General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, Manchester Fort Shopping Park, Cheetham Hill Road, MANCHESTER, Lancashire, M8 8EP

Pharmacy reference: 1089499

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

This pharmacy is situated in a large retail park store in a suburban residential area, serving the local population. It mainly supplies NHS prescription medicines and orders prescriptions on behalf of people. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy also provides a range of other services such as influenza and chicken pox vaccinations.

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	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy reviews its staffing levels so that they remain appropriate.
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 generally manages its risks well. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that it regularly reviewed. These covered the safe dispensing of medicines, responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that most staff had read and understood each procedure. And the resident pharmacists counter-signed these records when they observed each staff member consistently adhering to the procedures. The pharmacy team members had their knowledge of procedures regularly tested, so that each of them could demonstrate a clear understanding of the processes that were relevant to their role and responsibilities. However, store managers, who were also dispensers, had not read some of the recently updated procedures. The procedures file was not in any clear order and some old versions were kept in the file. This made it difficult to reference specific practices or identify who needed to sign to indicate they had read them.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each supply of prescription medication, and it assisted with investigating and managing mistakes. The team regularly discussed the patient-safety case studies that the pharmacy's superintendent office had issued. Pharmacy team members recorded and discussed any mistakes they identified when dispensing medicines and addressed them separately. The resident pharmacists reviewed these records each month and shared the key learning points with the rest of the team. However, staff usually did not record the reason why they thought they had made each mistake. So, they could miss additional opportunities to learn and mitigate against risks in the dispensing process.

The pharmacy team received positive feedback from people across key areas in a satisfaction survey from April 2018 to March 2019. Publicly displayed leaflets explained how people could make a complaint and the team had read the pharmacy's complaint procedures, so it could effectively respond to them.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was one of the resident pharmacists, displayed their RP notice, but it was partially obscured, so people may not be able to easily identify them. The pharmacy maintained the records required by law for the RP log and CD transactions. It checked its CD running balances regularly and calculated methadone discrepancies as a percentage of the total quantity supplied, which helped to detect any discrepancies at an early stage. It also maintained its records for CD destructions, emergency supplies and flu vaccinations and private prescription transactions. However, recent private prescriptions were not filed in any coherent order, which could make it difficult to locate them if necessary. Staff said that they had records of medicines manufactured under a specials licence that the pharmacy had obtained and supplied, but they could not locate any of them at the time.

Publicly displayed leaflets explained where to access the pharmacy's privacy notice online. All team members had completed the pharmacy's annual data protection training. And they used passwords to

protect access to people's electronic data and disposed of confidential material securely. However, the team had positioned a computer screen on the top of its front counter at an angle that meant people's electronic information could be seen from the public area, but it subsequently addressed this oversight. The store management completed the pharmacy's weekly data protection audits. Staff obtained people's written consent to access their information in relation to the prescription ordering, electronic prescription, flu vaccination and Medicines Use Review (MUR) services.

All three resident pharmacists had level two safeguarding accreditation and all staff had completed the pharmacy's annual safeguarding training. The team had a list of the local safeguarding board's contact details, but it had not arranged access to the board's local procedures. The pharmacists had discussed issues with the local NHS substance misuse treatment team when people being treated for an addiction did not collect their medication or had concerns about their demeanour or appearance. Staff recalled discussing their concerns with the GP when people exhibited signs of confusion. And they had recorded the care arrangements for some people using compliance packs, but they did not always record their next of kin details, if they lived alone or the identity of any carer. Most of the compliance pack people were issued 28 days' medication per supply, but they had not been assessed to confirm that it was safe to do so. All the compliance pack people collected their own medication, so the team could make some basic checks on their wellbeing.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide safe services and it reviews its staffing levels so that it can respond to changes in workload. And the team members have the skills and experience needed for their roles. Each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

The staff present included the RP and an NVQ level 3 dispenser. The other staff, who were not present, included two more resident pharmacists, one experienced dispenser, a trainee dispenser who recently started, and a pharmacy undergraduate student. Members of the store management team were also qualified dispensers.

The pharmacy usually had enough staff to comfortably manage the workload. It was always staffed by the pharmacist and a dispenser as a minimum. The team had repeat prescription medicines, including those dispensed in compliance packs, ready in good time for when people needed them. The pharmacy received a significant number of its prescriptions via the electronic prescription and prescription ordering services, which aided service efficiency. It had a steady footfall, so it could promptly serve people and rarely experienced any sudden, large or sustained surges in service demand. And the store management team provided additional cover during these busy periods. However, as this was rare, they did not work very often in the pharmacy, so maintaining their dispensing skills and familiarity with this service may not be optimal. Staff worked well both independently and collectively, they used their initiative to get on with their assigned roles and required minimal supervision. Both dispensers provided the compliance pack service.

