General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 40-42 Graham Street, AIRDRIE, Lanarkshire, ML6 6BU

Pharmacy reference: 1042192

Type of pharmacy: Community

Date of inspection: 20/06/2019

Pharmacy context

This is a large sized pharmacy on the main street in the town of Airdrie. It dispenses a large volume of NHS prescriptions per month, including for people receiving medicines in multi-compartmental compliance packs. It also supports people receiving supervised methadone doses. It provides the usual services found under the local health board Pharmacy First Scheme, including the minor ailments service. It doesn't supply vaccinations.

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 records errors, near misses and other patient safety incidents. And it regularly and comprehensively reviews the information. It keeps records showing what has been learned and what has been done. And how it uses the information to improve the safety and quality of services provided. The pharmacy completes regular checks and audits to confirm that the team are following pharmacy procedures. It shares outcomes and action points across the pharmacy team.
2. Staff	Standards met	2.4	Good practice	Members of the pharmacy team demonstrate enthusiasm for their roles and can explain the importance of what they do. And there is evidence of effective team working to achieve common goals. There is a culture of openness, honesty and learning.
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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards and identify and manage risks effectively. There are documented procedures to support staff, but they don't always follow these. The pharmacy team logs any mistakes it makes during the dispensing process. It learns from these and acts to avoid repeating errors. The pharmacy keeps its records up to date to help show that it is providing safe services. The pharmacy enables people to give feedback. And it uses this feedback to improve the services it offers. It tells people how it uses their private information and keeps it secure. The pharmacy team members understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). These ensured pharmacy team members were clear on their roles and responsibilities. And how they were to complete tasks. These were properly authorised by the store manager, who had authorised all the SOPs. And all pharmacy team members had signed them to say they had read and understood them within the last two years.

Pharmacy team members made records of all near miss errors as part of the Boots Safety Briefing System. Pharmacy team members regularly recorded near misses. They reviewed these monthly and they took action to prevent recurrences. An example of this was pharmacy team members identifying a local issue with prescribing of paediatric ranitidine. The patient safety champion had produced a poster highlighting dosing issues, and showing the different paediatric syringes available to achieve the required dose.

The pharmacy made use of Patient Information Forms (PIFs) to communicate messages to other team members or to highlight issues or provide advice to people collecting prescriptions. A sample of ten prescriptions awaiting collection showed that seven had PIFs, not all ten as required by the SOPs.

Pharmacy team members completed the patient safety review monthly. And identified key activities and learnings to be undertaken to improve people's safety. Recently there had been an increase in quantity and strength selection errors. Team members now highlighted quantities and strengths on prescriptions in yellow highlighter. This reminded them to take extra care. They also recorded errors that involved people, on the PIERS incident reporting system. These incidents were subjected to root cause analysis and changes to practice to prevent recurrence.. They had also received briefing materials on look-alike – sound-alike drugs via their head office. The latest of these were pregabalin and gabapentin and all staff were aware of the need to take care when dispensing these.

The pharmacy provided people with the customer service phone number that gives details on how to provide feedback. There was also a card that pharmacy team members handed to people to prompt them to provide feedback about the pharmacy's services. An example of team members using the feedback they received was when complaints were received from people returning for prescriptions, having been texted that they were ready for collection. Not all people were receiving these texts. It was identified that getting access time on the computer to send the text was an issue. The staff then changed the way they did this. They started to print an additional label with the bar code for that prescription and stuck these to a sheet of paper. When dispensing was finished and they had access to

the computer they were able to rapidly scan these items in and send the text. This increased the number of people receiving their texts.

Records were properly maintained for: Responsible pharmacist log. This included sign-on and sign-off times with periods of pharmacist absence recorded. Fridge temperatures were recorded daily Controlled drug destruction records were accurate with regular balance checks. A check of Sevredol 10 mg showed that the theoretical and actual amounts tallied. Patient returned controlled drug records were complete. And showed when the pharmacy received and destroyed them, usually including witness details – although in half a dozen examples the pharmacist signature had been missed. Pharmacy team members recorded private prescriptions online. Most records were complete but some did not have the prescriber details.

Confidential waste was segregated into special bags and was destroyed off-site. Pharmacy team members were aware of the company guidance on privacy and confidentiality and were aware of the impact of the General Data Protection Regulations (GDPR). They had received training on the above. There was no confidential waste in the consultation room and no confidential waste in the general waste. People could not read other people's details on prescriptions awaiting collection.

The pharmacists were PVG registered and had attended the NES course on child and vulnerable adult protection. Pharmacy team members had been trained in the Boots safeguarding guidance and there were local contact details available in store.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough pharmacy team members for the services provided. The pharmacy team members are competent. And they have the appropriate skills and qualifications for their roles. They work effectively together in a supportive environment. And undertake regular learning both in-store and at home. They learn from near miss reviews and from people's feedback. And they act to improve safety. They also feedback their own ideas and act on them to improve their services.

