General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 17 High Street, CHEPSTOW, Gwent, NP16 5LQ

Pharmacy reference: 1043361

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

This is a community pharmacy located in the centre of Chepstow in Wales. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Discharge Medicines Reviews (DMRs), the Common Ailments Service, Emergency Hormonal Contraception (EHC), pneumonia and seasonal flu vaccinations. It supplies multi-compartment compliance aids to people if they find it difficult to take their medicines on time. And, some people's prescriptions are assembled from another part of the company's premises.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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

Overall, the pharmacy's working practices are safe and effective. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from them. But they could record a little more detail, which would make it easier for them to spot patterns and help prevent the same things happening again. The team understands how to protect the welfare of vulnerable people. And, the pharmacy protects people's private information well.

Inspector's evidence

The pharmacy was organised and clear of clutter however, there were limited numbers of staff present (see Principle 2). A steady stream of people used the pharmacy's services at the point of inspection and this was managed well. A range of documented standard operating procedures (SOPs) were available to cover the services provided. They were dated from 2018 to 2019. The roles and responsibilities of the team were defined through a completed matrix and team members had signed to state that they had read the SOPs.

Staff understood their responsibilities, this included the new store manager. They knew when to refer appropriately and the activities that were permissible in the absence of the responsible pharmacist (RP). The correct RP notice was on display and this provided details of the pharmacist in charge, on the day.

At the point of inspection, there was no information on display to inform people that medicines were being dispensed off-site. There was little information available to demonstrate that consent from people had been obtained to participate in this activity. Staff stated that people were informed and that some had not wished to be a part of the service.

Most of the pharmacy's walk-in dispensing occurred on the front bench in front of people. To help prevent errors from distractions, the accuracy checking technician (ACT) described ensuring she completed one task at a time, concentrating, the final check was conducted at the back for larger and repeat prescriptions and the separate dispensary was used to accuracy-check multi-compartment compliance aids. The managed repeat prescriptions and prescriptions for compliance aids when labelled were clinically checked by the RP before being assembled by staff and checked for accuracy. The ACT was not involved in any other process other than the final check, and there was an SOP to cover this process.

The team attached the company's pharmacist information forms (PIFs) to prescriptions so that relevant information could be easily identified. This included forms for the compliance aids. Staff routinely recorded their near misses but there were gaps seen under the 'comments' section where details about the cause of near misses had not been filled in.

Near misses were collectively reviewed every month by the ACT and the company's patient safety review (PSR) was used to assist with the review. The team was briefed about common mistakes every month. This including highlighting different types of inhalers and insulin pens and needles for less experienced members of the team. Look alike and sound alike medicines were highlighted. Staff had recently focused on the outcomes from multi-tasking and they read information provided by the

company about the ‘drug of the month’. This included for example, information about sildenafil and sertraline and this helped reinforce the team’s understanding and reduce the chance of errors occurring with these medicines.

There was information on display about the pharmacy’s complaints procedure, this was through the practice leaflet. Incidents were reported on the company’s internal reporting system (PIERs), the store manager then investigated the situation.

The team ensured confidential material was not left in public facing or accessible areas, they segregated confidential waste and placed this into a separate designated bin, this was then disposed of through company procedures. Staff had completed the company’s information governance e-Learning training and were trained on the EU General Data Protection Regulation (GDPR). The pharmacy also informed people about how their private information was stored and protected. This was through a notice that was on display.

Staff could identify groups of people that showed signs of concern and who might require safeguarding. In the event of a concern, they informed the RP and were trained through the company’s e-Learning system. The procedure to follow with relevant and local contact details was readily accessible. Pharmacists were trained to level 2 via the Wales Centre for Pharmacy Professional Education (WCPPE).

Records of emergency supplies, the RP record and a sample of registers seen for controlled drugs (CDs) were maintained in line with statutory requirements. Balances for CDs were checked and documented every week and on selecting a random selection of two CDs held, the quantities held corresponded to the running balance stated in the registers.

The RP record was complete, however, occasionally pharmacists had crossed out entries and there were overwritten details. Prescriber details for some records of unlicensed medicines were not routinely seen documented and occasionally details of the person to whom the supply was made were missing. Prescriptions received from the out of hours service were only recorded as ‘OOH’ along with the prescriber’s address instead of the prescriber’s name in the electronic private prescription register. Ensuring full details of prescribers were recorded in accordance with the law was discussed at the time.

The minimum and maximum temperatures of the fridge were routinely monitored to ensure that medicines requiring cold storage were appropriately stored. Records were maintained to verify this. The company’s pharmacy duty records and the CD returns register was complete. The pharmacy held appropriate indemnity insurance arrangements to provide its services.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members understand their roles and responsibilities. They are provided with resources to keep their skills and knowledge up to date. The pharmacy provides services using a team with a range of skills and experience. But, the pharmacy's current staffing levels means that they sometimes struggle to manage the workload. And the pharmacy has no contingency plan to cope with staff absence. This could make it more difficult to manage all of their workload safely.

