

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit E, Gallagher Retail Park, CHELTENHAM,
GL51 9RR

Pharmacy reference: 1084893

Type of pharmacy: Community

Date of inspection: 27/06/2019

Pharmacy context

This is a community pharmacy located in a retail park in Cheltenham, Gloucestershire. A wide range of people use the pharmacy's services. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations, Emergency Hormonal Contraception (EHC) and the NHS Urgent Medicine Supply Advanced Service (NUMSAS). And, it supplies medicines inside multi-compartment compliance packs, if people find it difficult to take their medicines on time.

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 manages most risks appropriately. Team members record mistakes that occur during the dispensing process, they learn from them and act to prevent similar mistakes happening. Members of the pharmacy team understand how they can help to protect the welfare of vulnerable people. But, the pharmacy does not always maintain all of its records, in accordance with the law or best practice. This means that team members may not have all the information they need if problems or queries arise.

Inspector's evidence

A range of documented standard operating procedures (SOPs) were available to cover the services provided. They were dated from 2018. 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 in general, understood their responsibilities, 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. However, staff were not routinely always working in line with some of the pharmacy's processes (see principle 4 and the repeat ordering system).

The store manager routinely completed the company's clinical governance checklists. He also carried out observations on the team to ensure staff were working in line with the company's SOPs. The pharmacy was organised, its benches were kept clear of clutter and there were designated areas for the staff to assemble prescriptions as well as for the RP to accuracy-check medicines. To help prevent errors from distractions, staff described asking people to take a seat if they were waiting for prescriptions or they used the back section of the dispensary to assemble prescriptions.

The team recorded their near misses, and these were collectively reviewed every month. The company's Patient Safety Review (PSR) was used to collate this and other relevant information about incidents and the team was briefed about common mistakes every month. Look-alike and sound-alike medicines were highlighted.

The last PSR showed that staff were not routinely using the company's pharmacist information forms (PIFs) to highlight relevant information, the dispensing audit trail within quad stamps was not routinely being filled in and, or details were not legible. To help counteract the latter, the store manager was looking to assign staff numbers and to use a numbered system instead. The team had also incorporated the use of a yellow vest for staff to wear if they were assembling multi-compartment compliance packs. This helped the team to identify that this member of staff could not be interrupted whilst working.

There was information on display about the pharmacy's complaints procedure, this was through its practice leaflet. All members of the team could report incidents on the company's internal reporting system (PIERs), the store manager then investigated the situation and carried out a root cause analysis.

The team knew that people's private information required protecting. They ensured confidential material was not left in public facing/accessible areas, they segregated confidential waste and placed

this into a separate designated bin and 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 required safeguarding and signs of concern. 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 Centre for Pharmacy Postgraduate Education (CPPE). However, the team was not routinely documenting information where they had intervened for vulnerable people or readily identifying all individuals at risk.

Records of unlicensed medicines, emergency supplies 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 CDs held (Zomorph, Longtec), the quantities held corresponded to the running balance stated in the registers.

The minimum and maximum temperature of the fridge was 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.

The RP record was complete, however, occasionally pharmacists had crossed out entries, there were overwritten details and one missing entry seen. The RP on the day had also signed out before her shift finished. There were incorrect prescriber details seen recorded for entries within the electronic private prescription register and several private prescriptions for CDs (FP10PCD's) from 2018 present that had not been submitted for analysis after dispensing, at the end of the month.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. In general, members of the pharmacy team understand their roles and responsibilities. The pharmacy provides them with resources to complete ongoing training. This helps to ensure that their skills and knowledge are kept up to date.

Inspector's evidence

The staffing profile consisted of two regular pharmacists, the store manager who was enrolled in accredited training for the dispensing assistant's course and four trained dispensing assistants, one of whom was in training for the NVQ 3 in dispensing. Staff wore name badges outlining their roles, their certificates to demonstrate qualifications obtained, were not seen.

Before selling over-the-counter (OTC) medicines, staff asked who the medicine was for, checked the age, and asked about other medicines, before providing advice or involved the RP if required. A suitable amount of knowledge of OTC medicines was observed, team members monitored people requesting excess amounts of medicines that could be abused and refused sales where this was noted. Staff felt confident to raise concerns, the store manager also confirmed that the team would approach him in the event of a concern about any member of staff's performance.

All staff were provided with protected time to complete training and to read the company's professional standard newsletters, this included staff in training. Staff had access to e-Learning modules and described reading SOPs to keep their knowledge current, they were up-to-date with the company's mandatory training. Performance reviews for the team occurred annually, staff discussed details verbally, a communication diary was in use and notes were left to convey relevant information.

The pharmacist described an expectation to complete 400 MURs annually and tried to achieve two MURs/day. This was manageable. The store manager explained that rather than targets, he concentrated on the team's behaviour and looked to build a positive relationship with people using the pharmacy's services, staff were therefore asked to at least have a conversation with people about the services provided by the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and provide an appropriate environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy premises consisted of a large retail space on the ground floor and a smaller dispensary located at the rear on the left-hand side. The stock room and staff areas were located upstairs. The front facing unit of the dispensary counter could have been cleaner although in general, the pharmacy was clean and appropriately maintained. It was bright, suitably ventilated and professional in appearance.

