

Registered pharmacy inspection report

Pharmacy Name: Boots, 6-8 Eastgate, PEEBLES, Peeblesshire, EH45 8AD

Pharmacy reference: 1042803

Type of pharmacy: Community

Date of inspection: 07/11/2019

Pharmacy context

The pharmacy is on a main road in the centre of the town. 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 supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. The pharmacy provides NHS services including the treatment for urinary tract infections. And 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.
		2.5	Good practice	The pharmacy encourages and actively responds to feedback from its team members to improve service for people.
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 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 pharmacist highlighted any changes in the reviewed SOPs to assist the team. 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 laminated copy of the 'Model day' which they used to ensure they completed tasks at the right time.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance pack preparation. The team utilised the limited space well. The pharmacy team members used tubs throughout the process to keep prescriptions and medicines together. They used laminated cards to indicate if a person was waiting or calling back for their medicine. This distinguished prescriptions by degree of urgency and this 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 kept his copy of all the near misses logged. And individuals recorded their own on separate sheets. The pharmacist advised this was useful as if a person was off as he could then tell them when they returned. And they could then log on their own sheet. This ensured that the pharmacy captured all near misses. Examples included tramadol with 60 given instead of 30 and felodipine with the wrong brand provided and a note that during the dispensing process this had not been picked up from the pharmacist information form (PIF). And a near miss with the labels transposed for amlodipine and atorvastatin. The team filled out comments for all entries when recording their near misses. The pharmacist undertook monthly patient safety reviews. The team discussed all near misses at the reviews and shared learning. The pharmacist also discussed with individuals separately, areas to improve. At the reviews they discussed ensuring that they all completed the PIFs and that the team monitored all stock. This was to ensure that they checked balances to complete these for people as soon as possible.

The pharmacy had a practice leaflet which explained the complaints process. It had the 'NHS Scotland giving feedback and making a complaint' booklet displayed which people could take. The team followed

the company complaints process. And explained how they logged any complaints on to the company system, PIERS. They discussed any complaints at the time. And recorded these on the monthly patient safety review to capture for ongoing 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. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy checked CD stock against the balance in the register, weekly. This helped to spot errors such as missed entries. 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. The pharmacy maintained a register for private prescriptions electronically. It 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 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. The pharmacy displayed details on the wall. If a team member had a concern about a child or vulnerable adult, they would discuss this with the pharmacist in the first instance.

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 pharmacy team members 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 to improve its services.

Inspector's evidence

There was one pharmacist, eight dispensers and one technician who worked in the pharmacy. The pharmacy had double pharmacist cover one day a week due to the volume of prescriptions. Although sometimes it was hard to get pharmacist cover in the area. The pharmacy received accuracy checking technician (ACT) cover three days a week. The ACT generally undertook checks for the compliance packs. The technician worked 37.5 hours a week. And the dispensers worked a range of 15 to 37.5 hours a week, with one doing seven hours a week following maternity leave. The store manager was a dispenser. One dispenser was training to become a technician. And two of the dispensers were in training. One dispenser was helping at another branch. And two were off sick. The pharmacy generally got cover when required with the part-time members assisting when possible. The store manager felt the staffing levels were suitable for the workload.

The pharmacy team undertook training on a regular basis with some mandatory training and other optional modules. The team members completed training on the company's e-Learning system and did 30-minute tutors. 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 members had training records. And these were up-to-date. The team received performance reviews which gave the chance to receive feedback and discuss development needs. One dispenser had indicated that she wanted to pursue the management route. And the store manager let her help at another pharmacy which had more opportunities for her to gain experience.

The dispensary team worked closely together, and the dispenser said they were encouraged to provide feedback about the pharmacy or make suggestions for improvement. The team members had suggested a different storage solution for the compliance packs. They had previously kept them all upstairs and brought down the packs for the week. They now kept all the packs in drawers in the downstairs dispensary. They had labelled the drawers for each cycle. And placed the four-weeks packs in the drawer. They attached the collection docket to the packs. And after collection they put in remaining packs back in to the drawer. This had aided the retrieval for the packs when people came in to collect them. And was easier to put back for the next collection.

There was a whistleblowing policy and telephone numbers were available in the dispensary and upstairs. So, the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The team members advised they could raise any issues with the store manager or pharmacist. And they were supported by the area manager.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are of a suitable size for the services it provides. The pharmacy has adequate facilities for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with adequate space for dispensing, storing stock and medicines and devices waiting for collection. The dispensary was small, and the team used the limited space well but at times the dispensary became congested. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and a cleaning rota was available. This reminded the team of required tasks for them to maintain housekeeping. The room temperature was reasonable, and the pharmacy was well lit. The pharmacy had flooded a while ago and the heating system damaged. This had been replaced with temporary heating.

