

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, The New Queen Street Surgery, Syers Lane,  
Whittlesey, PETERBOROUGH, Cambridgeshire, PE7 1AT

**Pharmacy reference:** 1092132

**Type of pharmacy:** Community

**Date of inspection:** 22/08/2019

## Pharmacy context

This community pharmacy is on the same site as a GP surgery. Its main activity is dispensing NHS prescriptions. It also provides seasonal flu vaccinations, medication in multi-compartment compliance packs to some people who receive care at home, and it delivers some medicines to people's homes. The pharmacy has a needle exchange scheme and provides instalment supplies to a small number of clients on substance misuse treatment programmes.

## 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy continually reviews and monitors how it operates, to reduce risks. It makes changes, when needed, to try to prevent mistakes happening in future.
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy team members have the right training for the roles they undertake. And they get time at work to do regular, ongoing training to help keep their skills and knowledge up to date.
		2.4	Good practice	The pharmacy team is open to learning and proactively responds to external incidents by making local changes to reduce risks in this pharmacy.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy identifies and manages the risks associated with its services well. Its team members understand their roles and work within these. They learn from their mistakes and make improvements to prevent similar events happening again. The pharmacy makes the records it needs to by law and these are largely accurate. The team members keep people's personal information safe. And they take the right action to make sure vulnerable people are protected.

### Inspector's evidence

The pharmacy had a comprehensive range of standard operating procedures (SOPs) which were issued by head office and reviewed regularly. There was evidence that staff had read and signed SOPs relevant to their roles. The pharmacist explained that staff were given enough time at work to read updated SOPs to make sure they understood them properly and would follow them correctly. There was also a process followed to check understanding of the procedures using audits and quizzes. Recently introduced procedures included a professional assessment for providing multi-compartment compliance packs. This was to ensure this form of support was suitable for the person and took into consideration their needs.

The pharmacy's head office provided updates to the pharmacy about professional matters in a regular newsletter. Recent information had included safe dispensing for babies and reminders about safe supply of unlicensed 'specials'. The staff had initialled these newsletters to indicate when they had read them.

Mistakes which reached patients were recorded and reported to head office. There was a process to review these to understand how the incident had happened and to put in place improvement actions to prevent the same thing from happening. Mistakes made during the dispensing process which were corrected before being handed out, known as near misses, were recorded by the dispenser wherever possible. Records viewed showed that most but not all recorded mistakes included possible reasons for the mistake. The team was currently focussing on reducing risks posed by multi-tasking when dispensing and checking. For example, by trying to avoid interrupting the pharmacist if they were in the middle of checking a prescription. The team members were also making use of stickers to highlight medicines with similar names or packaging to reduce selection errors. For example, the storage locations for pregabalin and gabapentin had been highlighted. Dispensing errors and near misses were reviewed each month to identify any patterns and trends. These reviews were recorded, and the outcomes and next steps were shared with the team routinely.

Staff had a clear understanding of what they could and couldn't do if there was no pharmacist present. The roles and responsibilities of staff were included in the SOPs. It was possible to check who was involved at all stages of the dispensing process as staff initialled prescriptions and dispensing labels as an audit trail. And the Accuracy Checking Technician (ACT) was able to see which prescriptions were suitable for them to accuracy check by confirming that a pharmacist had already clinically checked the prescription. The team members were asking the necessary questions when handing out prescriptions and referred queries to the pharmacist throughout the visit.

The pharmacy had the appropriate insurances in place for its services. It asked customers for their views about its services through an annual survey. And it provided information to people about how they could raise concerns or complaints in one of the leaflets it displayed and on the back of till receipts. Questionnaires were available on the medicines counter for people who wanted to provide feedback.

The correct notice showing the name of the current responsible pharmacist (RP) was displayed. The record for the responsible pharmacist was complete. Controlled drug (CD) registers were available and entries were complete and up to date. Running balances were kept and were checked regularly. Patient-returned CDs were recorded on receipt. Records of emergency supplies were complete. Electronic private prescription records did not always include the correct prescriber information. The pharmacist said they would monitor this in future to make sure entries were correct.

