

Registered pharmacy inspection report

Pharmacy Name: Boots, 20-21 High Street, NEWTOWN, Powys, SY16
2NU

Pharmacy reference: 1044014

Type of pharmacy: Community

Date of inspection: 15/05/2019

Pharmacy context

The pharmacy is located on the high street amongst other retail shops, in Newtown, Mid Wales. The pharmacy premises are easily accessible for people, with an automated entrance door and wide aisles in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. The pharmacy provides a care home service, dispensing medicines for residents of a number of care homes.

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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team have protected time to learn while they are at work.
		2.4	Good practice	The store manager supports the pharmacy team to identify and address their learning and development needs.
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 manages the risks associated with its services and protects people's information. It asks people for their views and uses this feedback to improve its services. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again. The team members complete training so they know how to protect vulnerable people.

Inspector's evidence

An audit stamp was routinely being used on prescriptions to record who clinically checked, dispensed, accuracy checked and handed out.

A list of look alike sound alike (LASA) medicines were displayed on each of the computer terminals, dispensing stations and checking area. A dispenser explained that the list of LASA medicines had been identified across the organisation as being at an increased risk of a near miss or dispensing error. i.e. amitriptyline and amlodipine, quetiapine and quinine, atenolol and allopurinol.

There were up to date standard operating procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was seen to be following the SOPs that were relevant to her role and she was able to clearly describe her duties.

Dispensing incidents were reported on the 'piers' computer system and learning points were included. Near misses were reported on a near miss log. The near misses were discussed with the pharmacy team member at the time. The accuracy checking pharmacy technician (ACPT) had been nominated as patient safety champion and she reviewed the near miss log each month to identify learning points, which were then shared with staff.

The correct responsible pharmacist (RP) notice was displayed prominently in the pharmacy. A pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, although she referred the customer to the store manager or head office if they felt it was unresolved or she felt it was necessary.

A customer satisfaction survey was carried out annually. A pharmacist explained that because of some customers highlighting they felt the pharmacy premises required to be tidied, there had been an additional focus from staff to maintain the cleanliness and tidiness of the retail area and dispensary.

The company had appropriate professional indemnity insurance in place. The private prescription record, emergency supply record, specials procurement record, responsible pharmacist (RP) record and the CD registers were in order. Records of CD running balances were kept and these were audited regularly. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was being collected in a designated bin to be collected by an authorised carrier. Confidential information was kept out of sight of the public. The staff had completed confidentiality

training as part of their mandatory information governance training on e-learning, which was completed annually. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored on shelves in the dispensary in a manner that protected patient information.

The store manager said that staff had completed level 1 safeguarding training on e-Learning. The contact numbers required for raising safeguarding concerns were available in the pharmacy. The pharmacists had completed the in-house safeguarding training and level 2 safeguarding training.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are well trained and work effectively together. They are comfortable about providing feedback to their manager and receive feedback about their own performance to help them improve. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was a store based pharmacist who was signed in as responsible pharmacist (RP), a second pharmacist who was a relief, a store manager who was a trained dispenser, three dispensers and a medicines counter assistant on duty in the dispensary. There were two dispensers on duty in the domiciliary dosage system (DDS) room preparing multi-compartment compliance aids for people receiving care in their own homes, and one dispenser on duty in the monitored dosage system (MDS) room preparing multi-compartment compliance aids for people in care homes, at the time of inspection.

The staff were busy providing pharmacy services and appeared to manage the workload adequately. The staff used the intranet e-Learning to ensure their training was up to date. A dispenser said they were expected to complete training on an ongoing basis and she had completed a training module on health and safety recently. The staff in the dispensary said the store manager and regular pharmacists were supportive with learning and they were happy to answer any questions. A dispenser said the store manager allowed staff enough time to complete training in work.

The staff were aware of a whistleblowing policy in place and were happy to report concerns about a member of staff if needed. Details outlining the policy were available in the pharmacy for staff to refer to.

Staff had informal performance reviews with the store manager and staff members said that they had found these useful. Staff were regularly given feedback for example about near miss errors or any outstanding training.

A medicines counter assistant was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol. i.e. she referred the patient to the pharmacist for advice and support.

The pharmacists explained that there were some performance targets but said they had not felt under any pressure to achieve these. Both pharmacists said they were not aware of any consequences to not hitting pharmacy targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy's retail area was clean and tidy. The retail area was free from obstructions and had a waiting area. A dispenser said that dispensary benches, the sink and floors were cleaned regularly, and a cleaning rota was available. The temperature in the pharmacy was controlled by air conditioning and heating units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were added to a maintenance log and reported to head office.

