

Registered pharmacy inspection report

Pharmacy Name: Boots, 4-6 Cromwell Street, Stornaway, ISLE OF LEWIS, Ross-Shire, HS1 2DA

Pharmacy reference: 1042851

Type of pharmacy: Community

Date of inspection: 06/09/2019

Pharmacy context

The pharmacy is in the town centre of Stornaway. It dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra help. It dispenses prescriptions for care homes. 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 work to professional standards. They provide safe services and look after people's welfare. The pharmacy team members keep some records of mistakes when they happen. And they analyse the mistakes to make changes and keep services safe. The pharmacy keeps most of 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 understand the company's safeguarding arrangements. People using the pharmacy can raise concerns. And team members know to follow the company's complaints handling procedure. This means they listen to people and put things right when they can.

Inspector's evidence

The pharmacy displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. And these were issued on a rolling basis so that team members could read and consolidate new working processes. The team members were in the middle of reading new dispensing SOPs to replace the ones that had expired. And they expected to receive new SOPs to replace the out-of-date multi-compartmental compliance pack dispensing procedures. The team members provided assurance that they followed SOPs. And read and signed each document which was then retained in a folder that was easily accessible. The pharmacy carried out regular audit to show how they complied with governance arrangements and professional standards. And a recent audit in July 2019 showed that compliance had improved from 60 to 80%.

The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The team members had started to record their own errors themselves. And one of the pharmacists carried out a monthly review and identified patterns and trends which were discussed amongst the team. The pharmacy kept separate records for multi-compartmental compliance pack dispensing. But, there was a low-level of reporting. And little in the way of ongoing service improvement.

The team members had been discussing ways of managing risks in the main dispensary. And the following actions had been agreed over the few months;

1. Taking care when stacking dispensing boxes due to items falling into other baskets and increasing the risk of dispensing errors.
2. Following the 'look-alike-sound-alike' (LASA) guidelines. And recording high-risk medicines on the pharmacist information form (PIF). For example, amitriptyline and amlodipine.
3. Agreeing to sign prescriptions bags to confirm the hand-out procedure was being followed.

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 when atorvastatin had been supplied even though it had not been prescribed. And the pharmacist had contacted the locum pharmacist to provide feedback about the error so that they could reflect and take preventative action. The pharmacy used a complaints policy to ensure that staff handled complaints in a consistent manner. And it used a practice leaflet to inform people about the complaints process and who to contact should

they wish to complain or provide feedback. But, they kept the leaflet in the consultation room and there was limited access. The pharmacy received mostly positive comments. And there were no examples of change in response to feedback.

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 had public liability and professional indemnity insurance in place and this was 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. A sample of private prescriptions were up to date and met legal requirements. But, specials records were not kept on-site. And an audit trail of who had received each supply was not available.

The pharmacy displayed a 'fair data processing notice' which provided people with information about its data protection arrangements. The pharmacy trained team members on a regular basis to comply with data protection arrangements. And they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags which were uplifted for off-site shredding. And archived spent records for the standard retention period. The pharmacy displayed a notice that advised people to keep a safe distance away from the medicines counter to safeguard confidential information.

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 on the dispensary wall so that team members knew who to contact if they had a concern about a child or a vulnerable adult. The pharmacy team recognised the signs and symptoms of abuse and neglect. And knew when to refer to the pharmacist. For example, the pharmacist had contacted a GP on behalf of someone who was suffering from depression.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And it ensures it has the right number of suitably skilled 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 had not experienced any significant growth over the past year. And the work-load had remained mostly the same. The company used performance targets. And team members were focussed on registering suitable people with the chronic medication service (CMS) and the company's managed repeat prescription service (FRPS). The pharmacy team did not feel undue pressure to register people with the services they provided. Most of the dispensers had worked at the pharmacy for around two years. And were experienced and knowledgeable in their roles.

The pharmacy kept the team's training certificates on-site. And the following team members were in post; two part-time pharmacists who overlapped one day each week, three full-time dispensers, three part-time dispensers, one part-time trainee dispenser and one part-time medicines counter assistant. The pharmacy team members were expected to submit holiday requests a year in advance. And the pharmacy manager reviewed team rotas in advance to ensure that minimum levels were maintained. The pharmacist had put forward a case for more team members. And the area manager had recently authorised a part time trainee dispenser to increase her hours to full-time. And to recruit a new team member to cover the medicines counter.

The pharmacy carried out annual performance reviews to identify areas for development. For example, one of the dispensers had been supported to enrol onto the NVQ pharmacy services level three course. But the team member had discontinued the course. The pharmacy provided regular training. And protected learning time was built into the rotas to ensure that the trainee was supported. A part-time medicines counter assistant had completed extra training and was authorised to carry out some dispensary tasks.