The pharmacy had an effective strategy for covering planned and unplanned leave. It only allowed one of its staff to be on planned leave at any time, and other team members increased their working hours or the company's local team relief dispensers were available to cover the absence.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision. The dispenser had a sound knowledge of how the pharmacy provided its services.

Each team member had a recent performance appraisal. They regularly completed the pharmacy's mandatory e-Learning training that covered its policies, procedures and services, and they had protected study time. The trainee dispenser, who held an overseas pharmacist qualification, required minimal supervision. They also had protected study time and were progressing well towards qualification. The dispenser had recently completed their NVQ level three accreditation in good time. They had received the necessary support from the resident pharmacists to progress their studies, but they did not have protected study time, so had to complete the course mainly outside of their working hours.

The pharmacy had targets for the volume of some of its services, which the staff said were realistic and achievable. And the electronic and prescription ordering services aided managing the workload which, therefore, helped to achieve targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy’s services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated towards the rear of a large retail unit. Its front counter and dispensary fittings were suitably maintained, bright and professional in appearance. The retail area and counter design could accommodate the typical number of people who presented at any one time. The open plan dispensary provided enough space for the volume and nature of the pharmacy's services, which meant these areas were organised and staff could dispense medicines safely. The consultation room was accessible from the retail area, and could accommodate two people. However, its availability was not prominently advertised, so people may not be aware of this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are suitably effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open extended hours Monday to Friday and across the weekend. The store had a step-free entrance, automatic front doors and wide aisles leading to the pharmacy. All three resident pharmacists had influenza vaccination accreditation, which meant people could access the service across most of the week. One of the pharmacists had chicken pox vaccination accreditation and people accessed this service via an online appointment system or by telephoning the pharmacy. So, people could usually access this service at a time convenient to them. The pharmacists followed appropriate written procedures for each vaccination, which helped to make sure these services were delivered safely.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including insulin, anti-coagulants, methotrexate and lithium.

The team regularly checked if people taking anti-coagulants and methotrexate understood their dose, and if they were experiencing side effects or interactions with each prescription it dispensed, and counselled them if necessary. Staff checked if those using anti-coagulants had a recent blood test and made corresponding records, but did not always do the same for people taking methotrexate. Team members had discussed valproate case studies that the pharmacy's superintendent's office had issued, so knew about dispensing it safely. The team was completing a valproate audit and planned to consult anyone in the at-risk group. And it had the MHRA approved valproate advice cards and booklets to give people if needed.

The team prompted people to confirm the repeat medications they required, which helped limit medication wastage and made sure people received their medication on time. Staff also made records of the medications requested, so they could effectively resolve queries about requests if needed.

The team scheduled when to order people's compliance pack prescriptions and kept records of the progress made towards dispensing their medication, which helped to make sure it supplied them in good time. The team kept a record of people's current medication that also stated the time of day they should take them, which helped to effectively identify and query any medication changes. The pharmacy kept detailed records of verbal communications it had about medication queries or changes for people on compliance packs, which supported making sure these people received the correct medicines. The team labelled compliance packs with a description of each medicine inside them, which helped people to identify them.

The team consistently used a formal checklist when necessary to review and communicate clinical matters about people's prescriptions. It used tubs during the dispensing process to organise its workload. And it marked part-used medication stock cartons, which helped make sure it gave people the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. Staff had not completed any training on the Falsified Medicines Directive (FMD), and the pharmacy did not yet have a system for complying with FMD, as required by law.

The team suitably secured its CDs, quarantined date-expired and patient-returned CDs, and had destruction kits for denaturing them. It kept a record of the pharmacist responsible for CD security on each working day. Staff monitored the refrigerated medication storage temperatures, and records indicated that the team had monitored medicine stock expiry dates over the long-term. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and recorded the action that it had taken. It disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The pharmacy made sure it only supplied CDs when it had a valid prescription. The staff wrote the supply deadline date on stickers that they applied to dispensed CDs, which reminded the pharmacist to check the date before supplying them. And the resident pharmacists regularly reviewed the stored dispensed CDs each week. The team used an alpha-numeric system to store people's dispensed medication, which meant it could efficiently retrieve patient's medicines when needed. The pharmacy made sure it only supplied CDs when it had a valid prescription.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. It suitably stores and maintains the equipment, and it has the facilities to secure people's information.

Inspector's evidence

The pharmacy team kept the dispensary sink clean, which had hot and cold running water and an antibacterial hand-sanitiser. The team also had a range of clean measures and a separate set for methadone dispensing. So, it had the facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. Staff had access to the latest versions of the BNF and cBNF to check pharmaceutical information if needed. The pharmacists had the necessary equipment to provide the vaccination services safely.

The pharmacy’s patient medication record (PMR) system had the capability to retrieve people’s electronic information stored on it in the event of its failure. The pharmacy had facilities to store people’s medicines and their prescriptions far enough away from public view.

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.