

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: 26/10/2023

Pharmacy context

This is a community pharmacy in Nairn. 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

The pharmacy team members work to professional standards to keep services safe and effective. They discuss mistakes that happen when dispensing and they keep records to identify patterns in the mistakes. And then take the opportunity to improve and reduce the risk of further errors. The pharmacy keeps the records it needs to by law. And it provides regular training to keep confidential information safe. Team members understand their roles in protecting vulnerable people. And they complete regular training to ensure they are up to date with safeguarding requirements.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy's working arrangements. The company regularly issued new and updated SOPs and they were available for team members to view on the pharmacy computers. Hard copy SOPs were also available in a folder and team members undergoing qualification training mostly referred to them to help them complete their coursework. The digital procedure for core dispensing was seen to be current and valid until 1 May 2025. But the hard copy version had expired on 1 May 2023 and had not been updated. This meant that trainees were using SOPs that had been superseded and there was a risk they were providing evidence that was not relevant. Team members read the new digital SOPs online, and they demonstrated their understanding by answering questions. Once answered correctly they were deemed competent, and their training record was updated to provide confirmation. The pharmacy displayed the responsible pharmacist (RP) notice. And it showed the name and registration number of the pharmacist in charge.

Pharmacy team members signed dispensing labels to show they had completed a dispensing task. This provided an audit trail and helped the responsible pharmacist (RP) to provide dispensers with feedback and to learn from their errors. Team members documented their near miss errors once they had corrected and reflected on them, and the RP and the trainee pharmacy technician carried out monthly near miss reviews. They identified and discussed any patterns and trends with their colleagues so they could learn about new and emerging risks. This helped them to identify and implement improvement actions to keep services safe. This included taking more care to manage the risk of quantity errors. Team members were unable to access the monthly near miss reviews as the RP was the only person with the authority to do so.

There was evidence of ongoing safety improvements. The pharmacy used bar code scanning technology to confirm the accuracy of dispensing. And team members knew to annotate prescriptions to highlight those items without a bar code. This meant that team members knew to carry out extra accuracy checks to identify selection errors. Team members knew to document interventions on an electronic pharmacist information form (PIF). This helped the pharmacist to decide the appropriateness of a prescription. For example, a sample PIF highlighted a change to a person's flucloxacillin dose. An area manager visited the pharmacy on a regular basis. They carried out audit and monitoring activities and the pharmacy had achieved a satisfactory outcome following a recent audit. Team members knew how to manage complaints. And the pharmacy used a practice leaflet to inform people about the complaints process. The locum pharmacist knew how to report dispensing mistakes that people reported after they left the pharmacy. And they knew the regular team members were available to help them record and submit reports online to the superintendent pharmacist's office in the event they needed to take

further action.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the RP record up to date. The pharmacy had public liability and professional indemnity insurance in place, and it was valid until 30 June 2024. The pharmacy team kept the controlled drug (CD) 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 pharmacists used patient group directions (PGDs) to improve access to medicines and advice. And a sample trimethoprim PGD was valid until August 2024. Team members filed prescriptions so they could easily retrieve them if needed. And they kept records of supplies against private prescriptions and supplies of unlicensed medicines ('specials') that were up to date. They completed regular mandatory training, and they knew to protect people's privacy. They used a designated container to dispose of confidential waste and an approved provider collected the waste for off-site destruction. Team members completed regular training and knew how to manage safeguarding concerns effectively. They referred concerns to the pharmacist so they could deal with them in a timely manner.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy reviews its staffing levels to ensure it has the right number of suitably skilled pharmacy team members throughout the week. Team members have the right qualifications and skills for their roles and the services they provide. 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 discuss mistakes to learn from each and improve their performance.

Inspector's evidence

The pharmacy's prescription activity had increased by a significant amount. The company had responded to the increases and appointed another full-time team member to help with the extra workload. There had been recent changes within the pharmacy team with four new team members taking up new posts in 2023. Four team members were currently enrolled on qualification training. The RP provided them with some protected learning time, but they mostly completed this at home. The pharmacy was regarded as a training branch and one of the experienced dispensers had been moved to another branch to allow a trainee dispenser to work there whilst undergoing training. New team members underwent formal induction training. This included the reading of SOPs and completing eLearning on subjects such as data protection and safeguarding.

