly completed the dispensing course and the pharmacist was ensuring she had gained enough experience for her to sign her off as competent. She was currently undergoing training in dispensing compliance packs. And the pharmacist and dispenser were assisting her, and the pharmacist was monitoring her progress.

Certificates and qualifications were available for the team in the consultation room. The pharmacy team members undertook training on a regular basis using the company's e-Learning and 30-minute tutors. The pharmacist encouraged the team to remind her to give them time to undertake training. The team undertook tests on topics covered in the training, each quarter. This ensured understanding of topics covered. All the team were up-to-date with required training. The team received performance reviews which gave the chance to receive feedback and discuss development needs. One of the dispensers had completed the dispensing course and indicated she would like to do the technicians course. But was not sure if this would be possible. The pharmacist was currently undertaking the pharmacist prescribing course.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the area manager on the occasions he attended the pharmacy. There was a whistleblowing policy and the pharmacy had telephone numbers displayed in the staff room, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are of a suitable size for the services it provides. The pharmacy is clean and well maintained. And people can have private conversations with the team in the consultation room.

Inspector's evidence

The pharmacy was well organised, clean and tidy. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The team had a rota which ensured they undertook cleaning as required. The benches, shelves and flooring were all clean. The pharmacy team members kept the floor spaces clear to reduce the risk of trip hazards. They unpacked orders promptly and stored tote boxes in a storage room for collection at the next delivery. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had an adequately sized, clearly signed, sound proofed consultation room which allowed confidential conversations to be undertaken. A roller blind was in place over the glass window to provide extra privacy. The consultation room was in a corridor area which the team required to access to get through to the back rooms. When the consultation room was being used the staff avoided going through to the back. This avoided any interruptions to the consultation.

The team members observed the counter from the dispensary and they ensured they covered the counter. And they were aware of people coming into the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into packs to help people remember to take them correctly.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic door at the entrance to the pharmacy. And a bell on the door which alerted the team that someone was coming into the pharmacy. There was some customer seating. And there was a working hearing loop in place. The pharmacy displayed its services in a ladder within the pharmacy. The hours of opening were on the door. The pharmacy had a range of health-related leaflets in the waiting area which people could access. It had a defined professional area. And items for sale were mostly healthcare related. It kept pharmacy medicines behind the counter and the team assisted people requiring these items.

The pharmacy provided the Chronic Medication Service and had about 150 people registered for this. The pharmacist undertook reviews when people commenced this service and after two months. And carried out reviews on high-risk items such as methotrexate, lithium and warfarin. The reviews included a discussion on how people were getting on with their medicines and the pharmacist gave to ensure people were taking them correctly. About 280 items a month were for serial prescriptions. The pharmacy team referred people to the surgery for flu vaccinations if they were eligible under the NHS. And directed people to the nearest Boots pharmacy providing the service if they wished the private service. The pharmacy did not provide a delivery service. The pharmacist and one of the dispensers provided a smoking cessation service. The pharmacist advised people were quite successful in giving up. And this improved when the pharmacy was monitoring them regularly and taking readings. The pharmacy received a few requests for Emergency Hormonal Contraception (EHC) which it supplied through the Patient Group Direction (PGD).

The pharmacy provided the electronic Minor Ailments Service (eMAS) and had around 272 people registered for this service. It was well used for paracetamol and ibuprofen for children. It supplied the gluten free service to about ten people. And used the local formulary to advise people of what they could obtain. The pharmacy supplied a few medicines on the unscheduled care service which assisted people if they had run out of their medication or a strength was not available. And the pharmacist could supply different strengths to allow people to obtain the correct medication. The pharmacy supplied trimethoprim for urinary tract infections through the Pharmacy First scheme. The surgery advised patients to go to the pharmacy for this service. And it worked well. The pharmacist advised that this service was available to people who did not reside in Scotland which was useful as they often had tourists from England. The pharmacy supplied flucloxacillin for cellulitis and skin infections which again was useful for tourists especially in the summer. It supplied chloramphenicol when required but, on some occasions, the pharmacist gave advice only as the product was not appropriate for their needs.

The pharmacy supplied medicines to one care home with 43 beds. The home received the medicines in original packs with Medicine Administration Record (MAR) sheets. The pharmacy prepared the medicines for the home once a month. And the home collected the medication. The home provided charts, indicating what they required for the next time, on the third week of the cycle, so the pharmacy team could order for the next supply. All the trained team members were able to do these prescriptions. The pharmacy used communication records to ensure it dealt with all messages such as any changes. And it kept a purple tray which it used this for any interim supplies. The team placed anything dispensed for the home in the tray to serve as a reminder that it required a check or action.

The pharmacy supplied some people with medicines in multi-compartmental compliance packs to help them take their medicines. The team members used the company Medisure patient records and recorded any changes. The team prepared new sheets if there were changes and kept the old sheets in the wallet for reference. The team prepared four weeks at a time. Most people collected their packs weekly. And the pharmacy had approval to give one person four weeks at a time as they were housebound. It also confirmed suitability if people were going away. And if people started on a new item, the doctors usually asked for this not to be put in to the tray until they were stabilised with a dose. The team members obtained all the stock for a pack. And the pharmacist checked this prior to any medicines being popped. They kept the flattened boxes with the pack to allow the pharmacist to check the medicines again at the final check. The team included descriptions of medicines and provided patient information leaflets (PILs) with each cycle. The team used trackers to monitor the progress of the packs to ensure they were ready for people. The pharmacy generally worked about two weeks ahead. The pharmacy used a medicines management tool and carried out assessments if people wanted to receive their medicine in a compliance pack. The pharmacist at practice then reviewed the assessment and approved or not. On occasions the assessments showed that packs were not suitable for people.

The pharmacy offered a substance misuse service and had two people who received methadone and three who received buprenorphine. The pharmacy made up the supplies weekly.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team used a quadrant stamp on the prescription to show that the pharmacist had completed a clinical check. It also showed who had labelled, dispensed, checked and handed out the items. The team members used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents again, at the point of hand-out. The team members used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers had a space to record the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. There was a selection of laminated cards which the team used to add to the tubs during the dispensing process to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling. They also completed the pharmacist information forms (PIFs) with any required information such as to text once completed. And they put the reference number of any order for any item which was owed. This assisted in any checks required. The team noted if the person had had the medicines before and marked the PIF with 'hb'. The pharmacy team noted on PIFs if any of the items dispensed was one of the Look Alike Sound Alike (LASA) drugs. This highlighted the extra vigilance when dispensing and checking.

When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and

checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And explained the information they provided to the 'patients in the at-risk' group. The pharmacy provided a repeat prescription collection service. People ordered their own medication except people who received medication in compliance packs.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items with stickers and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy obtained medicines from reputable sources. The pharmacist was aware of the Falsified Medicines Directive (FMD) and advised the head office was working on this. But she did not know when the company would fully implement this. The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the Boots online an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). They printed information on to a sheet if people had difficulty reading labels. And they used easy winged caps for containers if people had difficulty opening these. They ensured that they annotated the instructions that it was not a child-proof container.

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of clearly measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. The team members had access to disposable gloves and alcohol hand washing gel. The pharmacy had the carbon monoxide monitor checked yearly by the Health Board.

The pharmacy stored medication waiting collection on shelves where people could not observe any confidential details. It stored the compliance packs in separate drawers in the retrieval area which assisted in locating these when people came in to collect them. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use. The computer screens in the dispensary were out of view of the public. The team used cordless phones for private conversations. And held conversations in the consultation room if the conversation required to be more private.

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.