General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 3, Arena Retail Park, Classic Drive, COVENTRY, West Midlands, CV6 6AS

Pharmacy reference: 1090076

Type of pharmacy: Community

Date of inspection: 22/01/2020

Pharmacy context

This is a community pharmacy located inside a large retail park on the edge of Coventry in the West Midlands. The pharmacy dispenses NHS and private prescriptions. It is open until midnight and serves a large cross-section of the local population. The pharmacy offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. And it supplies multi-compartment compliance packs to some people if they find it difficult to manage their medicines.

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

The pharmacy generally manages the risks associated with its services in a suitable manner. Members of the pharmacy team understand how to protect the welfare of vulnerable people. They monitor the safety of their services by recording their mistakes and learning from them. But they don't always record enough detail. This could make it harder for them to spot patterns and help prevent the same things happening again. The pharmacy adequately maintains most of the records that it needs to. But its team members are not always recording enough or accurate details for some of its records. This means that they may not have all the information needed if problems or queries arise.

Inspector's evidence

The pharmacy was clean and clear of clutter. At the time of the inspection, there were only two members of staff present, one of whom was the responsible pharmacist (RP). The pharmacy's walk-in trade was steady, but this was being managed appropriately by the staff present and the pharmacy was up-to-date with the workload.

The pharmacy in the main, was adhering to its clinical governance procedures. There was information on display about its complaints procedure. Pharmacists handled incidents and their process was in line with the company's requirements. After details were reported they were investigated by the store manager. Staff explained that to help minimise mistakes, they undertook a three-way check of the prescription(s), generated label(s) and the medicine(s) during assembly. Medicines were also scanned into the system which helped identify errors. Prescriptions for people were generally dispensed on the front bench and once they had been handed in, people were directed to the seats or given longer waiting times so that the team could concentrate. Prescriptions were checked for accuracy by the RP from a designated area in the enclosed dispensary at the back or on the front bench. Staff attached laminated cards to highlight prescriptions for higher-risk medicines, controlled drugs (CDs), paediatric medicines and if pharmacist intervention was required. The company's pharmacist information forms (PIFs) were also attached to all prescriptions during assembly. This provided relevant information for pharmacists or on hand-out.

Pharmacists were described as recording the team's near misses and staff were informed at the time. The near miss log was reviewed every month by staff and the RP. The team used the company's Patient Safety Review (PSR) to incorporate this information. This helped to identify any trends or patterns. However, there were gaps seen under the 'comments' section where details about the cause of near misses had routinely not been filled in.

The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. The team had read and signed the SOPs and they understood their responsibilities. They were clear about when to refer to the RP and their roles and responsibilities were defined within the SOPs. The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities on the day.

The team had been trained to safeguard vulnerable people and this was through completing the company's e-Learning module. This training was refreshed annually. Staff could identify signs of concern and referred to the RP in the first instance. The RP was trained to level two via the Centre

for Pharmacy Postgraduate Education and contact details for the local safeguarding agencies were present. The pharmacy's chaperone policy was also on display in the consultation room.

The pharmacy had procedures in place to protect people's confidential information. A notice was on display to inform people about how the pharmacy protected their privacy. Confidential waste was segregated and disposed of through the company's procedures. Sensitive details on bagged prescriptions awaiting collection could not be seen from the front counter and team members had completed the company's information governance e-Learning training. However, on occasion, confidential information could be seen by people standing at the front counter. This was from the way people's prescriptions had been stored upright in tubs that had been left here. The back side of the prescription with the person's repeat prescription information and other sensitive information was therefore clearly visible. This was discussed during the inspection, the prescriptions were removed at the time and the team was advised to exercise more care in how they stored prescriptions on this section.

