

Registered pharmacy inspection report

Pharmacy Name: Boots, 9-10 High Street, DINGWALL, Ross-Shire,
IV15 9HL

Pharmacy reference: 1042849

Type of pharmacy: Community

Date of inspection: 23/07/2019

Pharmacy context

The pharmacy is in the town centre of Dingwall. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from the local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra help. Consultation facilities are available, and people can be seen in private.

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

The pharmacy team members complete training and work to professional standards. They provide safe services and look after people. The pharmacy keeps records of mistakes when they happen. And senior pharmacy members carry out checks to make sure the pharmacy is running safely. The pharmacy team members discuss the need for new safety measures. And there is ongoing service improvement. The pharmacy keeps the records it needs to by law. And it provides regular training to keep confidential information safe. It understands its role in protecting vulnerable people. And team members complete regular training to ensure they are up-to-date with the company's safeguarding arrangements. People using the pharmacy can raise concerns. And staff know to follow the company's complaints handling procedure. This means that staff listen to people and put things right when they can.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The team members had signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist and the accuracy checking technician (ACT) checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The dispensers recorded their own near-misses. But they did not always provide meaningful information about how the errors could have happened. And often used 'busy' and 'rushing' to describe the cause. The pharmacy team discussed ways of managing dispensing risks at a monthly review meeting. And identified areas for improvement when they could. External auditors carried out checks. And the pharmacy had scored 100% compliance following a recent visit.

The pharmacy produced near-miss reports for May and June 2019. And improvement action had been identified and implemented. For example;

1. Recording a near-miss when a pharmacist information form (PIF) wasn't produced.
2. Tidying shelves when they were thought to be the cause of an error.
3. Reviewing queue management procedures to reduce pressure on dispensers.
4. Reminding trainee medicines counter assistants about the risks associated with selling codeine-containing products.

The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew about an error involving the wrong strength of a medicine. And knew that the pharmacist had arranged for the products to be kept apart on separate shelves. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. And although the company supplied leaflets to inform people about the complaints process. These were being kept in the consultation room where access was restricted. The team members issued information cards that encouraged people to provide feedback. And this was mostly positive with no suggestions for improvement.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs on a weekly basis. The

pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. The pharmacy had very recently received a significant quantity of controlled drugs (CDs) for destruction. And had planned to carry out a witnessed destruction by the end of the week. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drugs to confirm receipt. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of who had received each supply. The pharmacists used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until October 2020.

The pharmacy displayed a 'fair data processing notice' which provided people with information about its data protection arrangements. The pharmacy team was regularly trained to comply with data protection arrangements. And they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding. The pharmacy stored prescriptions for collection out of view of the waiting area. And kept computer screens facing away from the waiting area. The pharmacy team took calls in private using a portable phone when necessary. And used a generic password to restrict access to patient medication records.

The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. And the company had registered the pharmacists with the scheme. The pharmacy trained the pharmacy team to comply with safeguarding arrangements. And provided contact details so that team members knew who to contact if they had a concern about a child or an adult.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels, and ensures it has the right number of pharmacy team members throughout the week. The pharmacy team members reflect on their performance, and identify and discuss their learning needs at regular review meetings to keep up to date in their roles. 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 can speak up at regular meetings and make suggestions for improvement to keep services safe and effective.

Inspector's evidence

The pharmacy team was meeting its performance targets, and the team members did not feel undue pressure to do so. The dispensers had worked at the pharmacy for many years, and were experienced and knowledgeable in their roles. The pharmacy had recruited three new trainee medicines counter assistants in May 2019, and this was due to three team members retiring. The store manager had allocated one hour of training time per week to the trainees, and there was satisfactory progress with training requirements. A locum pharmacist was providing cover at the time of the inspection, and had been given an orientation of the pharmacy at the time of taking on responsible pharmacist's duties. This included a walk-around of the pharmacy and a formal introduction to the pharmacy team.

The pharmacy kept qualifications on-site, and the following team members were in post; one full-time pharmacist, one full-time dispenser (store manager), one full-time ACT, one full-time pre-registration pharmacist, one full-time dispenser, one part-time dispenser, one day dispenser, three trainee medicines counter assistants and one pharmacy student providing cover until August 2019. The pharmacy managed annual leave requests, and team members were expected to provide cover for each other. This included part-time team members changing their day-off as required. Two relief dispensers provided cover across the NHS Highlands area, but were already committed to providing long-term cover in two other branches.

