

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 6-8 Brouster Gate, EAST KILBRIDE,  
Lanarkshire, G74 1LD

**Pharmacy reference:** 1042239

**Type of pharmacy:** Community

**Date of inspection:** 08/08/2019

## Pharmacy context

This is a medium sized pharmacy in the main shopping precinct of the town of East Kilbride. It dispenses a large volume of NHS prescriptions per month, and 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 makes use of an off-site dispensing support pharmacy (DSP) based in Preston for a large percentage of its workload.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.4	Good practice	The pharmacy has a culture of openness, honesty and learning as demonstrated by its use of learning and feedback from internal errors and people's comments.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy team members have a robust system in place to ensure that only repeat medicines requested by patients are ordered. And they track these orders to ensure people's medicines are ready when required.
<b>5. Equipment and facilities</b>	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. The pharmacy team members log any mistakes they make during the dispensing process. They learn from these and act to avoid repeating errors. 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 it mostly keeps the records it is required to by law. 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. And all pharmacy team members had signed them, but not all staff had signed all procedures within the last two years. Pharmacy team members made records of all near miss errors. They reviewed these errors monthly as part of the patient safety briefing system. And they took action to prevent recurrences. An example of this was pharmacy team members identifying that not all team members were signing the quad stamp as required by the SOPs. The patient safety champion briefed team members on this and the pharmacist checked for this regularly when prescriptions were being counted at the end of the day. Pharmacist information forms (PIFs) allowed effective communication between the dispenser and the pharmacist. And also highlighted information that pharmacy team members needed to share with the people at handout. Nine out of ten prescriptions reviewed had a completed PIF.

Pharmacy team members completed the patient safety audit monthly. And identified key activities and learnings to be undertaken to improve patient safety. They also recorded errors that involved the patient, on the PIERS incident reporting system. But on the day of the inspection the system was unable to display the latest dispensing errors. But staff were aware of the details of the last error and noted it was due to an issue in the labelling system. The pharmacy team members took action to resolve this. Another action taken was as the result of people not receiving their medication via delivery as they were in hospital and the pharmacy and GP were unaware of this. Pharmacy team members now needed to report all non-delivered items to the GP. The pharmacy provided people with the customer service phone number, on their sales receipt. That provided details on how to provide feedback about the pharmacy's services. There was also a card that pharmacy team members handed to people that prompted them to provide feedback. An example of the team using feedback they received was when people mentioned litter under the seats in the seating area. Staff now check for this each night before closing.

Records were properly maintained for: Responsible pharmacist log. This included sign-on and sign-off times. Fridge temperatures which pharmacy team members recorded daily. And these were within the required range of between two and eight degrees Celsius. Controlled drug records were accurate with regular balance checks. A check of MST 5mg showed that the theoretical and actual amounts tallied. Patient returned controlled drug records were complete. And showed when the pharmacy received and destroyed them, including witness details. Pharmacy team members recorded private prescriptions online. Three of a sample of 25 private prescriptions were missing the prescriber's signature. The

pharmacy kept records of all emergency supplies. These included details of reasons for people's requests. Specials records included records of certificates of conformity. And details of the people supplied. Pharmacy team members segregated confidential waste into special bags. And these were 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. But there were two medicine labels with patient details in the general waste. People could not read other people's details on prescriptions awaiting collection.

The pharmacists were protection of vulnerable groups (PVG) registered and had attended the NHS Education Scotland (NES) course on child and vulnerable adult protection. Staff had also undertaken the Dementia Friends training. The pharmacy provided team members with training 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 during the working day and at home. They learn from near miss error 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 two pharmacists, one NVQ2 pharmacy advisor and one trainee pharmacy advisor. There was also a trainee pharmacy technician. Pharmacy team members reported that they felt under some pressure with the workload, especially when pouring methadone for the week. But they were coping with these pressures. 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. The trainee pharmacy technician undertook all her Buttercups training online at home. But the trainee pharmacy advisor had one hour per week during working hours for training. The most recent training had been on security rules, No. 7 and Sunshop.

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. There was an issue where the pharmacy team members did not deliver all medicines due, as they had not been told the people were in hospital. They now routinely contacted the GP when a delivery was not made. In this way they could ensure that the person was all right, and ensure they took the appropriate action with their medicine. There were no targets that caused concern.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are tidy and clean and provide a suitable environment for the services offered. The pharmacy is protected from unauthorised entry. And Controlled Drugs are properly secured. There are good facilities to allow people to have a confidential conversation if needed. And there is a discrete area at the counter to further aid private interaction.

### Inspector's evidence

The pharmacy was clean, tidy and well presented. It consisted of a square main dispensary around a central island. And it had adequate shelving and bench space which pharmacy team members kept clear of clutter. The premises were up a slight ramp from the shopping precinct. The door was a power assisted door. This made it easier for those in wheelchairs to enter the pharmacy. There was a consultation room with a desk, chairs and hand washing facilities. It contained a carbon monoxide meter used in smoking cessation. There was also an induction hearing loop for those with hearing difficulties.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides the normal range of services under the Scottish contract. The pharmacy team members use a range of safe working practices. These include use of audit trails and baskets for dispensing. These assist with the near miss error process and in preventing items becoming mixed. The pharmacy has an effective process for the dispensing and delivery of repeat prescription items. This includes confirming what items patients actually need. And then tracking progress with the ordering of the prescriptions. This ensures the pharmacy receives all items on time. The pharmacy team ensure high-risk medications, including those containing valproate, are appropriately managed.

### Inspector's evidence

The pharmacy had 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 nine out of ten prescriptions looked at had a pharmacist information form (PIF). This provided information to the 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”. There was also a yellow card in use for Methotrexate. These cards helped ensure that people on high risk medicines were counselled by staff, and that items such as controlled drugs were properly managed. Safe working practices included the use of baskets to keep items all together. The pharmacist did not have a range of materials to provide extra information to people who were receiving valproate, other than that included in the original packs. The pharmacy team members made good use of this to brief patients, and had reviewed all existing patients. There was no provision of multi-compartmental compliance packs to people. There was a date checking matrix in place which was up to date. Pharmacy team members recorded dates of opening on liquid medicines. And there was no out of date stock on the shelves.

The pharmacy made use of the Dispensing Support Pharmacy in Preston to dispense many of their repeat prescriptions. When the pharmacy team members supplied people with the previous month's prescription they confirmed what items they would need the following month. They recorded this on the online WebScript system. And then checked towards the end of the month to ensure all required items were available. They ordered or chased up any that were missing. When the prescriptions were present team members scanned these onto the DSP system. If there was a need to manually correct a label then the prescription was ‘parked’ until checked by a pharmacist. The team members then transmitted the prescriptions to the DSP. The DSP returned the dispensed medicines some two days later. And the pharmacy team members matched these up with the physical prescriptions. Some items had balances or items to be added at the local pharmacy and the team members took care of this. The process then began again for the next month.

There was a folder that collected copies of medicine alerts received and recorded that they had been “done” or there had been “no stock”. These records did not actually detail what actions had been taken. The pharmacy had not yet implemented the Falsified Medicines Directive (FMD). And there was no training or SOPs about its use provided. So, the pharmacy did not use any of the features of FMD. Staff had acquired knowledge on their own account about FMD but were unable to explain what plans Boots had in place for FMD.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has sufficient resources in place to effectively provide the services on offer. And it properly calibrates and stores its measuring equipment.

### 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 a carbon monoxide meter, which the local health board calibrated. 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.