General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 12 St. Marks Road, DERBY, DE21 6AH

Pharmacy reference: 1086270

Type of pharmacy: Community

Date of inspection: 22/11/2019

Pharmacy context

This is a busy community pharmacy located next to a medical practice in a residential area. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. Around 70% of prescriptions are sent to the company's hub to be dispensed.

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	1.2	Good practice	The pharmacy continuously reviews and monitors services in order to help improve the safety and quality.
		1.4	Good practice	The pharmacy proactively encourages people to give feedback and uses this to improve.
		1.8	Good practice	The pharmacy team understands safeguarding issues and procedures. It proactively identifies concerns and reports these to the relevant agencies.
2. Staff	Good practice	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their role, and the pharmacy supports then to address their ongoing learning and development needs.
		2.4	Good practice	The pharmacy team work well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
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 effectively identifies and manages risks, so people receive their medicines safely. It completes all the records that it needs to by law and asks its customers for their views and feedback. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They complete regular checks and make improvements to services. And they make changes to prevent mistakes from happening. Pharmacy team members have a clear understanding of how to protect vulnerable people, and are supported when they raise safeguarding concerns.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. SOP compliance quizzes were completed around three months after the introduction of new SOPs where team members answered questions to check that they had understood and retained the information. SOPs were available in laminated picture versions to suit different learning types. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

A business continuity plan was in place which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services. Contingency plans were in place and offline and emergency packs were available.

Dispensing incidents and near misses were recorded, reviewed and appropriately managed via monthly patient safety reviews. There was a patient safety champion and she explained that the team were currently focusing on taking the prescription to the shelf, reading the details again and then saying the name of the medicine before selecting it. Look-alike and sound-alike drugs ‘LASAs’ were highlighted with ‘select and speak it ’ stickers on the dispensary shelves. For example, quetiapine and quinine. A list of LASAs was on display near all the dispensary computers to remind the team of the most common ones. Dispensing incidents were reported on the Boots reporting system which could be viewed by the pharmacist superintendent’s (SI) office and learning points were included. Near misses were reported and discussed with the pharmacy team. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out. A ‘Professional Standards Bulletin’ was regularly received from head office which staff read and signed. It contained useful information, highlighting risks and ways to minimise errors. It also included case studies with points for reflection and root cause analysis. There were notices in the consultation room on the symptoms and treatment of fainting, seizures and anaphylaxis and the process to follow after a needle-stick injury or accidental exposure to blood. This was to help manage the risk associated with the flu vaccination service.

A poster on model day was on display in the dispensary which contained a list of daily, weekly and monthly checks. A pharmacist’s log was completed daily and weekly by the RP. The fridge temp, RP notice, CD security and records were checked as part of this. A weekly clinical governance checklist was carried out by the RP which included a check on the pharmacy log, confidential information and staffing levels. Any action taken was recorded. For example, the date of the weekly CD balance check. Audits of services were carried out regularly and actions taken were documented.

There was a ‘handling a customer complaint’ SOP. ‘Patient Guide’ leaflets were on display which gave details of the complaints procedure and encouraged the public to give suggestions or feedback on the pharmacy services. ‘Tell us how we did cards’ were on the medicines counter and the store manager received this feedback on her mobile phone and shared it with the team. Recent feedback had been very positive praising the 'excellent staff' and service. A customer satisfaction survey (CPPQ) was carried out annually. The results were on display and available on www.NHS.uk website. 97% of respondents had rated the pharmacy excellent or very good. Areas of strength (100%) included service received from the pharmacist, the staff overall and offering a clear and well organised layout. An area identified which required improvement was cleanliness of the pharmacy (2.4% dissatisfied). The store manager said they had requested more frequent deep cleans as a result of this feedback. She said they had also received feedback about the waiting area and she had requested a review of the facilities in this area.

Professional indemnity insurance was in place. Emergency supply records, the RP record and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately. Records of private prescriptions were maintained electronically but the date on the prescription or the name of the prescriber had not been entered correctly on the sample checked, making an inaccurate audit trail in the event of a problem or query.

