

Registered pharmacy inspection report

Pharmacy Name: Boots, 8 Caroline Street, BRIDGEND, Mid Glamorgan, CF31 1DQ

Pharmacy reference: 1043494

Type of pharmacy: Community

Date of inspection: 22/05/2019

Pharmacy context

This is a pharmacy in a town centre. It is part of a larger store that also sells gifts and health and beauty products. The pharmacy sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides dispensing services to a large number of care homes. The pharmacy provides a wide range of services including emergency hormonal contraception, smoking cessation, treatment for minor ailments, a meningitis vaccination service and a seasonal flu vaccination service for NHS and private patients. Substance misuse services are also available.

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	Good practice	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their role and are supported to address their learning and development needs
		2.4	Good practice	A culture of continuous improvement through learning exists within the team
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Its team members record and review their mistakes so they can learn from them. And they take action to help stop the same sorts of mistakes from happening again. The pharmacy keeps the records it needs to by law. It asks people to give their views about the services it provides. And it keeps people's private information safe. The pharmacy's team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the recording and monthly analysis of dispensing errors and near misses. The store manager, a qualified dispensing assistant, said that a monthly briefing was held with the whole team to discuss patient safety learning points. Staff gave examples of action that had been taken to reduce risk. They said that after a recent spate of quantity errors they had been asked to double-check quantities and write the quantity dispensed on the inside of any split boxes. They demonstrated that a list of twelve 'look alike, sound alike' or 'LASA' drugs had been posted at each dispensing workstation to reduce the risk of incorrect selections. Caution stickers had also been used to highlight 'LASA' drugs in the dispensary storage system to alert staff to the risks of picking errors. The store manager said that prescriptions for these drugs were highlighted using a patient information form, but there was no evidence to reinforce this and one prescription for allopurinol was not marked in this way.

A patient safety board in the multi-compartment compliance aids room was used to display near miss reviews and relevant patient safety learning points. Patient safety incidents throughout the company were collated and analysed and the learning points from the results were disseminated to the branches via a monthly superintendent newsletter that all staff read and signed. The risks associated with the influenza vaccination service had been assessed and posters describing the process to follow in the event of needlestick injury, fainting, anaphylaxis and seizures were displayed in the consultation room. A range of written standard operating procedures (SOPs) underpinned the services provided; these were regularly reviewed.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of the most recent survey displayed in the consultation room showed that this was mostly positive. A formal complaints procedure was in place. Information about how to make complaints was included in the practice leaflet displayed in the retail area, which also encouraged patients to make comments and suggestions. A leaflet advertising the NHS complaints procedure 'Putting Things Right' was displayed at the medicines counter.

Evidence of current professional indemnity insurance was available. All necessary records were kept and generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, specials procurement and controlled drug (CD) records. However, alterations made to the RP register were not always accompanied by an audit trail. Emergency supply records were not always made in line with the legal requirements necessary to provide a clear audit trail in the event of queries or errors, as some did not include the nature of the emergency. In addition, it was not always clear if an emergency supply had been made at the request of a patient or prescriber, or against a faxed

prescription. Some specials procurement records did not include patient details.

Staff received annual training on the information governance policy and had signed confidentiality agreements as part of this training. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. A notice at the medicines counter directed customers to the company website for information on how personal data was managed. A poster displayed near the consultation room explained how NHS Wales used prescription information to help them make better informed decisions about medicines and patient services.

The pharmacists and staff had undertaken formal safeguarding training and had access to guidance and local contact details that were available in the pharmacy duty folder. Staff were able to identify different types of safeguarding concerns and said that they would refer these to the pharmacists. A summary of the chaperone policy was advertised in a poster displayed at the entrance to the consultation room. Leaflets providing advice on supporting people with dementia were displayed at the medicines counter.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage the workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. They can speak up about the way the pharmacy works.

Inspector's evidence

Two pharmacists oversaw all professional activities as part of a job-share. They were assisted in the day-to-day operation of the pharmacy by the store manager and her assistant, who were both qualified dispensers. The pharmacists worked together on at least two days each week, including Friday, which staff said was the pharmacy's busiest day. Neither pharmacist was present during the inspection and their role was being covered by a relief pharmacist.

There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection and the staffing level appeared adequate for the services provided. Staff members had the necessary training and qualifications for their roles. Trainees and a pharmacy student worked under the pharmacists' supervision. One dispensing assistant was due to retire in September 2019 and another dispenser had recently been recruited to cover her role.

Targets were set for MURs but these were managed appropriately and the store manager said that they did not affect the pharmacists' professional judgement or patient care.

Staff worked well together. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacists, store managers or area manager. They were aware of the company's whistleblowing policy and said that a confidential helpline for reporting concerns outside the organisation was displayed on the back of the bathroom doors.

A member of staff working on the medicines counter was observed to use appropriate questions when selling over-the-counter medicines to patients and referred to the pharmacist on several occasions for further advice on how to deal with a transaction.

Staff undertook regular online training provided by the organisation on new products, clinical issues, operational procedures and services. Staff said that they had recently completed training modules on fire safety and children's mental wellbeing. They had also completed training provided by NHS Wales on improving the quality of services provided. One of the accuracy checking technicians had been trained to provide the smoking cessation level 3 service. All staff were subject to twice-yearly performance and development reviews and could discuss issues informally with the pharmacists or store managers whenever the need arose. The store manager said that the assistant store manager had been trained to hold coaching conversations with staff during which she encouraged them to see performance and development review as an ongoing and two-way process.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was clean, tidy and well-organised with enough space to allow safe working, although some stock and prescriptions were temporarily stored on the floor. A large dispensary on the first floor was used for the assembly of multi-compartment compliance aids. The sinks had hot and cold running water and soap and cleaning materials were available.

