

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 47 High Street, FORTROSE, Ross-Shire, IV10  
8SU

**Pharmacy reference:** 1042850

**Type of pharmacy:** Community

**Date of inspection:** 04/04/2019

## Pharmacy context

The pharmacy is in the centre of Fortrose. It provides a range of services to the local area and further afield. And dispenses NHS prescriptions. The pharmacy supplies medicines in multi-compartment medicine devices to support people. And offers a delivery service to housebound and vulnerable people.

## 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	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 safe. 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. But needs to improve controlled drug destruction and record keeping. The pharmacy team understands its role in protecting vulnerable people. And knows how to keep confidential information safe. But the pharmacy needs to act to ensure it adheres to security procedures. 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 had appointed a new pharmacist who had been in post for a few weeks. A responsible pharmacist notice was visible from the waiting area. And displayed the name and registration number of the pharmacist on duty.

The pharmacy team signed to confirm they followed standard operating procedures. The procedures defined the pharmacy processes and staff responsibilities. The pharmacy team signed prescriptions to show they had completed a dispensing task. This included, assembly and accuracy checking prescriptions.

The pharmacist checked prescriptions. And gave feedback to dispensers when they failed to identify their own errors. The dispensers recorded their near-misses. But did not always identify the contributing factors. This meant that improvement action was not always identified and discussed.

The pharmacy was proactive at highlighting look alike and sound alike medicines. The pharmacy team attached warning labels to storage shelves. For example, to highlight carbimazole and carbamazepine selection risks.

The superintendent's office issued monthly newsletters. And these featured real-life case studies that staff reflected upon. This made staff review their own practice and make improvements if needed. For example, they tell people to return used opioid patches for destruction. And this managed the risk of other people using the left-over residue.

The pharmacist managed the incident reporting process. The pharmacy team knew when incidents had happened and what the cause had been. For example, the pharmacy had separated prednisolone 5mg and 1mg tablets when there had been a mix up. The company had added prednisolone to the look alike and sound alike list. And the pharmacy team knew to take greater care.

A complaints policy ensured that staff handled complaints in a consistent manner. But, a review had been due on 1 November 2018 and the policy had expired. The policy helped the pharmacy team

resolve issues. And managed the incidence of people escalating complaints. A leaflet informed people about the complaints process and provided contact details.

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 once a week.

The pharmacy recorded controlled drugs that people returned for destruction. The pharmacy had 2 open CD destruction registers in circulation. One register had been last used on 17 January 2017 with five entries unaccounted for in 2016. The pharmacy had a build-up of controlled drugs for destruction. And had entered 23 records since December 2018.

A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication.

The pharmacists used patient group directions to improve access to medicines and advice. A sample trimethoprim patient group direction was valid until October 2020.

The pharmacy team completed data protection training on a regular basis. And recent training had included the general data protection regulations. The staff disposed of confidential information in designated bags. And a collection service uplifted the bags for off-site shredding. The pharmacy team archived spent records for the standard retention period.

The pharmacy kept the consultation room unlocked. And this provided access to a rear storeroom. The pharmacy team kept yellow bins containing labelled medicines for destruction in the storeroom. And people could access the storeroom unnoticed if they wished to.

The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team took calls in private using a portable phone when necessary. The pharmacy team used a password to restrict access to patient medication records.

The protecting vulnerable group scheme helped to protect children and vulnerable adults. And the pharmacy had registered the pharmacists and dispensary staff.

The pharmacy team completed training on a regular basis. And staff knew to raise concerns if they saw the signs and symptoms of abuse and neglect. Staff were aware of vulnerable groups. And key contact details were available should a referral be necessary.

The pharmacy team asked people to sign when they collected multi-compartment medicine devices. And contacted the relevant person when they were not collected or no-one was at home.

A pharmacy team member had accompanied someone home after injuring themselves. And called an ambulance. The pharmacy team member tried to rouse the husband who was sleeping. And when unable to do so informed the ambulance crew and doctor.

Public liability and professional indemnity insurance were in place.

## 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. This ensures they 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 share learnings to keep services safe.

### Inspector's evidence

The pharmacy work-load had increased over the past year. The pharmacist had completed a review of staffing numbers. And two new team members were being recruited to a full-time post to increase flexibility.

The pharmacy had recruited a new team member in December 2018 to replace someone who had left. And had enrolled the new start onto the NVQ pharmacy services level 2 course. The member of staff had completed induction. And was reading the standard operating procedures for her role.

The trainee referred someone with asthma who asked to buy Benylin Dry Cough Mixture. The pharmacist explained this would suppress the cough reflex. And it would not be suitable. The pharmacist provided advice and supplied a suitable product. And advised the person to make an appointment with the doctor due to the duration of the cough.

The pharmacy kept staff qualifications on-site so that evidence of accreditation was available. The pharmacy team members were long-serving and experienced. The following staff were in post at the pharmacy: one full-time responsible pharmacist; one x 3-days dispenser; one x 2-days dispenser; one x 2-days trainee pharmacy technician and one x 4-days trainee dispenser.

