

Registered pharmacy inspection report

Pharmacy Name: Boots, 9 St.Cuthbert Street, KIRKCUDBRIGHT,
Kirkcudbrightshire, DG6 4DJ

Pharmacy reference: 1042181

Type of pharmacy: Community

Date of inspection: 09/10/2019

Pharmacy context

The pharmacy is 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. It delivers medicines to people's homes. 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, 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. And consistently record and learn from these to improve the service. 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 of 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. The team had a laminated copy of the 'Model day' which they used to ensure they complete tasks at the right time. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy. The dispensary had an island in the middle and the pharmacist used part of this as the checking area. The team worked at various other workstations in the dispensary. And prepared the homes and compliance packs for people in a room upstairs. The team utilised the space well. The pharmacy team members used tubs throughout the process to keep prescriptions and medicines together. They put laminated cards in the tubs to indicate if people were waiting or calling back. They alerted the pharmacist if he required to check a prescription for a person waiting and placed this at the end on the island.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. All the team members had their own near miss log. And the pharmacy had a separate log for the compliance packs and care home dispensing. The team members recorded their own errors if they were present and discussed it at the time. They had huddles to discuss near misses and tried to pick up anything recurring.

Examples of near miss errors included acarbose 100mg labelled two twice a day when it should have been one twice a day. The comment for the review of the near miss had noted that previously the patient had received the lower strength as the usual strength had been out of stock, but the labeller had used the previous dose. Other errors were promethazine 10mg with 28 given instead of 14 and lactulose with 300mls instead of 500mls. One of the dispensers was the patient safety champion and completed the monthly reviews. Comments on a recent review indicated the team members were noting the Look-Alike Sound-Alike (LASA) drugs on the pharmacist information forms (PIFs) which they used during the dispensing process. The person labelling put this on the PIF and the person who dispensed ticked and initialled the LASA on the form. The team also recorded 'had before' as 'hb' on any prescriptions with no change, to provide reassurance to the pharmacist that they had checked this.

The pharmacy had a patient guide which provided details of how to make a complaint. And it also provided information on clinical audit, feedback and patient surveys. The pharmacy had cards at the counter for people to take, 'Share your thoughts' which people could provide comments through the website. The team members were aware of the company internal process for logging complaints and concerns. And could all use the system to record any complaints raised. The team advised any locums and assisted them to record if required. They advised of a recent error following which they reviewed the bagging procedure. And ensured they kept prescriptions separate and bagged one at a time. 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. 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 in a book. The book was very tatty and had fallen apart. It had been taped together but some of the pages had not been put in the correct order. The pharmacy had not destroyed any returned items since May 2019. And there were about 47 entries requiring destruction and disposal. There was adequate room, but it was better practice to destroy these in a timelier way to prevent any build up in the CD cabinet. The pharmacy 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. 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 a small team working in it. It has suitable systems in place to make sure it has enough staff with the right skills to provide its services. The team members understand their roles and responsibilities in providing services. 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 feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT) and two dispensers working in the pharmacy. In addition, there was another dispenser. The ACT worked 22.5 hours weekly. And the dispensers worked 38, 37.5 and 35.5 hours weekly. The manager was leaving and was not present. And the pharmacy was being covered by regular relief pharmacists and locums. The pharmacy had interviewed for a manager, but they had not appointed anyone yet. And were waiting to hear. The pharmacy had a rota for covering various areas such as the counter, upstairs preparing the compliance packs and homes and the dispensary.

One member of the team had recently left, and the others were not sure if the pharmacy would replace some or all these hours. The team members advised that in the winter months the staffing would probably be fine but in the summer it was busy over-the-counter. And this could cause issues with the dispensers covering the counter and being taken away from the dispensary. The team advised that the staffing was also affected with one of the dispensers preparing the prescriptions for the homes and the compliance packs, at least two days a week. And the whole week when the homes were due.

Certificates and qualifications were available for the team. And displayed in the consultation room. The team members completed training on a regular basis, on the company's e-Learning and on 30-minute tutors. And were up-to-date with required training. Recent training had included Health and Safety, Data protection, digital pharmacy and reading the delivery standard operating procedures as a refresher. The pharmacy team undertook training in the pharmacy, with time given for this. The team undertook tests on topics covered in the training, each quarter. This ensured understanding of topics covered. The team received performance reviews which gave the chance to receive feedback and discuss development needs. The ACT discussed that she would like to use her qualification for checking in the dispensary which was often limited due to the number of staff dispensing. She had expressed this to provide more variety and challenge. But it was not often possible so had not been implemented.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. They all worked well together and with the pharmacist locum. And assisted him by speaking to the surgery as they were familiar with the team there. The dispensary team said they were able to provide feedback about the pharmacy or make suggestions for improvement. The team members advised they had mentioned the external appearance of the premises. But no action had been undertaken to date. They advised that several customers had commented to them about the external appearance of the premises. And even though the pharmacy was closed due to the flaking paintwork and appearance of the outside. There was a

whistleblowing poster and contact telephone numbers available, 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. And people can have private conversations with the team in the consultation room. The pharmacy is clean and well maintained inside. But the external appearance of the building presents an unprofessional image.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. 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 maintained a cleaning rota which ensured they managed routine housekeeping and kept this up-to-date. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team promoted for use. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept any confidential information locked in cupboards in the room. And left nothing confidential unattended. There were blinds on the window which provided additional privacy. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises. People could not access the dispensary due to the layout of the counter.

The external appearance of the building presented an unprofessional image. The wood at the front of the building was rotten in parts, with paintwork flaking. And grass was growing out of parts of the panels. The green cross on the building was faded. This detracted from the appearance.