A consultation room was available for private consultations and counselling and its availability was clearly advertised. The lighting and temperature in the pharmacy were generally appropriate. However, a light in one corner of the main dispensary had broken and the lighting in this area was quite dim. Staff said that the broken light had been reported and was to be replaced shortly.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes the services it provides so that people know about them and can access them easily. If it can't provide a service it directs people to somewhere that can help. The pharmacy is well organised and its working practices are safe and effective. It provides a good service to people who are supplied their medicines in compliance aids. It generally manages medicines well.

Inspector's evidence

There was wheelchair access into the pharmacy and consultation room. The pharmacy offered a wide range of services that were appropriately advertised. Staff said that they would signpost patients requesting services they did not provide to other nearby pharmacies. Some health promotional material was on display in the retail area. A machine positioned near the consultation room measured customers' weight, height, BMI and body fat for a small charge. One of the regular pharmacists had recently visited local surgeries, a nearby audiologist and the local substance misuse agency to discuss and promote services as part of a health board-funded collaborative working initiative. Recent visits had involved discussions around the influenza vaccination service, DMRs and the common ailments service.

Dispensing staff used a basket system to ensure that medicines did not get mixed up during dispensing. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. The endorsing machine or a quad stamp marked each prescription with a four-way grid that was initialled by all members of staff who had been involved in the dispensing process. Controlled drugs and insulin were dispensed in clear bags to allow staff members to check these items at all points of the dispensing process and reduce the risk of a patient receiving the wrong medicine. A communications board in the main dispensary was used to ensure continuity of service when shifts changed.

Patient information forms (PIFs) were added to each prescription to highlight issues that needed to be brought to the pharmacist's attention, such as patient eligibility for an MUR or counselling opportunities. Coloured cards were attached to prescriptions to highlight the fact that a CD or fridge line needed to be added before a prescription was handed out. Stickers were used to identify dispensed schedule 3 and 4 CDs awaiting collection and were marked with the date after which the prescription was invalid and could no longer be supplied. However, one prescription for zopiclone was not marked in this way.

Staff said that coloured cards were used to flag up prescriptions for high-risk drugs such as warfarin, methotrexate and lithium; no examples were available. They said that relevant information about blood tests and dosage changes was recorded on the patient medication record (PMR), but there was no evidence available to reinforce this. The pharmacy carried out regular high-risk medicines audits commissioned by the Local Health Board. Results of a recent audit stated that two patients prescribed valproate had received patient information explaining the risks of use during pregnancy. The store manager said that an information pack for valproate patients was available in the dispensary, but it could not be located. Staff said that they would download information from the MHRA website if necessary.

Prescriptions were marked with coloured stickers that corresponded to specific weeks of the month. They remained on the shelf for four to six weeks before patients were contacted and the medicines

returned to stock if not collected or required. Staff said that the patient's surgery was also informed when medicines were not collected. A text service was available: patients were sent a message to let them know that their medicines were ready for collection.

The delivery service was managed electronically: patients or their representatives signed a handheld electronic device to acknowledge receipt of delivery as an audit trail. Separate signatures on paper forms were obtained for deliveries of controlled drugs. Staff said that patients due to receive a delivery were telephoned beforehand to ensure that they would be at home. However, in the event of a missed delivery, the delivery driver put a notification card through the door and brought the prescription back to the pharmacy.

Multi-compartment compliance aids were used to supply medicines to a number of patients. The system was well-managed. Medicines were assembled in a dedicated compliance aids room on the first floor which was spacious and well-organised, with designated areas for different tasks. Staff attached care services PIFs to prescriptions with details of new medicines or any other information that the pharmacist or ACT might require. Compliance aids devices were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. Three external communications books for community compliance device patients, care home patients and interim prescription items were available to enable messages and queries to be dealt with efficiently. The books were used frequently and contained comprehensive detail. Each patient had a section in a dedicated file that included their personal and medication details, collection or delivery arrangements and details of any messages or queries for communication purposes. Patients or their representatives were required to sign a docket when collecting compliance devices as an audit trail. However, on many occasions a staff member had signed the docket on the patient's behalf. One of the dispensing assistants was involved in training new care home staff on the compliance devices process, such as how to understand and use MAR charts and how to reorder medicines. Training sessions were arranged at the request of each home.

The store manager said that the Local Health Board funded 40 domiciliary MURs each year in addition to the usual 400. She said that both pharmacists were very proactive in providing both the MUR and DMR services.

Medicines were obtained from licensed wholesalers and stored appropriately, including those requiring cold storage. CDs were stored appropriately, tidy and well-organised. Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. A scheme run in association with GSK allowed the pharmacy to recycle returned inhalers.

The pharmacy received drug alerts and recalls via email. A member of staff explained that an alert would also be displayed on the Boots intranet homepage. She was able to describe the process for dealing with drug recalls. She explained that the team would contact patients where necessary, quarantine affected stock from both dispensaries and then return this to the relevant supplier. Drug recalls were printed, filed and signed to show that they had been actioned. The pharmacy had the necessary hardware to work in accordance with the Falsified Medicines Directive but the software had not been installed and so the pharmacy was not yet in a position to comply with legal requirements.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services. It makes sure these are always safe and suitable for use.

The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures were used for CDs. Triangles and a capsule counter were used to count tablets and capsules and staff in the main dispensary said that these would be washed after use with loose cytotoxics. There was a separate triangle for use with loose cytotoxics in the multi-compartment compliance aids dispensary.

The pharmacy had a range of up-to-date reference sources. All equipment was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested. Equipment and facilities were used to protect the privacy and dignity of patients and the public: for example, the computer was password-protected and the consultation room was used for private consultations and counselling.

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.