The pharmacy team had completed ‘e- Learning’ training on information governance (IG), data protection and confidentiality. Assembled prescriptions awaiting collection were not visible from the medicines counter. Confidential waste was collected in designated bags and sent to head office for disposal . A dispenser correctly described the difference between confidential and general waste. Information on consent and confidentiality for members of the public to read was in the ‘Patient Guide’ leaflet. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR). Consent was not obtained before sending patients’ prescription details to the pharmacy’s hub, in Preston. And there was nothing to indicate that the prescriptions had been dispensed at a different pharmacy on the packaging or medication label, so patients might not realise this, which risked breaching their confidentiality. Team members said they had been using the hub for around three years, but still received queries from people asking why their prescription had been supplied in a different type of bag. The team then explained that their prescription had been sent to the hub. The patient could opt out of this practice if they liked, and a note would be made on their record. The pharmacy sent some patient’s prescriptions to North West Ostomy Supplies (NWOS), a registered Dispensing Appliance Contractor, for them to dispense. There was a sign informing patients that they sometimes used NWOS. But consent was not obtained prior to sending their prescription details to this third party, risking breaching confidentiality. Consent was received for MURs and NMS and a note was made on the patient’s medication record (PMR) system when summary care records (SCR) were accessed.

The pharmacists had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. Other staff had completed level 1. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The store manager described two incidents when she had reported safeguarding concerns to the appropriate authorities and action had been taken as a result. The store manager took advice from the SI office and was supported through the process. The pharmacy had a chaperone policy, and this was highlighted to patients. Members of the pharmacy team had completed Dementia Friends training, so had a better understanding of patients living with this condition. A notice for the team to record safeguarding concerns about colleagues and the contact numbers of the safeguarding leads within the company was on display in the staff area.

Principle 2 - Staffing ✔ Good practice

Summary findings

Team members are well trained and work effectively together. The pharmacy encourages them to keep their skills up to date and supports their development. They are comfortable providing feedback to their manager and receive feedback about their own performance. The pharmacy has enough team members to manage its workload safely. Its staffing rotas enable it to have good handover arrangements and effective communication.

Inspector's evidence

There were two pharmacists (the store manager and relief pharmacist), a pre-registration pharmacist (pre-reg) and three NVQ2 qualified dispensers (or equivalent) on duty at the time of the inspection. The staffing level was set using data provided by head office and appeared adequate for the volume of work during the inspection. Planned absences were well organised and absences covered by re-arranging the staff rota or transferring staff from neighbouring branches if necessary. There was also a relief team of pharmacists and dispensers available in the area who could be requested to provide cover. There was a regular pharmacist who worked two or three days each week to cover the store managers days off and there were two pharmacists one day each week to allow the store manager some management time.

The staff used various sources including the company's e-Learning system and CPPE to ensure their training was up to date. Training was carried out regularly and team members were given allocated time to complete it. Examples of recent topics covered by staff were children's mental wellbeing and 'Columbus' which was the new computer system to be implemented. Some training was compulsory. For example, health and safety, fire training, manual handling and there were annual refreshers of these trainings with assessments to check learning. Staff carrying out services had completed the appropriate training. The Pre-reg was on a structured course, which consisted of external training days and the completion of an off-site project. He had already had around ten training days on a variety of clinical topics and calculations. He had monthly reviews and formal appraisals with his tutor who was the store manager and was given four hours of training time each week.

The store manager used various methods to communicate with the team including e-mail. Members of the team had informal meetings with the store manager where performance and development were discussed. Other issues were discussed as they arose, and information received in weekly conference calls was cascaded to the team. A dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the store manager or area manager about any concerns she might have. She felt comfortable admitting errors and felt that learning from mistakes was encouraged. The team could make suggestions or criticisms informally or raise concerns. There was a whistleblowing policy and a notice on display showing this with confidential hotline numbers. There was a notice on display asking staff to report unethical behaviour with contact details.

The relief pharmacist said she felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine because she felt it was inappropriate. She said targets were set for most services including Medicines Use Reviews (MURs), New Medicine Service (NMS) and flu vaccination. These were closely monitored but she didn't feel targets ever compromised patient safety and she didn't feel under pressure to achieve them.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises generally provide a professional environment for people to receive healthcare. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy premises including the shop front and facia were in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with three chairs. The floor was not very clean, but it was swept during the inspection and a cleaning rota was in use. The temperature and lighting were adequately controlled. Maintenance problems were reported to head office via 'one number' and the response time was appropriate to the nature of the issue. There was a maintenance and IT log sheet where issues which had been reported were recorded so they could be tracked. There was a bell to be rung for assistance on the front door which was damaged, detracting from the professional image.

Staff facilities were limited to a very small kitchen area, and a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand sanitizer gel was available.