Inspector's evidence

The pharmacy dispensed between 2,000 to 2,400 prescription items every week with approximately 40 people receiving multi-compartment compliance aids and nine to ten people receiving medicines for substance misuse. In addition to the Essential Services, the pharmacy provided DMRs, the Common Ailment Service, pneumonia and seasonal flu vaccinations, EHC and a smoking cessation service. The RP explained that there were no specific targets set to complete services but completion was monitored, there was some pressure felt but he tried to do what he could and prioritised.

Staff at the inspection included the RP, the ACT, and two pharmacy advisors, one of whom was monitoring the counter but was putting stock away for most of the inspection in the shop. Staff in the dispensary explained that they were also responsible for serving people on the medicines counter. At the inspection, this meant that the ACT was serving, checking and dispensing prescriptions at the front dispensary counter alongside the RP and the second pharmacy advisor was completing repeat prescriptions. There was also a temporary new store manager present, he had very recently been enrolled onto accredited training. The pharmacy’s regular store manager was covering another branch in the interim but was still overseeing and investigating incidents. There were also another two part-time dispensing assistants, one of whom was trained and the other was enrolled onto accredited training.

Staff wore name badges outlining their roles, although certificates to demonstrate qualifications obtained were not seen, one member of staff explained that these were all stored electronically at head office and they were only provided with photocopies. The inspector was also told that there were no contingency arrangements in place to cover staff sickness. Staff were currently assembling prescriptions from the day before and could manage the workload because of their competence.

Team members asked appropriate questions before they sold medicines over the counter and they referred to the RP appropriately. The company provided staff with e-Learning, newsletters and 30 minute tutor packs. Team members also described reading booklets about counter medicines, receiving updates from the company’s intranet system and they took instruction from pharmacists to help keep their knowledge current. Staff were up to date with the company’s mandatory training, they were informed about relevant information as one-to-one or small group huddles occurred. There were no team meetings held. Formal appraisals were held annually and every six months to check the team’s progress.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are secure and provide an appropriate environment to deliver its services.

Inspector's evidence

The pharmacy consisted of a spacious sized retail area, a smaller dispensary on the right-hand side of the entrance, a locked cage in the back section was used to store medicines returned by people for destruction and there was also a locked room in the stock room that was used to assemble and store multi-compartment compliance aids. There was enough space for dispensing activity to occur in both dispensaries. All areas of the pharmacy were clean, the retail area was appropriately presented, the pharmacy was bright and suitably ventilated. The dispensary for the compliance aids was somewhat warm, a thermometer was present to help monitor the ambient temperature.

A signposted consultation room was available for services and private conversations. This was kept unlocked, the door was made of clear glass, there was a curtain that could be drawn across the door to help maintain people’s privacy and the space was small but adequate. There was no confidential information present. The RP explained that he removed the sharps bins when influenza vaccinations were administered.

Pharmacy (P) medicines were stored behind the front pharmacy counter. There was no barrier available to restrict people’s entry into the dispensary or behind the counter. Staff explained that people did not try to enter these areas and they were always within the vicinity to help prevent P medicines from being self-selected.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources and stores its medicines appropriately. In general, it provides its services safely and effectively. The pharmacy's team members take extra care with higher-risk medicines. But, they don't always record relevant information when people receive these medicines. This makes it difficult for them to show that appropriate advice has been provided upon supply. And, they are supplying some medicines inside multi-compartment compliance aids without fully ensuring that they are suitable to be packed in this way.

Inspector's evidence

There was an automatic door at the front of the store and entry into the pharmacy was at street level. This, coupled with the wide aisles and clear, open spaces inside the pharmacy, enabled people requiring wheelchair access to easily enter the pharmacy. Two seats were available for people waiting for prescriptions. Staff described using the hearing aid loop for people who were partially deaf, and they provided medicines with braille or physical assistance for people who were visually impaired.

The pharmacy had completed audits for the Quality Payment Scheme, this helped to identify that details about relevant parameters were not routinely being recorded for people receiving warfarin. Evidence that the team had been complying with the Collaborative Working Scheme was seen. The RP explained that they held four meetings with GP surgeries annually to feedback and discuss details, the ACT had also held two meetings, one of which was with the opticians. An outcome described from one of the collaborative visits with the GP surgery involved feeding back about issues with prescriptions for repeat dispensing. When changes occurred, people were becoming out of synchronisation with the rest of their medicines and the team discussed discontinuing the original batch of prescriptions when this happened.

Plastic tubs were used to hold prescriptions and items, and this helped prevent their inadvertent transfer during the dispensing process. A dispensing audit trail from a facility on generated labels as well as a quad stamp assisted in identifying staff involved.