The pharmacy had policies to protect people's information and staff received regular training on this topic. Computer screens carrying people's information could not be viewed by the public. Confidential waste was separated from other waste and disposed of securely. The electronic patient medication record system was password protected and people used their own NHS smartcards to access electronic prescriptions and summary care records. The pharmacy displayed a 'Fair Data Processing' notice explaining to people how their information would be used. Staff used the consultation room for more sensitive conversations with people or invited people to quieter areas of the counter to hold these discussions.

To protect more vulnerable people, the pharmacy team members had read and signed procedures about safeguarding and this training was refreshed regularly. Most of the team had also completed Dementia Friends training. As part of the requirements for some of the additional services offered, the pharmacists had completed level 2 safeguarding training. Information about safeguarding support agencies was available to staff in the event they had a concern. The pharmacy had previously acted on concerns about how well a person was managing their medicines. The pharmacy had raised this with the person's carer and GP and this had led to an agreed change in the times when medication was to be taken.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough, suitably trained staff to provide its services safely. Its team members are given good support to help keep their skills and knowledge up to date. They have opportunities to share learnings in an open and honest way. And they have appropriate support in place should they need to raise any concerns about the pharmacy.

### Inspector's evidence

The pharmacy team comprised a full-time pharmacy manager (a pharmacist), a second pharmacist (RP at the time of the inspection), an accuracy checking technician, a pre-registration trainee, two full-time qualified pharmacy advisers, three part-time qualified pharmacy advisers, two trainee pharmacy advisers and an apprentice. There were enough staff members present during the inspection to cope with the workload.

Staff were suitably trained to be able to cover for each other, meaning there was continuity of service in the event of staff absence. The pharmacy's team members were observed referring queries to the pharmacist where appropriate. When asked, they knew which tasks could not be completed if the pharmacist was absent. There appeared to be a good rapport amongst the staff and they worked closely together during the inspection. Team meetings were held on a regular basis, so information could be shared. There were good handover arrangements in place, so tasks could be completed promptly and queries resolved.

Team members described further training that was provided so they could keep their skills and knowledge up to date. This included reading updated SOPs and completing training modules on an e-Learning platform. Some training was identified as mandatory by the company and this was monitored to make sure it was completed. Staff were provided with training time at work. The ACT explained how she attended company training sessions with the pharmacy manager and as well as making sure she completed all elements required for revalidation, sometimes in her own time.

The pharmacy's team members said that they did not feel undue pressure to achieve targets. They said they felt able to raise any concerns if needed and the company had a whistleblowing policy. There was a confidential helpline for staff if they wanted to talk to someone outside of the store. Formal appraisals were completed regularly to provide feedback to the pharmacy's team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable for the services it offers and are well-maintained. The pharmacy has a consultation room which offers people more privacy for services and sensitive conversations.

### Inspector's evidence

The pharmacy was clean, bright and could be protected against unauthorised access. The dispensing workbenches were kept as clear as possible to reduce risks when dispensing. There was adequate heating and lighting throughout the pharmacy, and air-conditioning to control the room temperature. The pharmacy had hot and cold running water available.

There was a small amount of seating in the pharmacy itself for people waiting for services, but additional seating was available in the adjacent surgery's waiting room. The pharmacy had a spacious and well-screened consultation room which was suitable for private consultations and conversations. There was no confidential information displayed in this room and it was equipped with lockable storage. A chaperone policy for use of this room was displayed for people.

The team had a staff area at the rear of the premises and appropriate hygiene facilities. Soap and hand sanitiser gel was available. The fire door was kept free of obstructions.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy's team members work in an organised way, so services are delivered safely. They take particular care when supplying medicines which are higher-risk so people get the right advice about their medicines. The team checks its medicines regularly to make sure they are in-date. It generally stores its medicines correctly. However, keeping mixed batches and brands of medicines in the same container may make it harder for the pharmacy to spot out of date medicines or deal with drug recalls effectively.

