

Registered pharmacy inspection report

Pharmacy Name: Boots, 173 Commercial Street, LERWICK, Orkney & Shetland, ZE1 0HX

Pharmacy reference: 1042798

Type of pharmacy: Community

Date of inspection: 19/10/2022

Pharmacy context

This is a community pharmacy in Lerwick. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy provides substance misuse services and dispenses private prescriptions. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via 'patient group directions' (PGDs).

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

Pharmacy team members follow good working practices. And they manage dispensing risks to keep services safe. Team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. Team members make records of mistakes and review the pharmacy's processes and procedures. They learn from these mistakes and take the opportunity to improve the safety of services.

Inspector's evidence

The pharmacy had control measures to manage the risks and help prevent the spread of coronavirus. This included a plastic screen at the medicines counter. And the placing of hand sanitizer at the entrance and throughout the dispensary for visitors and team members to use. The company used 'standard operating procedures' (SOPs) to define the pharmacy's working practices. And team members annotated records when they had read and understood them. The company had changed the way it introduced new procedures. And it tested team members understanding through an online assessment. Sampling of SOPs showed the company kept the procedures up to date. SOPs included 'responsible pharmacist' and 'controlled drug' procedures. Dispensers signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacist and 'accuracy checking technicians' (ACTs) were able to help individuals learn from their dispensing mistakes. Two 'accuracy checking technicians' (ACTs) worked at the pharmacy. And they knew only to carry out final accuracy checks when the pharmacist had annotated prescriptions. Team members recorded their own near miss errors. And a monthly team briefing was used to discuss patterns and trends. The number and category of near miss errors had reduced. This was reportedly due to the introduction of bar-code scanning technology that helped identify selection errors. A documented review for August 2022 showed discussions around quantity errors. And team members had agreed to circle quantities at the time of processing prescriptions. Team members knew to record dispensing incidents on an electronic template which they sent to the superintendent's office. The template included a section to record information about the root cause and any mitigations to improve safety arrangements. The pharmacy provided information about its complaints process in a company leaflet. And team members displayed the leaflet in the waiting area.

Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place. The pharmacist displayed a responsible pharmacist notice which was visible from the waiting area. And the RP record showed the name and registration details of the pharmacist in charge. Team members maintained the controlled drug registers and kept them up to date. And they evidenced that they carried out balance checks every week. People returned controlled drugs they no longer needed for safe disposal. And team members used a CD destruction register to document items which the pharmacist signed to confirm destructions had taken place. Team members filed prescriptions so they could be easily retrieved if needed. They kept records of supplies against private prescriptions and supplies of 'specials' that were up to date. The pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. And they used a designated container to dispose of confidential waste. An approved provider collected the waste for off-site destruction. The pharmacy trained its team members to manage safeguarding concerns. And it provided a protocol for them to refer to. This included contact details for

local agencies. Team members knew to speak to the pharmacist whenever they had cause for concern. And one of the ACT provided an example of when they had to speak to someone's family and the medical practice due to concerns about a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. And they work together well to manage the workload. Team members continue to learn to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy's prescription workload had fallen slightly over the past year. But the number of team members had remained the same to meet demands. The pharmacy was operating with locum pharmacists. And recently two pharmacists had committed to block bookings which provided more consistency for the other team members. A senior pharmacy technician was responsible for operational management. And they were supported by an area manager who visited the pharmacy every quarter and communicated regularly on the phone and online. The manager had been supporting another branch on Orkney. And they had based themselves in the branch for three months over the summer. This was to support team members and the locum pharmacists. The other ACT had stepped up to the managers role whilst she was away. The locum pharmacist at the pharmacy had not been accredited and authorised to provide some treatments that were available via 'patient group directions' (PGDs). This included treatments for urinary tract infections. And they knew to signpost people to another two pharmacies in the town. Team members were a mixture of long-serving experienced staff and new starts. And the following people were in post; two full-time pharmacy technicians, two full-time dispensers, one part-time dispenser, one full-time trainee dispenser, one part-time medicines counter assistant and one part-time delivery driver. The manager managed annual leave requests. And part-time team members worked extra when needed.