Prescriptions for people prescribed higher-risk medicines were identified using laminated cards. Staff routinely checked relevant information, such as asking about the dose, strength and blood test results. This included the International Normalised Ratio (INR) levels for people prescribed warfarin. However, details were not recorded for all people (such as those receiving compliance aids) to verify that this had occurred. Staff were aware of risks associated with valproate for patients who may become pregnant and they provided relevant material if prescriptions were seen. An audit had been completed in the past to identify people at risk.

Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The team used laminated cards to highlight relevant information such as CDs (schedules 2 and 3), fridge and higher-risk medicines. Schedule 4 CDs were identified using stickers. Staff placed fridge and CD items into clear bags once they were assembled, this helped to identify them more easily when they were handed out. They checked uncollected prescriptions every week.

Offsite dispensing involved dispensing prescriptions through the pharmacy's system and transmitting

these details to the dispensing support pharmacy (DSP) in Preston. The RP explained that as prescriptions were scanned to bring up details, an accuracy-check by another person did not occur unless staff manually altered any details from the prescription. Physical prescriptions were held at the pharmacy. Prescriptions for CDs, fridge lines or antibiotics that required reconstitution were not sent and dispensed prescriptions were sent back from the DSP in two working days. Staff matched bags to prescriptions when received. Dispensed bags were not opened, or items re-checked. Owed items or if people came back in sooner were assembled in store.

Compliance aids were initiated after the pharmacist conducted an assessment, the pharmacy ordered prescriptions on behalf of people receiving compliance aids and staff cross-referenced details on prescriptions, once received, against individual records held for people. This helped them to identify changes and records were maintained to verify that this occurred. All medicines were de-blistered into compliance aids with none supplied within their outer packaging. Compliance aids were not left unsealed overnight when assembled. Descriptions of medicines were provided and patient information leaflets (PILs) were routinely supplied. People prescribed warfarin and methotrexate who received packs were supplied these medicines separately, INR levels were obtained where possible for the former but there were limited details seen documented about this. Mid-cycle changes involved packs being retrieved and new packs were supplied.

Staff were preparing compliance aids for patients at risk, who received Epilim inside the compliance aids, this was dispensed four weeks at a time. There appeared to have been limited checks made about the suitability of this and no details were documented about the situation. This included information about whether this was necessary, in line with guidance released from the Medicines and Healthcare products Regulatory Agency (MHRA) and although the team appeared to be aware about stability concerns and suitability for its inclusion inside packs, the medicine was still being dispensed in this way. The RP was advised to re-assess the pharmacy's processes here, consult reference sources, check with the person or representatives and the person's prescriber.

The pharmacy provided a delivery service twice a week. It maintained audit trails to verify when and where medicines were delivered, this included highlighting CDs and fridge items as well as using separate sheets to record details of the former. The company’s drivers obtained signatures from people when they were in receipt of their medicines. Staff called people before deliveries occurred, this minimised failed delivery happening. If this occurred, medicines were brought back to the branch with notes left to inform people about the attempt made and medicines were not left unattended.

Licensed wholesalers such as Alliance Healthcare, AAH and Phoenix were used to obtain medicines and medical devices. Unlicensed medicines were received from Alliance Specials. Staff held some knowledge about the processes involved for the European Falsified Medicines Directive (FMD). There was no relevant equipment on site or guidance information present for the team and the pharmacy was not yet complying with FMD at the point of inspection.

Medicines were stored in an organised manner and were date-checked for expiry every week, there was a date-checking schedule in place to demonstrate that this had occurred. The team was slightly behind with this. Staff used stickers to highlight short-dated items, there were no date-expired medicines or mixed batches seen. Liquid medicines were marked with the date they were opened onto their packaging and medicines stored outside of their original packaging were appropriately annotated. CDs were stored under safe custody and pharmacists maintained the keys to the cabinet in a manner that prevented unauthorised access during the day as well as overnight. A CD key log was completed as an audit trail to demonstrate this, although there were occasional missing entries seen within this. Drug alerts were received through the company system, the team checked for affected stock and acted as

necessary. An audit trail was present to demonstrate the process.

Medicines brought back by the public for disposal, were accepted by staff, appropriate containers were present to store them, and there was a list available for the team to identify hazardous and cytotoxic medicines. People bringing back sharps to be disposed of, were referred to the Health Courier Service who provided a home collection service. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their destruction. Relevant details were entered a CD returns register.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy held current versions of reference sources and staff could use online resources. The CD cabinet conformed to legal requirements and the medical fridge was operating at appropriate temperatures. There were clean, crown stamped, conical measures available for liquid medicines. Counting triangles were present with a separate one for cytotoxic medicines. The sink in the dispensary used to reconstitute medicines was clean. Antibacterial hand wash and hot and cold running water was available.

Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff could store their personal belongings in lockers. Cordless phones were also available to maintain private conversations away from the retail space if required.

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.