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 a touch pad at the entrance for easy access. There was some customer seating. And a working hearing loop in place. The pharmacy displayed its services in a ladder in the window and within the pharmacy. It had a range of leaflets and posters on a variety of health-related topics. This included information about flu vaccination clinics, recycling inhalers and prostate buddies, a local support group. The hours of opening were on the door. The pharmacy had a defined professional area. And items for sale were mostly healthcare related, with some household and beauty items. The pharmacy team assisted people if they wished to purchase pharmacy medicines as the pharmacy had them out of reach of the public.

The pharmacy provided the Chronic Medication Service (CMS) and had about 300 people registered. The pharmacy undertook reviews of the medication such as warfarin, lithium and methotrexate for these people. It provided about 200 people with serial prescriptions. Most of the people received serial prescriptions for six months. The pharmacy provided the electronic Minor Ailments Service (eMAS) and had about 900 people registered. The doctors encouraged people to use this service. It was most popular for paracetamol for children and Peptac. The pharmacy used the unscheduled care service particularly at weekends and people found it useful. It provided the NHS Pharmacy First service for urinary tract infections with trimethoprim, and Fucidin for impetigo. And also, flucloxacillin for bites and skin infections. The surgery encouraged people to use the pharmacy as a first port of call. The pharmacy had a good relationship with the surgery and if required they would phone to arrange an appointment if a person was not suitable for the service under the scheme. This assisted people in being treated sooner. The pharmacy provided a smoking cessation service but had no uptake during Stoptober. The team signposted people to the surgery or the nearest Boot pharmacy which provided a private service for flu vaccinations. The pharmacy displayed a poster reminding people about the flu vaccination service to raise awareness of this. And this advised of the clinic sessions at the surgery. The pharmacy undertook a few supplies for the Emergency Hormonal Contraception (EHC) service.

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, accuracy 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. This highlighted the extra vigilance when dispensing and checking. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They explained the information they provided to the 'patients in the at-risk' group. They had put some of the guides on the healthcare stand for information for people.

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 contacted the hospital consultant's if there were issues with items. A consultant had prescribed ranitidine liquid for a child which was out of stock. The pharmacy advised that on a previous occasion the consultant had changed a similar prescription to Losec mups in order for the child to receive treatment promptly. And they liaised with the hospital to see if this could be suitable on this occasion.

The pharmacy supplied medicines to around 50 people in multi-compartmental compliance packs to help them take their medicines. And it supplied to two homes, one with 15 beds and the other with 30 beds. The accuracy checking technician (ACT) checked the compliance packs and the homes. The homes received the medication in original packs with medicine administration records (MARs). The team members used the care home PIFs for the homes which recorded initials of the people who were receiving the medication as an extra check. The room used for the preparation had to distinct areas for each of the homes. The team members tried to work about two weeks ahead. And they used the care progress log to monitor the progress of items. This ensured the homes received the medication in plenty of time. They took any interim medication in a tray to the dispensary downstairs for the pharmacist to check any mid-cycle changes. They used the communication log to ensure they recorded any information in relation to the homes.

The team members dispensed the compliance packs upstairs in a dedicated section of the room. They also prepared the medication for the homes in this room. People who received their medication in compliance packs had an assessment undertaken by the pharmacy. And the pharmacy liaised with the surgery and discussed the suitability of this service for people. They completed the company Medisure progress log to monitor the progress of the compliance packs. They added any controlled drugs (CDs) into the packs. And these were stored in the CD cabinet until checked. They kept patient profiles and updated these, replacing any sheets if they had made any changes. And kept any notes such as discharge records with the profiles. They took care bagging packs once checked. And had one person who received two packs, but these were different sizes and clearly labelled. They supplied Patient information leaflets (PILs) with each cycle. Most people received one week's pack at a time, with a few due to the distance travelled to collect packs, received four weeks together. The pharmacy provided medication for two care homes with around 15 and 30 beds. It supplied the medication in original packs with medication administration record sheets (MARs). The team members used trackers for the homes to monitor the progress for the supplies which ensured they completed the supplies as required. They used the care home PIFs throughout the process and documented any relevant information to assist in the dispensing and checking.

The pharmacy offered a substance misuse service with about six people who received methadone and two supervised buprenorphine. The pharmacy made up the supplies weekly ready for people. Most of the methadone people received supervised supplies on the day of collection. It also provided

disulphiram supervised to one person. It supplied a needle exchange service with the number of supplies varying weekly.

The pharmacy provided a repeat prescription collection service. The team were explaining the digital ordering service to people where they could order, and the pharmacy would send the order to the surgery. The pharmacy provided a delivery service once a week. The driver kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs. A few people had started to collect their medication since the company introduced a charge for deliveries.

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 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. Some of the team members were aware of the Falsified Medicines Directive (FMD) and advised that they would be getting a new computer system. They were not sure when this would occur and when they would implement FMD.

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. They noted these on the monthly patient safety review to raise awareness to the team.

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 use the Boots online system for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. Methotrexate was available in blister packs. And kept in the CD cabinet to raise awareness of risk and checks required. The team members had access to disposable gloves and alcohol hand washing gel. The pharmacy ensured they checked the equipment such as the carbon monoxide as required.

The pharmacy stored medication waiting collection on shelves where people could not see any confidential details. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The pharmacy put the compliance packs in a box for the week and checked on a Saturday to ensure that people had collected packs as expected. The computer screens were out of view of the public. The team used cordless phones for private conversations. And took the phone to a more private location if required for additional privacy.

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.