General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, Swan Street Surgery, Swan Street, PETERSFIELD, Hampshire, GU32 3AB

Pharmacy reference: 1092465

Type of pharmacy: Community

Date of inspection: 03/10/2019

Pharmacy context

This is a 100-hour community pharmacy attached to a medical practice in Petersfield, Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), delivers medicines, provides advice and sells a limited range of over-the-counter (OTC) medicines. The pharmacy also supplies multi-compartment compliance aids to people if they find it difficult to manage their medicines. And, some people's prescriptions are assembled from another part of the company's premises.

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

Overall, the pharmacy's working practices are safe. The team is proactive in protecting the welfare of vulnerable people. The pharmacy protects people's private information well. It adequately maintains most of its records in accordance with the law. And, members of the pharmacy team monitor the safety of their services by recording mistakes and learning from them. But, they don't record enough detail, which makes it harder for them to spot patterns, help prevent the same things happening again and have enough information available if problems or queries arise.

Inspector's evidence

This was a busy pharmacy. The workload was managed well during the inspection. The pharmacy was organised and tidy. There was enough space to safely dispense prescriptions and carry out the pharmacy's activities. Staff dispensed prescriptions that were handed in by people on the front counter from designated units, they asked people with larger prescriptions to take a seat whilst they worked, reduced the risk of distractions from the front facing activity by concentrating on their tasks and tried not to talk to people whilst they assembled their prescriptions. The responsible pharmacist (RP) conducted the final accuracy check and counselled people from a designated area at one end of the front counter.

Some of the pharmacy's workload was dispensed offsite. Staff explained that consent for this activity was obtained verbally and people were given the option to opt out of this service. However, there were no details on display to inform people that their prescriptions could be dispensed elsewhere.

The pharmacy held a range of documented standard operating procedures (SOPs) to support services. They were dated from 2017 to 2019. The team had read and signed the SOPs, they understood their responsibilities, knew 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. However, from its location, the details were not readily visible to people standing at the counter.

Laminated cards were used to highlight prescriptions for higher-risk medicines, controlled drugs (CDs), paediatric medicines and if pharmacist intervention was required. Staff attached pharmacist information Forms (PIFs) to all prescriptions during assembly. This provided relevant information for pharmacists or on hand-out. Staff explained that they identified look-alike and sound-alike (LASA) medicines on these.

Staff routinely recorded their near misses. The RP explained that when staff were observed deviating from the pharmacy's SOPs, this was also documented. The near misses were reviewed every month and the company's Patient Safety Review (PSR) was used to incorporate this information to help identify any trends or patterns as well as any other relevant information. Team members were informed of this by text messages via their WhatsApp group. Medicines involved in mistakes were separated in response. LASA's had been highlighted and caution notes were placed in front of stock as an additional visual alert. However, there were gaps seen under the 'comments' section where details about the cause of near misses had routinely not been filled in.

The company's practice leaflet was on display and this provided details about the pharmacy's

complaints procedure and data protection policy. The RP or pharmacy manager handled incidents. Their process was in line with the company's requirements and details were seen recorded. The last incident involved an incorrect form of medicine being supplied. This was not taken by the person and was due to a very new member of staff. In response, their error was highlighted to them and until they had learnt more about the pharmacy's internal processes, they were not permitted to serve people or dispense prescriptions.

There was no confidential material left in areas that faced the public. Staff described offering the consultation room and using this if privacy was required. 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. Team members had completed the company's information governance e-Learning training. However, there was no notice on display to inform people about how their privacy was maintained. This meant that the pharmacy may not be up to date with the recent changes in data protection laws.

Staff were trained to safeguard vulnerable people and described examples of when this had previously happened. They 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 local contact details for the safeguarding agencies were present.

The pharmacy team obtained feedback from people who used its services annually, this was through completed questionnaires. Results from the last survey were not seen in the pharmacy although staff described receiving good feedback. This included reducing waiting times as the team had streamlined their services and made their processes more efficient. The store manager held quarterly meetings with the adjacent medical practice and described improving the reputation of the pharmacy.