There was a small consultation room which was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. Staff explained they would use this room when carrying out the services and when customers needed a private area to talk. Needle exchange and supervised consumption of medicines was usually carried out in a public part of the pharmacy, without adequate screening which compromised the dignity and privacy of people using this service. The store manager said people were asked if they would like to use the consultation room when they joined the service, but most people chose not to.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to most people and are well managed. People receive their medicines safely and the pharmacy gives people taking high-risk medicines extra advice. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure 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 wheelchair users. The door was quite heavy to open but there was a sign asking people to ring the bell for assistance, however the bell was broken at the time of the inspection, so could not be used. There was a hearing loop in the pharmacy and a sign showing this. Large print was available for dispensing labels although this facility was not currently used by any partially sighted patients.

A list of the services provided by the pharmacy was shown in the 'About this Pharmacy' leaflet. There was a healthy living zone and some information on antibiotics. Leaflets promoting the flu vaccination service and substance dependency service were available. There were posters advertising services available elsewhere, such as local sexual health services. Staff were clear what services were offered and where to signpost to a service not offered. For example, travel vaccinations which were provided by a neighbouring pharmacy. Signposting was often recorded on the patient's medication record. For example, a referral to the Alzheimer's Society.

The team had made many interventions during an asthma audit, identifying a high number of children who did not have an asthma plan or an appropriate aerochamber device. Several audits were being carried out including two on patients prescribed valproate and lithium. There was an ongoing audit of patients with diabetes. Several people with diabetes had been referred for foot or retinopathy eye checks when it was identified that they had not had these checks during the last year. Patients in were also given information from Diabetes UK which contained '15 Healthcare essentials to getting the care you need'.

Most patients were required to order their repeat prescriptions themselves directly with their surgery, but the pharmacy were allowed to order the repeat prescriptions for some vulnerable patients. These patients indicated their requirements a month in advance when they collected their medication. Requirements were checked again at hand-out and any unrequired medicines were retained in the pharmacy and the prescription endorsed as not dispensed. This was to reduce stockpiling and medicine wastage. There was a home delivery service with associated audit trail. Demand for this service had decreased since the pharmacy introduced a charge for the service. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The pharmacy provided a text service where patients were informed when their prescription was ready or if they had an uncollected prescription.

Space was quite limited in the dispensary, but the work flow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and

checked by boxes were initialled on the medication labels to provide an audit trail. A quad stamp was completed on the prescription showing who had dispensed, clinically checked, accuracy checked and handed out the prescription. Tubs were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. Pharmacist's information forms (PIFs) and laminated Care labels were used to highlight that a fridge line, CD or new medicine had been prescribed or if any other counselling was required. Counselling points were printed on the back of the relevant care cards to remind staff of the important points. INR levels were requested and recorded when dispensing warfarin prescriptions. If the medicine was a LASA, this would be written on the PIF. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and three patients in the at-risk group had been identified. The store manager confirmed that there had been discussions with these patients about pregnancy prevention and there was a note on their records. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were assembled in a separate room. The process was well organised with an audit trail for communications with patients, GPs or their carers. A transfer of care tracker was completed when patients moved to a different pharmacy or into hospital. A communication record was completed when there was a change to the patient's medication and this was kept on the patient records, so it was clear who had confirmed the changes and the date the changes had been made, A dispensing audit trail was completed on a record sheet and on the packaging. Medicine descriptions were usually included on the labels to enable identification of the individual medicines. Packaging leaflets were not always supplied, despite this being a mandatory requirement, so patients and their carers might not always be able to access required information about their medicines. Disposable equipment was used.

A dispenser knew what questions to ask when making a medicine 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 understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which was securely fixed to the wall/floor. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. A key log was used to record the whereabouts of the CD keys. Date expired and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD) so the team was not scanning to verify or decommission medicines during the inspection. However, they were to introduce a new computer system the following week, which would enable them to comply. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. Alerts and recalls were received from head office via messages on the intranet and from the NHS area team These were read and acted on by the pharmacist or member of the pharmacy team and then filed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe and use it in a way that protects privacy.

Inspector's evidence

Current versions of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. For example, the electronic BNF. There were two clean medical fridges. The minimum and maximum temperatures were being recorded daily and had been within range throughout the month. Electrical equipment appeared to be in good working order and had been PAT tested. Any problems with equipment were reported to the 'one number' helpdesk. There was a selection of clean liquid measures with British Standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy also had a range of clean equipment for counting loose tablets and capsules. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.