The pharmacy held appropriate professional indemnity insurance. The company's pharmacy log had been routinely completed. The team completed daily checks to ensure the fridge was operating at appropriate temperatures and records were maintained of the minimum and maximum temperatures. A sample of registers seen for CDs were maintained in line with statutory requirements. The team checked and documented details of balances every week for the latter. Quantities of randomly selected CDs held in the cabinet corresponded to the balance stated in the registers. Staff held records of CDs that had been returned to them for destruction at the pharmacy although there were occasional gaps within them where details of their destruction were missing. The RP register was maintained in full although there were occasional overwritten entries and there were issues with some of the pharmacy's other records. Records of supplies made against private prescriptions were seen sometimes with incorrect prescriber details and the type of prescriber documented in the electronic record. Some records of emergency supplies were seen recorded with insufficient information about the reason for the supply which would help them to justifying the situation and there were details missing in records of unlicensed medicines.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough suitably qualified staff to manage its workload safely. The pharmacy's team members understand their roles and responsibilities. And they keep their skills and knowledge up to date by completing on-going training.

Inspector's evidence

At the time of the inspection, staff present included the RP who was a relief pharmacist and a trained dispensing assistant. The store manager was also a trained dispensing assistant. Other members of the pharmacy team were due to start their shifts later in the day and according to the team present, the pharmacy was sufficiently staffed to manage the workload. Team members wore name badges, but their certificates of qualifications were not seen. Staff asked relevant questions and used established sales of medicine protocols before selling over-the-counter (OTC) medicines. They knew when to refer to the pharmacist and monitored sales of medicines if unusual or regular repeat requests were seen. The store manager described the team being up to date with the company's mandatory training. To assist with ongoing training, staff completed e-Learning, they read newsletters and completed tutor packs with quizzes. Team members received formal appraisals annually to help monitor their progress and they communicated verbally, through team meetings as well as huddles. There were also communication books and noticeboards used to convey relevant information.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and secure. Its premises provide a suitable environment to deliver healthcare services.

Inspector's evidence

The pharmacy was clean, bright, professional in appearance and well ventilated. The pharmacy premises were located inside a large retail park and consisted of a spacious retail area with a small to medium-sized dispensary. This was situated to the left-hand side and rear of the entrance. The dispensary was made up of a front work bench with the rest enclosed. There was an adequate amount of space to carry out the pharmacy's dispensing activities safely. A signposted consultation room was available for private conversations or services. The room was of an appropriate size for its intended purpose. The door was kept locked. Confidential information was therefore restricted and further contained inside locked cabinets. Pharmacy (P) medicines were stored behind the front pharmacy counter and staff were always within the vicinity to help prevent these medicines from being self-selected.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy provides its services safely. Its team members can make suitable adjustments to help people with different needs to access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, it largely stores and manages its medicines appropriately. And, the pharmacy's team members take extra care when people are prescribed higher-risk medicines. But they don't always record any information when some people receive these medicines. This makes it difficult for them to show that they have provided appropriate advice when supplying them.

Inspector's evidence

The pharmacy was open until midnight. After 8pm, the pharmacist provided services from a hatch. A few seats were available for people waiting for prescriptions. The pharmacy's opening hours were on display and there were plenty of car parking spaces available outside the premises. The team could signpost people to other local services from their own knowledge of the area as well as from the documented information that was present. There were automatic doors at the front of the pharmacy and entry into the pharmacy was from the street. This, coupled with the clear, open space inside the pharmacy, enabled people requiring wheelchair access to easily enter and use the pharmacy's services. The pharmacy held a hearing aid loop that staff knew how to use for people who were partially deaf. Staff provided patient information leaflets or generated labels in a larger sized font for people who were visually impaired, and they used representatives as well as checked people's understanding if their first language was not English.

The RP explained that Medicines Use Reviews (MURs) were beneficial as this service had provided opportunities to counsel people on how to take or improve the use of their medicines. This included counselling people with inhalers. The pharmacy provided seasonal influenza vaccinations under the NHS and against a private Patient Group Direction (PGD). The RP worked to defined procedures and the SOP for the service was present. Informed consent was obtained from people and a risk assessment was carried out before vaccinating. Relevant paperwork under the PGDs that authorised this service, had been signed by the pharmacists and was readily accessible. The consultation room was used to provide this service and necessary equipment that ensured the vaccination service could be carried out safely was available. This included adrenaline in the event of a severe, life-threatening reaction to the vaccines as well as a sharps bin.