The company's pharmacy log was routinely completed. The team completed daily checks to ensure the fridges were operating at appropriate temperatures and records were maintained (of the minimum and maximum temperatures). Staff held a full audit trail of CDs that had been returned to them for destruction at the pharmacy and the pharmacy held appropriate professional indemnity insurance.

The RP register was maintained in full although the pharmacist on the day had signed out before her shift finished and there were occasional crossed out or overwritten entries. Records of unlicensed medicines, emergency supplies and 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. However, records of supplies made against private prescriptions were seen with incorrect prescriber details sometimes documented in the electronic record and there were three private prescriptions for CDs (FP10PCDs) that had not been sent for analysis at the end of the month to the NHS Business Services Authority. The team was unaware of the requirement to do this.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. And, they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

The inspection took place late afternoon and during the early part of the evening. Staff present during the inspection included the RP who was a relief pharmacist, the store manager who was a trained dispensing assistant and two more dispensing assistants. One of the latter was very newly employed. Team members wore name badges, 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 refused sales of medicines if unusual or regular repeat requests were seen. To assist with training needs, staff completed e-Learning, read newsletters and SOPs. Team members described receiving formal appraisals every six months, they communicated verbally and via WhatsApp. Team meetings were held when required. According to the store manager, staff were confident to make suggestions to improve the pharmacy's processes, this was through WhatsApp although no specific examples were provided.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean and secure. They provide a suitable environment to deliver healthcare services. And, they have a space available where private conversations can take place.

Inspector's evidence

The pharmacy consisted of a small sized retail area with a signposted consultation room to one side, the front counter was made up of three to four units where prescriptions were dispensed and the RP worked, there was an extended, enclosed dispensary to the side of this with a staff kitchenette, WC and office at the very rear as well as a small area where compliance aids were assembled and stored. There was enough space for dispensing activity to take place. All areas of the pharmacy were clean, the retail area was adequately presented, the pharmacy was bright and suitably ventilated.

The consultation room could be used for services and private conversations. This was kept locked with a hatch to one side that opened behind the front counter. There was no confidential information present and the room was of a suitable size for its intended purpose.

A small range of Pharmacy (P) medicines were stored behind the front pharmacy counter. There was key coded entry on the main door to restrict people’s entry into the dispensary or behind the counter. However, there was no formal queue system and there were two entrances into the pharmacy (from the street and from inside the medical practice). This meant that people did not know how or where to queue and were dependent on staff instructing them. However, if staff were busy dispensing prescriptions or speaking to people then this was not always immediately possible.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy has extended opening hours and provides people with easy access to its services. The pharmacy's services are largely delivered in a safe manner. Team members routinely identify people receiving higher-risk medicines. They ask relevant questions and record this information. This helps to show that people are provided with the right advice to take their medicines safely. The pharmacy obtains its medicines from reputable sources. It usually stores and manages its medicines appropriately. But, members of the pharmacy team are supplying some medicines inside compliance aids without fully ensuring that they are suitable. And, it has no designated containers to store and dispose of some medicines that could be harmful to the environment.

Inspector's evidence

The pharmacy was open until midnight. After 9pm, the team provided services from a hatch. There was an automatic door at the front of the pharmacy and entry into the pharmacy was from the street or from inside the medical practice. This, coupled with the clear, open space inside the pharmacy, enabled people requiring wheelchair access to easily enter the pharmacy. Four seats were available for people waiting for prescriptions. The pharmacy's opening hours were on display and there were limited as well as timed car parking spaces available outside the premises.

The store manager explained that MURs and the NMS had made an impact on people using the pharmacy's services, as it had provided opportunities to counsel people on how to take or improve the use of their medicines. Prescriptions for people prescribed higher-risk medicines were identified using laminated cards. Staff routinely checked relevant information, such as asking about the dose, strength and blood test results.

This included the International Normalised Ratio (INR) levels for people prescribed warfarin. Details were recorded to verify this. Staff were aware of risks associated with valproate for females who could become pregnant and they provided relevant material if prescriptions were seen. An audit had been completed in the past to identify people at risk and the pharmacist counselled them accordingly.

