General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 32-34 La Porte Precinct, Charing Cross, GRANGEMOUTH, Stirlingshire, FK3 8BG

Pharmacy reference: 1043005

Type of pharmacy: Community

Date of inspection: 28/11/2019

Pharmacy context

This is a community pharmacy in a shopping precinct in Grangemouth. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It also offers a smoking cessation service.

Overall inspection outcome

✔ **Standards met**

Required Action: Improvement Action Plan

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	1.7	Good practice	The pharmacy has a systematic approach to information governance. It provides regular training. And it carries out regular reviews to confirm that its arrangements meet data protection requirements.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members complete regular training. And the pharmacy provides time during the working day to support them to do so.
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 team members record and discuss mistakes that happen. They use this information to learn and reduce the risk of further errors. But, they don't always collect information about the causes of mistakes to help inform the changes they make. So, they may miss opportunities to improve. 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 safeguarding requirements. People using the pharmacy can raise concerns. And team members know to follow the company's complaints handling procedure. This means that they listen to people and put things right when they can. The pharmacy encourages people to provide feedback about its services. And they make changes to their processes when they need to.

Inspector's evidence

The pharmacy used working instructions 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 company regularly updated and issued new instructions. But, the delivery procedures had not been updated since February 2017. And there was a risk the team members were not as up-to-date as they should be. An accuracy checking technician (ACT) provided four hours of support each week. And they carried out the final accuracy check on multi-compartment compliance packs. The ACT had read and signed the accuracy checking instructions in their base pharmacy. And they knew only to check prescriptions that had been annotated by the pharmacist.

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 on their own individual form. And a lead dispenser reviewed the forms to see if they could identify patterns and common themes. The pharmacy team discussed the findings. And they had implemented a few additional steps to avoid the same errors happening again in the future. But, they weren't always able to implement action due to the quality of near-miss recording;
1. Continuing to document look-alike and sound-alike medicines (LASAs) on the pharmacist information form (PIF).
2. Providing people with a realistic waiting time, inviting them to take a seat and asking colleagues for support to manage pressure when people wanted to wait on their prescriptions
3. Trying to improve the quality of their near-miss records.

The pharmacy team used the company's list of LASA medication to manage dispensing risks. And they kept the list beside the PMR and used shelf-edge caution labels to highlight LASA stock, such as amlodipine and atenolol. The team members recorded LASAs on the pharmacist information forms (PIFs). And they attached PIFs to prescriptions at the time of processing. A sample PIF showed the ACT had recorded atenolol. And they had also attached a laminated card that alerted team members to add a fridge sticker to the prescription bag to ensure the medicine was stored correctly. 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 pantoprazole had been supplied against a prescription calling for pravastatin. The pharmacy team had discussed the incident. But, they could not explain why the error had occurred. The team members had included the products on their list of LASAs. And they had moved them further apart on the shelves.

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. The pharmacy encouraged feedback. And it had received feedback that prescriptions were not ready when people wanted them to be. The team members had contacted the surgery to ask if they could order repeat prescriptions 14 days in advance instead of seven. But, this was not possible due to constraints at the practice.

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 it was valid and 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 provided a delivery service to housebound and vulnerable people. And made sure they signed for their medication 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 August 2020.

The pharmacy displayed a notice which informed people about its data protection arrangements. The pharmacy regularly trained the team members to comply with the arrangements. And they knew how to safely process and protect personal information. The team members used a blue coloured bag to dispose of confidential waste. And this was uplifted for off-site shredding. The team members archived spent records for the standard retention period. The pharmacy used the protecting vulnerable group (PVG) scheme to help protect children and vulnerable adults. And the locum pharmacist was registered with the scheme. The pharmacy trained the team members to comply with its safeguarding arrangements. And it provided contact details so that they knew who to contact if they had a concern about a child or an adult. The team members recognised the signs and symptoms of abuse and neglect. And knew when to refer to the pharmacist. For example, the team members were investigating a concern due to a multi-compartment compliance pack being returned by the driver.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy monitors its staffing levels. And 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 and protected learning time. The pharmacy team members support each other in their day-to-day work. And they can speak up at regular meetings. The team members speak about mistakes that happen. But, they do not always discuss the reasons for the mistakes. And this prevents the pharmacy team from learning from each other.

Inspector's evidence

The pharmacy's work-load had remained stable over the past year. And the pharmacy team members had remained mostly unchanged. The pharmacy team was well established. And the team members were experienced and knowledgeable in their roles and responsibilities. The pharmacy had recruited a new team member in May 2019. And this had been due to someone taking long-term leave. The pharmacy kept the team's qualifications on-site. And the following team members were in post; one full-time pharmacist, one full-time dispenser (manager), one full-time dispenser, two part-time dispensers, one part-time trainee dispenser and four hours per week accuracy checking technician (ACT). The pharmacy had been operating without a regular pharmacist since September 2019. But, a locum pharmacist had been providing regular cover every Monday and Tuesday. A locum pharmacist who had experience of the pharmacy was providing cover at the time of the inspection. And they were being supported by the pharmacy manager and the rest of the team. The pharmacy managed annual leave. And it allowed only one team member to take leave at the one time. The pharmacy manager used rotas. And this ensured that the right number of suitably qualified team members were on duty throughout the week. The team members provided cover. And a dispenser had increased their hours due to another dispenser taking annual leave.