### Inspector's evidence

The layout of the pharmacy, automatic-opening entrance doors, and step-free access meant it was wheelchair accessible. Leaflets and notices in the retail area provided information about the pharmacy and its services. There were additional leaflets about healthcare matters and information about other sources of support for people. The pharmacy was equipped with an induction hearing loop. Some prescriptions were sent to an off-site dispensing hub for preparation. Information about this was advertised to people using a notice in the pharmacy. People could choose to have their prescriptions dispensed at this pharmacy instead of being prepared elsewhere.

Dispensing was undertaken in an orderly manner. Baskets were used to keep people's prescriptions separate. The pharmacists used a designated area of dispensing bench to complete their final accuracy check. This area was kept clear of other items to reduce distractions. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to produce an audit trail.

The pharmacy team used written notes to highlight key messages to the pharmacist. This was used for every prescription. The forms were used to communicate clinical information and eligibility for MUR or NMS consultations. The pharmacy used laminated notes to highlight higher-risk medicines. The notes included key prompts to ask people who collected the medicines. Team members said that they would escalate any queries to the pharmacist. The pharmacy recorded relevant blood test results when people were supplied with warfarin. The pharmacy's team members were aware about pregnancy prevention advice to be given to people in the at-risk group when they were supplied with sodium valproate. The pharmacy couldn't locate the relevant educational materials and said they would re-order them straightaway.

The pharmacy supplied medicines in multi-compartment compliance packs for some people. There was a new SOP to support this service so the pharmacy could assess people's needs appropriately. This service was well-organised with sufficient lead time to make sure the packs could be prepared safely and supplied on time. The pharmacy kept records about medicines, changes to medicines and administration times. Assembled packs included descriptions which allowed individual medicines to be identified. On a pack checked, some of the descriptions weren't accurate. Patient information leaflets were usually supplied to people but there were no leaflets with one of the sets of packs checked.

The pharmacy delivered some people's medicines. It kept records about deliveries which included recipient signatures. This helped it show that the medicines had been delivered safely.

Pharmacy-only medicines were stored so they couldn't be self-selected by customers. Stock requiring cold storage was stored in two fridges. The pharmacy kept temperature records to make sure fridges stayed at the right temperature. There was no ice build-up in the fridges and the records viewed showed that temperatures had remained within the required range. The pharmacy stored CDs appropriately. Expired CDs were separated from other stock and there were denaturing kits available for their safe disposal.

The pharmacy regularly checked its medicines' expiry dates. It kept records about completed checks and highlighted medicines if they were approaching their expiry dates. Several medicines were chosen at random and were in date. The date was marked on bottles when liquid medicines were opened so dispensers could assess if the medicines were fit for purpose in the future. Most medicines were stored in appropriately labelled containers. However, a small number of packs were found to contain mixed batches and brands of medicines. This could make it harder for the pharmacy to identify date-expired medicines or those subject to product recalls.

Expired and returned medicines were segregated and placed in pharmaceutical waste bins. People were encouraged to return their unwanted medicines to the pharmacy for safe disposal. The medicines waste bins were kept safely away from other medicines.

The pharmacist explained how some medicines, including hormone therapy treatments, were in short-supply. They explained how they were using the local clinical commissioning group's update and working with the prescribing pharmacist at the local surgery to try to make sure people's care was not adversely impacted by these shortages.

The pharmacy had not yet made any adjustments in line with the Falsified Medicines Directive. Its team members said that the pharmacy was changing its dispensing software to meet the requirements. The pharmacy received messages from its head office about medicine recalls. It kept records about the actions it had taken. For example, an alert about aripiprazole had been received, stock had been checked, and an audit trail kept to show the pharmacy had not had any of the affected stock.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services safely, and it maintains them properly.

### Inspector's evidence

The pharmacy's equipment appeared to be maintained appropriately. Crown-stamped measures were available in the pharmacy to accurately measure liquids and these were clean. Some were reserved for specific medicines to prevent cross-contamination. The pharmacy had up-to-date reference sources available on paper and on the internet. Electrical equipment had been safety tested. The pharmacy's team members said they would refer maintenance issues to their head office.

Confidential information could not be seen by people using the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. And the pharmacy had cordless phones, so staff could hold phone calls out of earshot of the public.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.