Multi-compartment compliance packs were supplied after the RP carried out an initial assessment for suitability. The pharmacy ordered prescriptions on behalf of most people and staff cross-referenced details on prescriptions against individual records. This helped them to identify any changes and records were maintained to verify this. Progress logs and communication records were also being used. All medicines were de-blistered into the compliance packs with none supplied within their outer packaging. They were not left unsealed overnight when assembled. Descriptions of the medicines were provided and patient information leaflets (PILs) were routinely supplied. People prescribed higher-risk medicines who received compliance packs were supplied these medicines separately. Mid-cycle changes involved retrieving the compliance packs, amending them, re-checking and re-supplying them.

The pharmacy did not provide a delivery service and signposted people to other local pharmacies if this was required. Prescriptions for people prescribed higher-risk medicines were identified using laminated

cards. A shelf-edge label was used to highlight valproates and the risks associated with them. Staff could provide relevant educational material if prescriptions were seen and an audit had been completed in the past to identify people at risk. Team members routinely checked relevant information when dispensed prescriptions for higher-risk medicines were supplied, such as asking about the dose, strength and blood test results. This included the International Normalised Ratio (INR) levels for people prescribed warfarin. However, details about this were not always recorded; some records seen were from 2017 and people had received supplies in the interim.

During the dispensing process, plastic tubs were used to hold prescriptions and items. This helped prevent their inadvertent transfer during the dispensing process. A dispensing audit trail from a facility on generated labels as well as a quad stamp assisted in identifying staff involved. Once dispensed, prescriptions awaiting collection were stored within an alphabetical retrieval system. The team used laminated cards to highlight relevant information such as CDs (Schedules 2 to 4), fridge and higher-risk medicines. Staff placed fridge and CD items into clear bags once they were assembled, this helped to identify them more easily when they were handed out. They removed uncollected prescriptions every four weeks.

The pharmacy used licensed wholesalers such as Alliance Healthcare, AAH and Phoenix to obtain medicines and medical devices. Unlicensed medicines were received from Alliance Specials. Staff were aware about the processes involved for the European Falsified Medicines Directive (FMD). However, there was no guidance information present for the team and the pharmacy was not yet complying with FMD, which was a legal requirement at the point of inspection.

Medicines were stored in an organised manner. Liquid medicines were marked with the date upon which they were opened. CDs were stored under safe custody and the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. A CD key log had been completed as an audit trail to verify this. Drug alerts were received through the company system, the team checked for affected stock and acted as necessary. An audit trail was present to verify the process. Medicines returned for disposal were accepted by staff and stored within designated containers. This included designated bins to store hazardous and cytotoxic medicines as well as a list to help identify them. People requiring sharps to be disposed of, were referred to other local pharmacies who could accept them. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their destruction. Relevant details were entered in a CD returns register. The team date-checked medicines for expiry every week. There was a date-checking schedule in place to verify that this had taken place. Staff used stickers to highlight short-dated medicines. There were no date-expired medicines seen although the occasional poorly labelled container was present. This was discussed at the time.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. Team members ensure that they are largely kept clean.

Inspector's evidence

The pharmacy was equipped with the facilities and equipment it needed to provide its services. This included current reference sources, a range of clean, crown stamped conical measures for liquid medicines with designated ones for methadone and counting triangles. Some of the latter could have been cleaner. The dispensary sink used to reconstitute medicines was clean. There was hot and cold running water available here. The CD cabinet was secured in line with statutory requirements and the medical fridge was operating at the appropriate temperature. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. There were cordless phones available to help with private or sensitive telephone conversations. Staff used their own NHS smart cards to access electronic prescriptions and took them home overnight. They could also store their personal belongings within lockers.

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.