Staff facilities included a microwave, toaster, kettle and fridge, separate ladies and gents WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance. It was kept locked when not in use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access and they are generally well managed. The pharmacy team carries out extra checks when supplying some higher-risk medicines, to make sure they are safe to supply. The pharmacy sources and stores medicines safely and carries out checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was no hearing loop in the pharmacy.

There was a selection of healthcare leaflets in the retail area for customers. Staff were clear about what services were offered and where to signpost to a service if this was not provided, for example travel vaccinations. The opening hours were displayed near the entrance to the pharmacy. A list of services provided was displayed in the pharmacy.

Fridge medicines were dispensed into clear bags and an assembled prescription for insulin that was awaiting collection was seen stored in the fridge in a clear bag. A pharmacist explained that the insulin box was shown to the patient upon collection to confirm it was what they were expecting.

A dispenser explained that schedule 2, 3 and 4 CDs awaiting collection had a laminated CD label and CD expiry date sticker attached to the bag. She explained that this was to ensure that it was not handed out after 28 days of the prescription date. Examples of this were present, including a schedule 2 CD stored in a CD cabinet and a schedule 3 CD.

A dispenser explained that a pharmacist information form (PIF) was used with all assembled prescriptions to highlight important information to the pharmacist such as a change in dose. Assembled prescriptions awaiting collection had PIFs included.

A dispenser explained that laminated cards for warfarin, methotrexate and lithium were kept with assembled prescriptions in the prescription retrieval system. She said this was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. A prescription for warfarin awaiting collection was seen in the prescription retrieval system with the respective laminated card. She said that patients prescribed warfarin were asked to provide a copy of their latest INR results in order to record them on the PMR. A warfarin patient's medication record was reviewed on the PMR and they had their latest INR reading, dose and date of next blood test documented.

The pharmacy had patient information resources for the supply of valproate, including, patient cards, patient information leaflets and warning stickers. The pharmacy had carried out a clinical audit for patients prescribed valproate and had identified two people who may become pregnant. Both patients were provided with necessary information from a pharmacist, and one of the patients had a pregnancy prevention plan (PPP) in place.

The work flow in the pharmacy was organised into separate areas – three dispensing stations, designated area upstairs for assembly of multi-compartment compliance aids and a designated checking area for the pharmacist.

The DDS compliance aids assembly area upstairs was clean and tidy. A DDS communications diary was used to convey important message between staff members. A dispenser provided a detailed explanation of how the DDS service was provided which was in accordance with the SOP. A progress log was kept for all DDS dispensed and supplied to provide a robust audit trail for each stage. DDS was well organised with an audit trail for changes to medication. Disposable equipment was used. The dispenser explained that patient information leaflets were routinely included and that hospital discharge summaries were kept for the pharmacist to refer to. The assembled DDS compliance aids awaiting collection had tablet descriptions included and patient information leaflets for all medicines.

A dispenser explained how the care home MDS compliance aids service was provided, which was in accordance with the SOP. MDS communication diaries were used to pass on information between staff. Medicine administration record charts were produced for each care home resident and these were checked during the accuracy checking process. A care home services progress log was kept providing an audit trail of supply. Interim prescriptions were dispensed each day and delivered immediately to the care home. Patient information leaflets were provided with each medicine supplied to the care home residents.

Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Plastic containers were used to separate prescriptions during dispensing, to reduce risk of medicines becoming mixed up.

Patient returned CDs were destroyed using denaturing kits and records made in a designated book. A CD key log was available. A balance check for a random CD was carried out and found to be correct.

The store manager said she was not aware of the Falsified Medicines Directive (FMD). She said currently they had no FMD SOP in place, no FMD computer software or scanning equipment. A pharmacist said she was aware of FMD and she understood the pharmacy was not compliant at present. Therefore the pharmacy was not complying with legal requirements.

Date checking was carried out regularly and documented. Short-dated medicines were highlighted with a short-dated sticker added to the medicine and the expiry date written on. No out of date stock medicines were seen from a number that were sampled.

The date of opening for liquid medicines with limited shelf life was seen added to the medicine bottles.

Alerts and recalls and so on were received via the intranet. These were acted on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The BNF and BNFC were available. The staff used the internet to access websites for up to date information, for example medicines complete. There were two clean fridges for medicines with minimum and maximum thermometers. The minimum and maximum temperature was being recorded daily and the records were complete.

Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, some of the electrical equipment had been PAT tested in May 2017 and other equipment tested in November 2018.

There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for CDs. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless telephone was available in the pharmacy and the staff said they used this to hold private conversations with patients when needed.

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.