

Registered pharmacy inspection report

Pharmacy Name: Boots, St. Lukes Surgery, Warren Road,
GUILDFORD, Surrey, GU1 3JH

Pharmacy reference: 1091544

Type of pharmacy: Community

Date of inspection: 06/12/2019

Pharmacy context

This is a community pharmacy set in a medical practice in a residential area of Guildford. The pharmacy opens six days a week. And most people who use it are patients of the medical practice. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (blister packs) to help people take their medicines.

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 | 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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. They review the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they generally keep people's private information safe.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They highlighted some look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product from the dispensary shelves. They used plastic containers to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They scanned the bar code of the medication they selected to check they had chosen the right product. And they initialled each dispensing label. Assembled prescriptions were not handed out until they were checked by a pharmacist who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. Members of the pharmacy team discussed individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again, for example, they tried not to do other tasks, such as answering the phone, when dispensing people's prescriptions.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. Staff were required to wear name badges which identified their roles within the pharmacy. And their roles and responsibilities were described within the SOPs. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if the pharmacist wasn't present. And they would refer repeated requests for the same or similar products to the pharmacist. A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of last year's patient satisfaction survey were available online. The pharmacy's practice leaflet told people how they could provide feedback about the pharmacy in person, online or by contacting the company's customer care centre. The pharmacy team asked people for their views. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. Its emergency supply records were adequately maintained. Its RP records were generally kept in order. But, sometimes the pharmacist forgot to record the time they stopped being the pharmacy's RP. The wrong prescriber's details were occasionally entered into the pharmacy's private prescription records. The date an unlicensed medicinal product was obtained and, sometimes, when and to whom it was supplied weren't included in the pharmacy's 'specials' records. The address from whom a controlled drug (CD) was received from wasn't always recorded in the pharmacy's CD

register. But, the CD register's running balance was checked regularly as required by the pharmacy's SOPs.

An information governance (IG) policy was in place and staff were required to complete online IG training. The pharmacy displayed a notice that told people how it, and its team, gathered, used and shared their personal information. It had arrangements to make sure confidential waste was collected and then sent to a centralised point for secure destruction. People's details were routinely removed or obliterated before patient-returned waste was disposed of. But, a file containing people's prescriptions was found unattended and unsecured on the pharmacy's counter at the beginning of the inspection. The pharmacy team promptly relocated this file to a more secure area within the pharmacy when the matter was brought to its attention. So, members of the public couldn't access people's details. A safeguarding policy and a list of key contacts for safeguarding concerns were available. Members of the pharmacy team were required to complete safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide safe and effective care. Members of the pharmacy team are encouraged to keep their skills up to date. Staff are comfortable about giving feedback to improve the pharmacy's services. They use their judgement to make decisions about what is right for the people they care for. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 54 hours a week. It dispensed about 6,500 NHS prescription items a month. The pharmacy team consisted of a full-time store-manager, a full-time pre-registration pharmacy technician trainee, two full-time dispensing assistants and two part-time dispensing assistants. There was a vacancy for a full-time pharmacist as the regular pharmacist recently left the pharmacy. So, the pharmacy relied upon two part-time relief pharmacists to cover the vacancy. The pharmacy also relied upon its team members, relief staff and staff from nearby branches to cover people's holidays or sick leave. A relief pharmacist (the RP), the store manager, the pre-registration pharmacy technician trainee, two dispensing assistants and a relief dispensing assistant were working at the time of the inspection. The store manager had recently been appointed to the pharmacy and was also a pre-registration pharmacy technician trainee. The pharmacy's area manager attended the pharmacy during the inspection to provide additional pharmacist support.

The pharmacy's team members needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period. They worked well together and supported each other. So, prescriptions were processed efficiently, but safely, and people were served promptly. The pharmacists supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist. For example, requests for treatments for infants or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

Members of the pharmacy team discussed their performance and development needs throughout the year with their line manager. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged to read any company newsletters and complete online training and assessments to make sure their knowledge was up to date. And they could train at work when the pharmacy wasn't busy. But, they tended to train in their own time. Team meetings and one-to-one discussions were held to update staff and share learning from mistakes or concerns. The pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. The pharmacy had a whistleblowing policy in place. Staff knew how to raise a concern if they had one. And their feedback led to changes to the rostering of tasks. They didn't feel under pressure to complete the things they were expected to do. They didn't feel their professional judgement or patient safety were affected by targets. And, for example, Medicines Use Reviews and New Medicine Service consultations were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy shared a building with a medical practice. And they had an interconnecting door. But, the pharmacy also had its own separate entrance. So, people could access it when it was open and the medical practice was shut. The pharmacy's premises were air-conditioned, bright, clean and adequately presented. The pharmacy had plenty of workbench and storage space for its current workload. But, its stockroom was small and needed to be tidied. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. Conversations in the consultation room couldn't be overheard in the areas next to it. But, it wasn't kept locked when it wasn't being used. So, the pharmacy team needed to make sure its contents were kept securely. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. It provides services that people can access. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it mostly stores them appropriately and securely. The pharmacy team disposes of most people's waste medicines properly. It also responds well to drug alerts or product recalls. So, people get medicines or devices which are safe.

Inspector's evidence

The pharmacy didn't have an automated door. But, it had an assistance bell. And its team opened the door to help people with mobility difficulties, such as wheelchair users, access the premises. The pharmacy advertised its services in-store and in its practice leaflet. Its team was helpful and worked with colleagues at the medical practice. So, people were appropriately signposted if a service couldn't be provided. For example, people requiring a flu vaccination were signposted to an alternative provider as the pharmacy couldn't vaccinate them as it didn't currently have the anaphylaxis resources it needed to deliver the service safely. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign an electronic delivery record to say they had received their medicines.

The pharmacy used a disposable and tamper-evident system for people who received their medicines in blister packs. The pharmacy team checked whether a medicine was suitable to be re-packaged. And it had a process to assess if a person was eligible for the service. The pharmacy kept an audit trail of the person who had assembled and checked each prescription. The pharmacy team provided a brief description of each medicine contained within the blister packs. Patient information leaflets were generally supplied as required by the SOPs. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. A 'Counselling Reminder' card and a 'Pharmacist Information Form' were used to alert the person handing the medication over that these items had to be added or if extra counselling was required. But, some assembled CD prescriptions awaiting collection were found to be over the 28-day legal limit. So, the pharmacy team needed to remove these to make sure no unlawful supplies were made. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. But, staff couldn't find the pharmacy's valproate educational materials. So, they planned to obtain or order some more.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion. But, a few medicines weren't kept within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks, which were documented, and products nearing their expiry dates were marked. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. Patient-returned and out-of-date CDs were kept separate from in-date stock. The pharmacy's team members didn't know when the pharmacy would become compliant with

the requirements of the Falsified Medicines Directive (FMD). They weren't decommissioning stock at the time of the inspection despite an update to the pharmacy's patient medication record (PMR) system. And the pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had suitable waste receptacles for the disposal of hazardous and non-hazardous waste. But, some cytotoxic waste was found in a receptacle intended for non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And staff described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. And, its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of clean glass measures. It had equipment for counting loose tablets and capsules too. And staff made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the Chief Pharmacist's office to ask for information and guidance. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerators' maximum and minimum temperatures. Access to the pharmacy's computers and the PMR system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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. |