The pharmacy allowed one member of staff to take annual leave at the one time. And part-time staff increased their hours so there was enough cover to complete tasks.

The pharmacy team used a model day rota to manage tasks. And to ensure the pharmacy team completed them on time. The pharmacy re-prioritised tasks when there were changes.

The pharmacy supported staff that were in training. And the pharmacist had agreed protected training time on a Monday when it was quieter.

The pharmacy team knew what company targets were in place. And were offering the chronic medication service, electronic minor ailments service, text service and prescription collection service. The pharmacy team were not under pressure. And only registered people that were suitable for services.

The pharmacy used an annual performance review to develop staff. For example, an experienced dispenser had agreed to spend more time on the medicines counter. And the new trainee dispenser was developing competency in dispensing.

The pharmacy provided e-learning, and staff were up-to-date. The staff had completed information governance and safeguarding training. And knew to safeguard confidential information and vulnerable people.

The pharmacy team members raised concerns and provided suggestions for improvement. For example, they added a column to a date-checking record for shelf locations. And stock was easier to find and remove.

The pharmacist discussed queries with patients. And gave advice when handing out prescriptions.

## 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

The pharmacy maintained and cleaned the premises on a regular basis. And a large well-kept waiting area presented a professional image to the public. The pharmacy provided seating in the waiting area. And a range of patient information leaflets were available for self-selection.

A consultation room was available and professional in appearance.

The pharmacy had allocated benches for the different dispensing tasks. The pharmacy team dispensed walk-in prescriptions near to the waiting area. And dispensed multi-compartment medicine devices on a rear bench. 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 in place. And the ambient temperature provided a comfortable environment from which to provide services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services to the surrounding area. It has level access and a comfortable seated waiting area. The pharmacy provides information leaflets for self-selection. It displays its opening times and services in the window. And ensures that people know what the pharmacy provides. The pharmacy provides extra support to people to take their medicines. But the pharmacy needs to introduce extra security controls when non-pharmacy staff transport prescriptions. The pharmacy carries out dispensing in an organised manner. This means that services are safe and people do not run out of their medicines. The pharmacy sources, stores and manages medicines. And updates the pharmacy team about high-risk medicines. This means that team members know when to provide people with extra information. The pharmacy sources, stores and manages medicines to ensure they are fit for purpose. But it does not verify the receipt of new medicines. And has not followed new legislation for the Falsified Medicines Directive.

### Inspector's evidence

The pharmacy had level access. This meant that people with mobility difficulties could access the pharmacy without restriction. The pharmacy team kept the seated waiting area tidy. And a stand displayed patient information leaflets for self-selection.

The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for controlled drug prescriptions to confirm receipt.

The pharmacy handed prescriptions to volunteers to take to local surgeries. The pharmacy team placed prescriptions in a box. But the box was not secured and access to the box was not restricted. The team members knew the volunteers. But the pharmacy had not carried out the usual background checks.

The dispensing space was adequate. And the pharmacy team had allocated benches for the various dispensing tasks. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy team attached laminates to prescription bags to communicate key messages. For example, pharmacy team members attached warfarin laminates. And this ensured that people were to attend for blood tests.

The pharmacy team used pharmacist information forms to communicate key messages. For example, to record look alike and sound alike medication. A sample had highlighted amlodipine due to selection risks.

The pharmacy team used a systematic approach for dispensing serial prescriptions. And supplies were recorded on a designated form that was attached to each prescription. This allowed the pharmacy team to monitor compliance and intervene when people did not collect their prescription on time.

The pharmacy provided multi-compartment medicine devices for around 30 people. A senior dispenser managed the service and another dispenser provided back-up. The pharmacy used trackers to manage the work-load. And this avoided people going without their medication. The pharmacy recorded



changes in a communications book. And placed a copy in the poly-pocket that held individual patient medication records. The pharmacy supplied patient information leaflets and descriptions of medicines. And this supported people using the devices.

The pharmacy team kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers.

The pharmacy kept controlled drugs in three well-organised cabinets to avoid selection errors. For example, the pharmacy team stored prescriptions awaiting collection in a separate cabinet.

The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs. They monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees.

Staff accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacy team acted on drug alerts and recalls. For example, they had checked stocks of losartan in February 2019 with none found. But the pharmacy did not keep an audit trail or evidence of action taken.

The pharmacist had briefed the pharmacy team about the use of valproate in people who may become pregnant. And when to issue safety leaflets and cards informing people about the pregnancy protection scheme.

The pharmacy had not trained staff to follow the falsified medicines directive. And had not provided the resources to carry out the required checks.

## 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 used CE quality stamped measures for measuring liquids. And counting triangles were available.

Cleaning materials were available for hard surface and equipment cleaning. And hand washing solution was also available. The pharmacy sink was clean and suitable for dispensing purposes.

Reference sources were available. For example, the current copy of the BNF and BNF for children were in use. A consultation room was available. And the pharmacy protected people's privacy and dignity.

## 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.