Offsite dispensing involved repeat dispensing prescriptions. The prescriptions were dispensed through the pharmacy's system and the details transmitted to the dispensing support pharmacy (DSP) in Preston. The manager explained that the first prescription from the batch of repeat dispensing prescriptions for people was dispensed at the pharmacy so that a face to face consultation could take place. The remainder of the prescriptions were then dispensed through DSP. Prescriptions were clinically checked by the RP before details were transmitted and accuracy-checked if any details had been manually altered. The pharmacy retained the prescriptions at the pharmacy and any prescriptions for CDs, fridge lines, split packs of medicines, cytotoxic or bulky medicines were not sent for dispensing. Dispensed prescriptions were sent back within two working days. Staff then matched people's details on the bags to prescriptions and the bags were not opened. If people arrived to collect their medicines before their dispensed prescriptions had returned from DSP, the team dispensed them at the pharmacy. This also happened when items were owing.

Compliance aids were initiated after the pharmacist conducted an assessment and liaised with the person's GP. The pharmacy ordered prescriptions on behalf of people and staff cross-referenced details on prescriptions, once received, against individual records held for people. This helped them to identify

any changes, they checked with the prescriber when this happened, and records were maintained to verify this. There were also progress logs in place for the team to monitor when the compliance aids were due. All medicines were de-blistered into the compliance aids with none supplied within their outer packaging. Compliance aids were not left unsealed overnight when assembled. Descriptions of medicines were provided and patient information leaflets (PILs) were routinely supplied. People prescribed warfarin and methotrexate who received compliance aids were supplied these medicines separately, INR levels were routinely obtained, and details were seen documented about this. Mid-cycle changes involved compliance aids being retrieved and new ones supplied.

However, staff were preparing compliance aids for people with Epilim dispensed and supplied inside the compliance aids, this was dispensed four weeks at a time. There had not been any checks made about the suitability of this and no details were documented about the situation. This included information about whether this was necessary. The team was not aware about stability concerns or suitability for its inclusion inside compliance aids. The manager was advised to re-assess the pharmacy's processes here, consult reference sources, check with the person or representative(s) and the person's prescriber.

The pharmacy provided a delivery service. It maintained audit trails to verify when and where medicines were delivered, this included highlighting CDs and fridge items as well as using separate sheets to record details of the former. The company’s drivers obtained signatures from people when they were in receipt of their medicines. Staff called people before deliveries were made, this minimised the number of failed deliveries. If this did happen, medicines were brought back to the pharmacy with notes left to inform people about the attempt made and no medicines were left unattended.

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 2-3), fridge and higher-risk medicines. Schedule 4 CDs were identified using stickers and PIFs. 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 checked uncollected prescriptions every week.

Licensed wholesalers such as Alliance Healthcare, AAH and Phoenix were used to obtain medicines and medical devices. Unlicensed medicines were received from Alliance Specials. Staff were unaware about the processes involved for the European Falsified Medicines Directive (FMD). There was no relevant equipment on site or 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 and were date-checked for expiry every week, there was a date-checking schedule in place to demonstrate that this had taken place. Staff used stickers to highlight short-dated medicines, there were no date-expired medicines seen although the occasional mixed batch and poorly labelled container was present. This was discussed at the time. 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 was 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. However, an audit trail could not be located to verify the process.

Medicines returned for disposal were accepted by staff and stored within designated containers and people requiring sharps to be disposed of, were referred to the local council. 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. However, there were no designated bins to store hazardous or cytotoxic medicines, no list available for the team to identify these medicines and staff were not routinely removing people's sensitive details before they were placed inside the containers.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean, well maintained and used in a way that helps to protect people's privacy.

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 clean counting triangles. The dispensary sink used to reconstitute medicines was relatively clean although there was some limescale present. There was hot and cold running water available here. The CD cabinets were secured in line with statutory requirements and the medical fridge was operating appropriately. Computer terminals were password protected, positioned in a manner that prevented unauthorised access and 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 either took them home overnight or stored them appropriately.

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.