A signposted consultation room was available for services or private conversations, the room was kept locked and there was no confidential information readily accessible. Pharmacy (P) medicines were stored behind the front counter, there was a barrier that restricted access into this area as well as the dispensary and staff were always present to help restrict access

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources and it stores most of them appropriately. In general, the pharmacy's services are provided safely and effectively. But, team members don't always make relevant checks or record relevant information when people receive some medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. And, the pharmacy does not always keep records for some of its services. This means that team members may not have all the information they need if problems or queries arise.

Inspector's evidence

There were automatic doors at the front of the store and people could enter the pharmacy at street level. In addition, the wide aisles and clear open space, inside the premises, enabled people with wheelchairs to easily access the pharmacy's services. There were two seats available for people waiting for prescriptions. Staff could use the consultation room and a hearing aid loop for people who were partially deaf, they physically assisted people who were visually impaired and verbally conveyed details.

Multi-compartment compliance aids were supplied to people who found managing their medicines difficult after being initiated by the person's GP. Prescriptions were ordered by the pharmacy and when received, details were cross-referenced against people's individual records to help identify changes or missing items. Queries were checked with the prescriber and audit trails were maintained. Staff ensured that all medicines were de-blistered into the compliance aids with none left within their outer packaging, descriptions of medicines and patient information leaflets (PILs) were routinely provided. Mid-cycle changes involved the compliance aids being retrieved, amended, re-checked and re-supplied.

The pharmacy provided a delivery service and maintained records to verify when and where it delivered medicines to. This included identifying CDs and fridge items, people's signatures were obtained when they were in receipt of their medicines and the driver brought back failed deliveries. People were called before deliveries were made, notes were left to inform people about the attempt made if no-one was home and medicines were not left unattended.

The pharmacy had recently changed its systems to process prescriptions however, records from the previous system were still accessible. There were records for people who were signed up to the pharmacy's managed repeat ordering system. However, there were also some people who ordered their prescriptions as and when their medicines were required, by calling the pharmacy or dropping their repeat request into them.

Staff explained that the process for these people also involved placing records on the pharmacy's system (webscript), however, there was evidence that no records were being maintained for some people's requests. On questioning both the regular pharmacists, neither were following the pharmacy's SOP. Both pharmacists either took people's details down over the phone on a piece of paper, faxed this or the person's repeat request to the GP surgery and then disposed of this information when the prescription was received. They were therefore not maintaining records of orders made by people.

The store manager explained that the pharmacy's new system was designed so that it could manage both systems, the pharmacy's managed repeat service and for those people who ordered their own

medicines through the pharmacy, when required. The team was instructed to ensure they kept all records of their activities and the store manager was advised to test and audit the system when it was fully running to ensure this had been rectified going forward.

There was also evidence that staff were not screening all prescriptions appropriately as frequent supplies for CDs were seen where prescriptions for more than 30 day's supply had occurred twice in a month and pharmacists were not routinely checking with the prescriber or making appropriate interventions before supplying.

The team used plastic tubs to hold prescriptions and items when assembling medicines and this helped prevent any inadvertent transfer occurring. A dispensing audit trail from a facility on generated labels as well as a quad stamp was in general, used on prescriptions to help identify staff involved in the various processes.

Team members were aware of the risks associated with valproates and the pharmacy held relevant material to provide to people who were at risk, upon supply. No prescriptions for these people were seen according to staff. Staff highlighted prescriptions for people prescribed higher-risk medicines by using laminated cards and they asked about relevant information. This included asking about the person's dose, strength and blood test results such as the International Normalised Ratio level (INR) for people prescribed warfarin. However, they did not routinely document this information.

Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. Laminated cards were used to highlight relevant information such as CDs (Schedules 2-3), fridge and higher-risk medicines. Schedule 4 CDs were identified using stickers and PIFs. Clear bags were used to hold fridge and CD items once assembled. Uncollected prescriptions were checked and removed every four weeks.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Unlicensed medicines were obtained from Alliance Specials. Staff were unaware of the processes involved for the European Falsified Medicines Directive (FMD) and they were not yet complying with this. There was no relevant equipment on site or guidance information present.

Medicines were stored in an organised manner. Staff date-checked medicines for expiry every week, they used a schedule to help demonstrate the process and identified short-dated medicines using stickers. There were no date-expired medicines or mixed batches seen, when liquid medicines were opened, they were marked with the date that they were opened.

Medicines were stored evenly and appropriately in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight and the team maintained a CD key log as an audit trail to verify this. Drug alerts were received through the company system, the process involved checking for affected stock and acting as necessary. The team maintained an audit trail to help verify the process. However, medicines stored outside of their original containers were not always annotated with all relevant details.

Unwanted medicines returned by the public requiring disposal, were accepted by staff, stored in designated containers and collected in line with the pharmacy's contractual arrangements. There was a list available to identify hazardous and cytotoxic medicines. People returning sharps to be disposed of were accepted provided they were in sealed bins. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their destruction. Relevant details were entered into 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. Its equipment is clean and well maintained.

Inspector's evidence

There was relevant equipment available for the team to provide services. This included current versions of reference sources, clean crown-stamped conical measures, a tablet cutter, counting triangles with a separate one for cytotoxic medicines. The dispensary sink was clean but stained, there was hot and cold running water available as well as hand wash available. The fridge was operating at an appropriate temperature and the CD cabinet was secured in line with legal requirements.

Computer terminals were positioned in a manner that prevented unauthorised access and staff used their own NHS smart cards to access electronic prescriptions. These were taken home overnight. The team could use cordless phones to enable further privacy 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.