The company used performance reviews to identify areas for development so that the team members could improve. The area manager had carried out the pharmacy manager's review. And they had agreed to continue to develop working relationships with staff at the local medical practice. The manager and the pharmacist had been meeting with the practice manager. And they had discussed the pharmacy services that were available. The manager had issued each team member with their job profile. And they were referring to the list of competencies to identify knowledge and skills gaps. For example, one of the team members had identified that they had not been trained to carry out the month-end activities. And the manager was providing support so that the team member could develop their role.

The company provided a range of training resources. And the team members were up-to-date with mandatory training requirements. For example, they had completed data protection and safeguarding training. The team members with GPhC registration were expected to attend regular off-site training

events at a central location. And they were provided with updates which they shared amongst the pharmacy team on their return. For example, signing the dispensed by box and circling the address on prescription bags labels to ensure that hand-out errors were never events. The manager was observing and providing support to a team member that had been responsible for a hand-out error. And they knew to call on the manager whenever they were about to hand-out a prescription to have it double checked.

The pharmacy supported people to learn. And the manager had authorised the trainee dispenser to work extra on a Monday so that protected learning time could be allocated. The team member had made good progress with their course. And was about to qualify as a dispenser after only six months. The team members used a monthly professional standards publication to learn about risks and how to avoid them. And they discussed case studies to identify emerging risks, such as dispensing medicines for children and calculating doses. The team members knew to record a child's age on the PIF. And this provided information for colleagues through-out the dispensing process.

The pharmacy used performance targets. And team members were currently focussed on identifying people that would benefit from the chronic medication service (CMS). The team members did not feel undue pressure to increase services. And knew only to recommend services that would be beneficial. The team members felt empowered to raise concerns and provide suggestions for improvement. For example, the dispenser that normally dispensed the methadone doses had suggested carrying out some of the dispensing tasks the day before, such as printing labels and gathering the containers to reduce the burden and this had been agreed. The pharmacy team recorded their mistakes. And it used a monthly meeting to discuss patterns and trends. But, the team members did not always provide reasons for their errors. And this prevented them from learning about the weaknesses in the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises is secure, clean and hygienic. It has a consultation room that is professional in appearance. And it is an appropriate space for people to sit down and have a private conversation with pharmacy team members.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. The pharmacy team members had allocated areas and benches for the different dispensing tasks. For example, they dispensed multi-compartment compliance packs in a separate secured area in a large stock room. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed. 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 separate hatch. And both were professional in appearance.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information. And it lets people know what services 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 sources, stores and manages its medicines appropriately. And the pharmacist keeps the pharmacy team up-to-date 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 a step free entrance. And a pressure operated door provided extra support to people with mobility difficulties. The pharmacy displayed its opening hours in the window. And it displayed healthcare information leaflets at the back of the store which was well-away from the waiting area. 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 attached a pharmacist information form (PIF) to identify people that were suitable for the chronic medication service (CMS). And the pharmacist had trained the team members to speak to people about their medicines and to register them with the service. The team members kept records to show when they had last dispensed each CMS prescription. And they dispensed new prescriptions when people requested them. The team members identified people who did not arrive to collect medication on time. And the pharmacist contacted the surgery to inform them. The team members attached laminated cards to prescriptions with high risk medicines. And this helped team members to communicate safety messages, such as checking that people taking warfarin medication were having regular blood tests.

The pharmacy dispensed multi-compartment compliance packs for around 96 people who needed extra support with their medicines. And the pharmacy team members had signed to confirm they had read the working instructions to keep dispensing safe and effective. The pharmacy used trackers to manage the work-load. And this ensured people received their medication in good time. The team members isolated packs when they were notified about prescription changes. And they kept a record of any changes in the communications book and in the person’s notes. The pharmacy supplied patient information leaflets. And they annotated descriptions of medicines in the pack. The team members obtained signatures to confirm when packs had been collected. And this helped them to monitor supplies and to identify potential compliance issues which they referred to the pharmacist. The team members dispensed methadone doses for around 5 people. And they dispensed the doses once a week on a Tuesday to manage the work-load. The team members obtained an accuracy check at the time of dispensing and at the time of supply to confirm that doses were in accordance with prescriptions.

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 team members kept the pharmacy shelves neat and tidy. And they kept controlled drugs in three well-organised cabinets. For example, they kept multi-compartment compliance packs in a separate cabinet. The pharmacy purchased medicines and medical devices from recognised suppliers. 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 they

demonstrated that the temperatures had remained between two and eight degrees Celsius. The team members used one fridge to keep insulin and the second fridge for all other medication. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacy team members acted on drug alerts and recalls. And they recorded the outcome, and the date they checked for affected stock. For example, they had checked for ranitidine in November 2019 with no stock found. The pharmacy had not implemented the Falsified Medicines Directive (FMD). And the pharmacy team did not know about the initiative, or when it was due to be introduced. The pharmacy team members had learned about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards and when to issue them. The pharmacy had been supplying four females with valproate on a regular basis. And the pharmacist had added flash notes to the PMR to confirm they had been provided with safety messages.

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). It used crown-stamped measuring equipment. And the measures for methadone were highlighted and kept separate in a cupboard until they were next needed. 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 it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members used a portable phone. And they 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.