The pharmacy used an annual appraisal to identify areas for development. For example, the ACT had agreed to coach colleagues on how to communicate with people that would benefit from the chronic medication service (CMS). This had been successful due to the number of people registered and exceeding the company target. The pharmacy provided a range of training resources, and the team members were up-to-date with company requirements. For example, they had recently completed a module which promoted a just working culture. The pharmacist, ACT and store manager attended regular off-site training events. For example, a recent event had focussed on managing the risks of hand-out errors, and how to manage the risks associated with multi-tasking. Such as giving an appropriate response to colleagues who wished to attract their attention when they were busy, and maintaining positive working relationships.

The pre-registration pharmacist was about to take up a registered pharmacist post, and described her pre-registration year as a positive experience. The team member had been supervised throughout the year, and had met with her mentor on a regular basis to discuss progress against GPhC training

requirements. The trainee had been provided with the opportunity to attend bi-weekly Boots training events and monthly NES events. And had been provided with the opportunity to provide a range of pharmacy services. For example, identifying people who needed extra help with their medications. This included contacting the GP when someone had not been re-ordering inhalers as expected. And assessing their inhaler techniques when they presented with a new prescription.

The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, they had identified the need to record 'S' on the pharmacist information form (PIF). And this was due to a significant increase in the number of dispensing errors associated with the wrong strength. The initiative had reduced the number of errors.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean. And provide a safe, secure and professional environment for patients to receive healthcare.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. And the pharmacy provided seating and patient information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And team members dispensed walk-in prescriptions near to the waiting area. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. A security alarm protected the pharmacy after hours. And panic buttons were available. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room, and a separate hatch. And both were professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people with mobility difficulties. It displays its opening times and service information in the window. And there is access to patient information leaflets inside the pharmacy. The pharmacy has working instructions in place for its services. And this ensures the pharmacy team are supported to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And it supplies additional information to support people to take their medicines. The pharmacy sources, stores and manages its medicines. It updates the pharmacy team about high-risk medicines. And this means that team members know when to provide people with extra information.

Inspector's evidence

The pharmacy had a level entrance. And an automatic door supported people with mobility difficulties. The pharmacy displayed opening hours in its window. And displayed patient information leaflets in the waiting area and in the consultation room. The dispensing benches were organised. And the pharmacy team used dispensing boxes to keep prescriptions and medicines contained throughout the dispensing process. The team members used a rear store room for dispensing multi-compartmental compliance packs. But, kept the packs on open shelves even though dressings and perfumes were kept under lock and key. The dispenser explained that only pharmacy team members had access to the area. And visiting workmen were not left there on their own.

The pharmacy dispensed multi-compartment compliance packs for people who needed extra support. And the pharmacy team had read and signed a valid SOP. The pharmacy team used trackers to manage the work-load. And managed the risk of people going without their medication. The team members isolated packs when they were notified about prescription changes. And kept a record of changes in the communications book and a copy in the patient's notes. The pharmacy supplied patient information leaflets and provided descriptions of medicines. The team members dispensed methadone doses once a week to manage the work-load. And they obtained an accuracy check at the time of dispensing and at the time of supply. The sugar-free methadone was kept in a separate controlled drug cabinet (CD) to the sugar-containing methadone. And this managed the risk of selection errors. The pharmacy used plastic bags instead of paper prescription bags for controlled drugs and fridge items. And this allowed the pharmacist to easily carry out additional checks at the time of supply. The pharmacy held stocks of medicines used in palliative care. And team members carried out regular balance and date checks to ensure that medicines were available and fit for purpose.

The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The team members kept the pharmacy shelves neat and tidy. And kept controlled drugs in two large well-organised cabinets. The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs during regular expiry date checks. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy used a fridge for stock and another for dispensed items awaiting collection. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy team disposed of spent methadone bottles in a designated container. And this was

uplifted and destroyed at a central location.

The pharmacy team acted on drug alerts and recalls. And recorded the outcome, and the date they checked for affected stock. For example, they had checked for Emerade syringes in July 2019 with stock found and isolated. The pharmacy monitored people who had been issued with Valproate prescriptions. And submitted information so that the company was assured of monitoring activities. Flash notes were added to each person's PMR so that the pharmacy team were aware. The team members knew about the pregnancy protection scheme and where to find safety cards and leaflets. The pharmacy had not implemented the Falsified Medicines Directive (FMD). And the pharmacy team had not been trained about its use and did not know what the next steps were to be.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). It had measuring equipment of a suitable standard including clean, crown-stamped measures. And it kept measures for methadone in a designated container. The pharmacy had a range of equipment for counting loose tablets and capsules. And a separate triangle was used for cytotoxic medication. The pharmacy provided cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes.

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.