New team members were required to successfully complete a three-month probationary period. This included attending health and safety training. It also included reading the pharmacy's policies and procedures. Once completed the company enrolled new team members on a training course that led to a relevant qualification. The pharmacy supported team members to complete qualification training. And the manager allocated protected learning time to fit in with the pharmacy rota. The pharmacy provided monthly mandatory training for team members to complete. For example, recently they had completed 'selling chemicals safely', malaria and data protection training. Team members had unique logon credentials and a record of learning was documented for the training they completed including the reading of SOPs. The manager supported team members to keep up to date with changes. This included changes to the NHS Pharmacy First formulary. And the manager highlighted the 'pharmacy only' (P) medicines on shelves edge labels so team members could easily identify items available via the scheme. Team members attended a monthly briefing to discuss working practices. The manager had reminded the team of the need to follow the pharmacy's 'model day' rota. And explained this was to ensure they were experienced and competent in all the pharmacy's activities for service continuity. The pharmacy encouraged team members to speak up and to provide suggestions for improvement. And one of the dispensers suggested moving some instalment dispensing from the downstairs dispensary to upstairs where there was more room, and this was agreed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises supports the safe delivery of its services. And it effectively manages the space for the storage of its medicines. The pharmacy has suitable arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was in a large premises and there were two separate dispensaries. Team members in the downstairs dispensary dispensed 'walk-in' prescriptions and provided access to 'P' medicines and advice. And a sound-proofed consultation room provided a confidential environment for private consultations. Team members in the upstairs dispensary dispensed prescriptions for care homes, multi-compartment compliance packs and instalment prescriptions. The room was secure and the door to the dispensary was locked when not in use. Team members used the dispensary sinks for hand washing and the preparation of medicines. And they cleaned and sanitised the pharmacy on a regular basis to reduce the risk of spreading infection. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services. A separate rest room provided the space for team members to remove their face masks without being at risk of spreading infection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team carries out checks to make sure medicines are in good condition and suitable to supply. And it has arrangements to identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

The pharmacy had a step-free entrance and an automatic door. This helped people with mobility difficulties to access services. Team members kept stock neat and tidy on a series of shelves. And they used secure controlled drug cabinets to safely segregate stock items. The pharmacy purchased medicines and medical devices from recognised suppliers. And the pharmacy had contingency arrangements in place for poor weather conditions and ferry disruptions. They monitored the weather, kept stock levels high and ordered extra quantities of some medications such as antibiotics and inhalers when necessary. Team members carried out date checking activities once a month so that all stock was validated every 13 weeks. They updated a date checking matrix to keep track of when checks were due. And attached 'short-dated' stickers to highlight affected stock. Sampling showed that items were within their expiry date. The pharmacy used two medicines fridges to keep medicines at the manufacturers recommended temperature. Team members monitored and recorded the temperature every day. And this provided assurance that the fridge was operating within the accepted range of 2 and 8 degrees Celsius. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Team members prioritised drug alerts and they knew to check for affected stock so that it could be removed and quarantined straight away. Records showed a recent drug alert for ibuprofen 400mg. And they followed the company's procedure which included annotating and retaining the notice to confirm they had completed the action. Team members used dispensing boxes to hold medicines and prescriptions during dispensing. And this managed the risk of items becoming mixed-up. The pharmacy used bar-code scanning technology. And it validated or rejected packs that team members had selected during the dispensing process. This had reduced the number of dispensing mistakes due to selection errors. The pharmacy used 'pharmacist information forms' (PIFs) to communicate critical information during the dispensing process. And this helped the pharmacist carry out the necessary safety checks.

Team members used a separate upstairs room with ample dispensing benches to assemble and dispense medicines. And the ACTs managed the accuracy checks once prescriptions had been clinically checked and annotated by the pharmacist. The dispensary was well-organised and secure from unauthorised entry. And large planners on the dispensary wall helped team members plan dispensing for people that needed extra help with their medicines. This included multi-compartment compliance pack dispensing and dispensing for care homes. Using the planners ensured they dispensed prescriptions well in advance. Team members also used supplementary records to help them manage multi-compartment compliance pack dispensing. And they checked new prescriptions against individual patient records for accuracy. They provided descriptions of medicines on the dispensing labels. And they supplied patient information leaflets for people to refer to. The pharmacy dispensed original packs for people in care homes. And team members were trialling electronic 'medicines

administration records' (MAR) charts which provided extra administration information for people to follow. This supported compliance with medication regimes. The pharmacy managed a significant number of people's repeat prescriptions for them. And team members had a system in place for managing the dispensing. They ordered prescriptions in advance and ordered items straight away. The wholesaler delivered items to the upstairs dispensary. And team members checked the items and dispensed them. The pharmacy dispensed serial prescriptions for a significant number of people that had registered with the 'medicines: care and review' service (MCR). The pharmacy had a system in place for managing dispensing. And they retrieved prescriptions a week before they were due so they could order items in advance. Most people collected their medication when it was due. And team members knew to refer people who arrived either too early or too late so the pharmacist could check compliance. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They also knew to supply patient information leaflets and to provide patient warning cards with every supply.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for methadone. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could carry out conversations in private if needed, using portable telephone handsets. The pharmacy used cleaning materials for hard surface and equipment cleaning. And the sink was clean and suitable for dispensing purposes. Team members had access to personal protective equipment including face masks.

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.