The pharmacy team completed mandatory training. And this ensured they followed the company's policies and procedures. For example, they had recently completed training about maintaining a 'just culture' so they worked in a professional way. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, they had provided negative feedback about a locum pharmacist. And had requested that the pharmacist was not booked again to work at the pharmacy in the future.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean. And provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

A waiting area presented a professional image to the public. And the pharmacy provided seating. The team members kept healthcare information leaflets in the consultation room and at the entrance to the pharmacy. And this meant that people able to self-select leaflets for their health needs. The dispensing benches were clean and organised. But the floor needed a sweep and a clean. And this was partly due to a dedicated cleaner's role not being filled. The team members dispensed walk-in prescriptions near to the waiting area. And the pharmacist supervised the medicines counter from the checking bench. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room which was professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information in the window. And it lets people know about its services and when they are available to them. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And supplies extra information to these people to support them to take their medicines. The pharmacy sources, stores and manages its medicines appropriately. And updates the pharmacy team about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had step-free access and there was unrestricted access for people with mobility difficulties. The pharmacy displayed its opening hours in its window. And displayed patient information leaflets in the consultation room and at the entrance to the pharmacy. The pharmacy had a business continuity plan in place. And it provided information in the event of service disruptions such as the pharmacy team's contact telephone numbers. The pharmacy provided a managed repeat prescription service which accounted for around 50% of the dispensing workload. And the team members could dispense prescriptions in advance. This helped them to safely manage their workload. The team members organised the dispensing benches. And used dispensing boxes to keep prescriptions and medicines contained throughout the dispensing process.

The team members collected prescriptions from the surgeries. And these were checked and sorted into bundles for dispensing. For example, weekly and instalment prescriptions. The team members mostly knew which people were supplied their medicines into multi-compartmental compliance packs. But, they were still expected to check the notes on the PMR. And they used pharmacist information forms (PIFs) and laminated cards whilst dispensing to communicate safety messages to each other. The pharmacy dispensed packs to around 50 people. And they dispensed original packs and medication administration record sheets (MAR) to around 80 people in two care homes. The team members used a separate room within the store room for dispensing.

Team members kept the dispensing benches organised with multi-compartmental compliance packs being dispensed at one side and care home prescriptions being dispensed at the other. The team members dispensed one care home on alternate weeks. And dispensed multi-compartmental packs over four weeks. A lead dispenser was responsible for ensuring dispensing was managed. And other dispensers had been trained to provide holiday cover when necessary. The team members had fallen behind with dispensing due to annual leave. And had planned to dispense the following weeks packs the day after the inspection which was a Saturday. The team members isolated packs when they were notified about prescription changes. And they recorded the changes in the communications book and kept a copy alongside the person's record sheet. The company required team members to renew people's record sheets following a change. But this was not being carried out. And the team members were scoring through medication that had been discontinued.

The team members supplied patient information leaflets. And they sometimes provided descriptions of medicines. The team members did not ask people to sign collection docket as seen in other branches.

But, said they knew when people failed to collect their medication and referred concerns. The team members were behind with prescription reconciliation. And a large build-up of interim prescriptions and the corresponding e-mail requests were being kept in a cupboard that was becoming congested. The team members had accumulated a large quantity of 'medicine administration records' (MAR sheets). And these had not been disposed of after one month as they should have been. The dispensary floor was littered with foils and labels and needed a sweep and a clean.

The pharmacy used clear 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 purchased medicines and medical devices from recognised suppliers. And team members were in the process of re-arranging the pharmacy shelves, so they were neat and tidy. The pharmacy had one controlled drug cabinet. And the team members carried out regular stock management activities highlighting short dated stock and part-packs during regular 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 accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The company issued drug alerts and recalls. And the team members confirmed that action had been taken. The pharmacy kept an audit trail. For example, they had actioned an alert in August 2019 for Emerade injections. And they had annotated the record to confirm it had been actioned. The team members had been briefed about the valproate pregnancy protection programme. But they did not know to where to access the necessary safety leaflets and cards. And they were being kept beside the pharmacist's checking bench. The pharmacist monitored prescriptions for valproate and ensured that people received safety information from their GP. The pharmacy had not introduced the Falsified Medicines Directive (FMD). And the team members were unable to confirm when it was due to be introduced.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard. And it used crown-stamped measures. Measures were labelled red for methadone use. And others were available for measuring other liquids such as antibiotics. The pharmacy kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection out of view of the waiting area. And arranged computer screens so they were only visible to pharmacy team members. The pharmacy used portable phones. And the pharmacy team took calls in private when necessary.

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.