Inspector's evidence

On the day of the inspection there were:
3 X full time pharmacists
1 X part time pharmacist
2 X full time NVQ2 dispensers and
3 X part time NVQ3 dispensers .

Pharmacy team members reported that they sometimes felt under pressure with the workload , but that they were managing these pressures. Recent pressures had included stock takes and a partial refit of the store.

Pharmacy team members had annual appraisals and access to training resources via the Boots e-learning system. Pharmacy team members reported there was some protected time during the working day for training. But they also undertook training in their own time at home. The most recent training had been on HUG, the boots system for the treatment of customers, and the new boots Omnichannel.

Pharmacy team members were suitably qualified, and had a good understanding of their roles and responsibilities. Their actions following near misses and people's feedback showed a culture of openness, honesty and learning. They were comfortable to provide feedback to the branch manager. And they put forward ideas to improve services to people. Examples included the work on making sure texts reached more people, and their review of the supply of paediatric ranitidine.

There were no targets that caused concern.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and well maintained. And it provides people with private facilities to access its services.

Inspector's evidence

The pharmacy was clean, tidy and well presented. It consisted of a square main dispensary with adequate shelving and bench space which pharmacy team members kept clear of clutter. There was a further large dispensary upstairs that team members used for the dispensing and storing of multi-compartmental compliance packs. The premises were on the level with the high street. The door was power assisted to make access easier. There was a consultation room with a desk, chairs and handwashing facilities. There was also a screened area at the edge of the dispensary that allowed methadone to be provided and supervised privately.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides the normal range of services under the Scottish contract. The pharmacy team members mostly use a range of safe working practices. These include use of audit trails and baskets for dispensing. These assist with the near miss process and in preventing items becoming mixed. The pharmacy has effective processes for dispensing medicines in multi-compartmental compliance packs. This includes completing accurate descriptions for medicines in the pack, so people can identify them in case of queries. And a robust way of recording requests for changes of medication. The pharmacy team generally ensure high-risk medications are appropriately managed. Those arrangements for medicines containing valproate lacked evidence of that management.

Inspector's evidence

The pharmacy provided details of the services it offered by leaflets in store and posters in the windows. All prescriptions looked at had audit trails of dispensed by and checked by signatures. And most had a PIF form to provide information to the patient or pharmacist at checking or hand out. Where there were higher risk medications they had “refer to pharmacist stickers”. Other alert cards used included “CD” and “Fridge lines”. Following a review of paediatric ranitidine dispensing these prescriptions had a laminated card stating, “contains paediatric medication”.

Safe working practices included the use of baskets to keep items all together. There was a lack of materials to provide extra information to people who were receiving valproate. There was no evidence that existing patients had been reviewed to determine their level of risk. So the pharmacy was not complying with the requirements of the valproate Pregnancy Protection Programme.

There was a robust system for the provision of multi-compartmental compliance packs to people. There was a four week rota for dispensing these items. There was a master list of all patients on the wall that identified which people were due their medication on which days of the week. This log recorded when prescriptions were requested, supplied, in-stock and dispensed. Each patient had their own file which included an up-to-date list of their current medication. Pharmacy team members recorded requests for changes to this list on a two-part communications book which recorded the change requested, by whom and when pharmacy team members had actioned it. The pharmacy provided patient information leaflets (PILs) every four weeks. Each multi-compartmental compliance pack had an audit trail of who had dispensed it and who had checked it. There were accurate descriptions of each medicine included in the pack. In some cases people received four weeks of medication at the same time, but this was always agreed with the GP surgery and a note kept in the patient’s records.

The pharmacy delivered medicines to people at home. It kept records of all deliveries, and separate records of controlled drug deliveries.

There was a date checking matrix in place which was up to date. Pharmacy team members recorded dates of opening of liquid medicines. Short-dated stock was marked with a yellow card. And there was no out-of-date stock found on the shelves. Fridge temperatures were generally within the required range of two and eight degrees Celsius, although a few minor variations up to nine degrees were seen. There was no note of any action or review having taken place when this happened.

There were records of MHRA alerts and drug recalls and a note of when they were actioned.

The pharmacy had not yet implemented the Falsified Medicines Directive (FMD). And there was no training or SOPs about its use provided. So, none of the features of FMD were used. The pharmacy didn't comply with the requirements of FMD.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has sufficient resources in place to effectively provide the services on offer.

Inspector's evidence

The pharmacy had a range of glass measuring equipment which was ISO or Crown stamped. The pharmacy had access to the British National Formularies for both adults and children. And had online access to a range of further support tools. There was one blood pressure meter which was not in use by patients. There was a consultation room to provide privacy and confidentiality when people required it. And the computer screens were password protected and could not be seen by unauthorised people.

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.