The pharmacy had a hatch into the dispensary which it used mainly for the substance misuse service. Other people came to the hatch for a private conversation or consultation. Sometimes the pharmacist took them to the room at the rear of the building which housed the computer system. Or spoke with them in a quieter part of the pharmacy. The pharmacy did not have a dedicated consultation room. Members of the public could not access the dispensary due to the location of the counter. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people. And it provides its services safely and effectively. And it delivers medicines to peoples' homes. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with advice. They dispense medicines into multi-compartment compliance packs to help people remember to take them correctly. The pharmacy gets its medicines from reputable suppliers. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy generally stores and manages its medicines safely.

Inspector's evidence

The pharmacy was accessible to all. The door was heavy to open. And the team assisted people when required. There was one seat available for anyone waiting in the pharmacy. The team explained that there was no room for any additional seating. This was due to the narrowness of the building at the medicines counter. There was a working hearing loop in place. The pharmacy displayed the hours of opening on the door and had a couple of posters in the window on health-related matters. It had a practice leaflet and a small range of healthcare leaflets for people to take away but did not have the usual Boots healthcare section. And the leaflets were not readily accessible to people as they were in the narrow part beyond the medicines counter. And not many people went down there. The team advised they put some leaflets on current topics on the counter for people to take. The pharmacy had a defined professional area near to the medicines counter. The team assisted people if they wished to purchase pharmacy medicines. And gave advice as required.

The pharmacy provided the Chronic medication service (CMS) and had about 600 people registered for the service. They provided about 100 serials prescriptions a week through this service. They undertook reviews and ongoing support to help people manage their long-term medical condition. The pharmacy signposted people to other pharmacies for services which they did not provide. They advised people to go to the nearest Boots pharmacy for the private flu vaccination service. The pharmacy provided a smoking cessation service and had about six people using this service. It provided Emergency Hormonal Contraception (EHC) through a Patient Group Direction (PGD). The pharmacy provided the unscheduled care service. And used this to supply medicines to people when they ran out. And also, to get their medicines in line and synchronised.

The pharmacy used the Pharmacy First scheme to supply people with treatments for urinary tract infections (UTIs) and impetigo. It was well-used for UTIs. The pharmacy provided chloramphenicol through the PGD when suitable. The pharmacy used the electronic Minor Ailments service (eMAS) and had about 750 people registered. Young families used the service, particularly for paracetamol and treatments for head lice.

The pharmacy supplied medicines to around 100 people in multi-compartment compliance packs to help them take their medicines. The compliance packs were prepared in a room upstairs designated for that purpose. The pharmacy team worked about two weeks ahead generally and it was planning for the Christmas period. This was to ensure medicines would be ready over the holiday period. Most people received their compliance packs weekly. The team members used trackers to monitor the progress of packs in order to ensure they completed them in plenty of time. The pharmacist usually carried out assessments if anyone requested their medication in a pack. The doctors then provided prescriptions for weekly dispensing if people were suitable to receive the packs. The pharmacy provided some people

with their medication in original packs with a Medicine Administration record (MAR) chart. The pharmacy was not actively taking more people for packs as they were at capacity for this service. But if there was a need then they would look into the request. The team members used the company Medisure patient records for people. And kept these updated with any changes. They kept flattened original boxes for the checking process. Some people received two packs each week for all their medicines. One was generally used for any pain medication. And the packs were different sizes which helped avoid any confusion at hand out. The pharmacy provided patient information leaflets (PILs) with the first week of the cycle.

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. 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 in 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. They had undertaken an audit and provided suitable counselling to those people in the at-risk group. They had cards and information packs at the checking benches which they provided to people.

The pharmacy driver had a pod, hand-held device which he got people to sign when he delivered their medicines. This provided an audit trail for the delivery of medicines from the pharmacy to patients. The pharmacy signed when they handed over items for delivery to the driver. The pharmacy had recently started to charge for deliveries. And when they were advertising this charge, some people requested deliveries and signed up for the service. As they had previously thought they could not get the service but felt it would be beneficial.

The pharmacy generally stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. But there were a few items which were not in the original container and did not have all the required details such as batch number and expiry date. The shelves were a little untidy. The team put items into the shelving drawer units. The drawers were quite full, with limited space. And some boxes had become damaged and tatty.

The team disposed of these during the inspection. 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. The team were aware of pilots for the introduction of the system to comply with the Falsified Medicines Directive (FMD). It was not aware of any date for implementation in the pharmacy.

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 added these to 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 used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). They used Medicines complete online for additional resources. 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 had access to disposable gloves and alcohol hand washing gel. The carbon monoxide monitor was checked by the Health Board. The pharmacy sent back the old one and they received a replacement.

The pharmacy stored medication waiting collection on shelves and drawers where people could not see any confidential information. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer screens were out of view of the public. The team used cordless phones for private conversations.

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.