The regular RP had been in post for around eight years, and they planned annual leave so that the three senior team members were not all off at the one time. Annual leave was managed well with only one team member off at the one time unless there were exceptional circumstances. The store manager was an accredited dispenser and they provided cover when necessary. The following pharmacy support staff worked in the pharmacy; one full-time trainee pharmacy technician, two full-time trainee dispensers, one part-time dispenser and one full-time trainee medicine counter assistant. The company arranged training to make sure that team members had the knowledge and skills for their roles and responsibilities. They were currently undergoing training due to the company introducing new dispensing procedures that relied on bar-code scanning technology to carry out the final accuracy check. They had also completed annual mandatory training to help them comply with the company's governance arrangements. This included data protection and safeguarding training.

The RP and the trainee pharmacy technician carried out a monthly near miss error review and they discussed the outcomes at a monthly patient safety review. Team members also agreed at least three improvement actions for the following month to keep services safe. For example, they had recently discussed the procedures to be followed when working on the medicines counter. This was to ensure that trainees understood the importance of asking relevant questions so they could provide the necessary advice and sell the correct treatments to keep people safe. Team members understood their obligations to raise whistleblowing concerns if necessary. And they knew to refer concerns to the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises is clean and hygienic. But team members do not always use the facilities available to them to safeguard medicines and confidential information. The pharmacy has consultation facilities that are professional in appearance, and they provide an appropriate space for people to sit down and have a private conversation with pharmacy team members.

Inspector's evidence

The pharmacy was in a large Boots store and the premises provided a modern, purpose-built environment from which to safely provide services. Team members mostly assembled prescriptions in the dispensary. But dispensing boxes containing medicines and prescriptions which were waiting to be labelled and assembled were placed on trolleys in a large rear storeroom that was mostly used for beauty products. A segregated area of the storeroom was being used to label and assemble multi-compartment compliance packs, and locked cages were used to safely secure them.

A sound-proofed consultation room and a separate private hatch were next to the dispensary and available for people to use. They provided a confidential environment for people to speak freely with the pharmacist and other team members during private consultations. Team members regularly cleaned and sanitised all areas of the pharmacy on a regular basis. This ensured the pharmacy remained hygienic for its services. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it provides its services in accordance with safe working practices. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team conducts checks to make sure medicines are in good condition and suitable to supply. And they show the pharmacy has arrangements in place to identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

The pharmacy provided a step-free entrance which helped people with mobility difficulties. It purchased medicines and medical devices from recognised suppliers. And team members conducted monitoring activities to ensure that medicines were fit for purpose. This included the checking of dates to identify and remove items before they expired. Team members applied supplementary labels to packs to highlight short-dated stock and sampling showed that stock was within its expiry date. The pharmacy used two fridges to keep medicines at the manufacturers' recommended temperature. And team members kept an audit trail to show the fridges had remained within the accepted range of between two and eight degrees Celsius. The fridges were organised with items safely segregated. This helped team members manage the risk of selection errors. Team members used two secure CD cabinets for some of its items and medicines were well-organised. They kept items awaiting destruction well-segregated from other stock. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used dispensing boxes to assemble medicines. This helped team members to keep medicines and prescriptions together during the dispensing process and manage the risk of items becoming mixed-up.

Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. And they knew to provide supplies in the original container due to recent legislative changes. This ensured the necessary warning labels were supplied with the packs. They also knew to apply dispensing labels so people were able to read and consider the relevant information. The pharmacy received notifications of drug alerts and recalls which they prioritised. And they could show they checked for affected stock. For example, they produced a drug alert for Trimbaw which they had actioned in September 2023.

The pharmacy supplied medicines in multi-compartment compliance packs to several people to help them with their medication. Team members used a separate rear storeroom to assemble and store the packs to keep dispensing organised and safe. Supplementary records provided a list of people's current medication and the time of the day it was due. They checked new prescriptions for accuracy and kept records up to date following changes. Some people arranged collection of their packs either by themselves or by a representative. And team members monitored the packs to confirm they had been collected on time. This helped them to identify when they needed to contact the relevant authorities to raise concerns. The pharmacy dispensed serial prescriptions for people that had registered with the Medicines: Care and Review service (MCR). The pharmacy had a system for managing the dispensing of the prescriptions. And they retrieved prescriptions in advance so they could order items and dispense them in suitable time. Most people collected their medication on time. And team members knew to inform the pharmacist when people did not collect when they expected them to.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide safe services. And it has the necessary arrangements in place to restrict access to confidential 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 conduct conversations in private if needed, using portable telephone handsets.

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.