

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Milton Keynes Medical Centre, 68 Bradwell

Common Boulevard, Bradwell Common, MILTON KEYNES,  
Buckinghamshire, MK13 8RN

**Pharmacy reference:** 1092875

**Type of pharmacy:** Community

**Date of inspection:** 05/03/2020

## Pharmacy context

This is a community pharmacy located next to a medical Centre in Milton Keynes in Buckinghamshire. The pharmacy is open for 100 hours every week. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. And it supplies a few people with their medicines inside multi-compartment compliance packs if they find it difficult to take their medicines on time.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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

The pharmacy manages risks in a suitable manner. Members of the pharmacy team understand how to protect the welfare of vulnerable people. They protect people's confidential information well. The safety of the pharmacy's services is routinely monitored, team members record their mistakes and learn from them. And the pharmacy largely maintains the records that it needs to. But the pharmacy is not always recording and identifying the cause of the team's internal errors. This means that they could be missing opportunities for ongoing learning.

### Inspector's evidence

The pharmacy was busy during the inspection. This was managed appropriately by the team present. The workflow involved the pharmacy's off-site activity and multi-compartment compliance packs being prepared from a separate workspace. During the inspection, one member of staff was managing the front walk-in trade with assistance provided from the remaining staff in the dispensary when required. The team explained that there were usually two members of the team based at the front, two in the dispensary behind and one member of staff who floated between the two areas. Prescriptions for the compliance packs and prescriptions that had been brought in by people were checked for accuracy by the accuracy checking technician (ACT) provided they had been clinically checked by pharmacists, before being assembled by other members of staff. The ACT was not involved in any other process other than the final check, and there was an SOP to cover this process.

The dispensary was enclosed and not fully visible to the public. In addition, the responsible pharmacist (RP) checked prescriptions for accuracy from a designated area. These points helped to reduce errors from distractions. Staff who processed prescriptions on the front workspace explained that they concentrated on one task at a time. They asked people to wait until they had finished the task in hand. People were also encouraged to take a seat whilst their prescription(s) were being dispensed. The ACT was the pharmacy's 'patient safety champion'. He explained that this role involved reviewing near misses and ensuring necessary communication was relayed to the team. Pharmacists and the ACT recorded the team's near misses. They were collectively reviewed every month and the company's 'Patient Safety Review' was used to assist with this process. Any action required from the previous month was also reviewed. For this month, it had not been clear if the company's standard operating procedure (SOP) for handing out dispensed prescriptions had been reviewed by everyone and in response, the team's processes had continued to be observed.

The team explained that prescriptions for controlled drugs (CDs) were double-checked when they were received, the person's medication record was checked and again double-checked by two different people upon hand-out. Staff also attached the company's pharmacist information forms (PIFs) to prescriptions. This helped identify relevant information during the clinical and accuracy-check as well as when handing out. However, details within the 'comments' section in the near miss logs had not been routinely completed by the team. This meant that information about the root cause of errors were not routinely being identified or analysed to help staff to fully learn from mistakes.

The pharmacy had information on display about its complaints procedure. Incidents were handled in line with the company's SOP, reported on the company's internal reporting system and investigated by the store manager who was also the RP at the start of the inspection. The pharmacy's internal

processes were subsequently reviewed to help prevent similar mistakes subsequently happening again.

The pharmacy's team members who processed prescriptions on the front counter were observed to keep sensitive details hidden from view and there was no confidential information left within areas that were accessible to people. Staff separated confidential waste and placed this into a designated bin. This was then disposed of through the company's procedures. The team had completed the company's information governance e-Learning training. This was refreshed annually. The pharmacy informed people about how their private information was stored and protected. Summary Care Records had been accessed for emergency supplies and verbal consent was obtained from people for this.

Staff could readily identify groups of people showing signs that may indicate a safeguarding concern. In the event of a concern, they informed the RP. Team members were up-to-date with the company's e-Learning modules on this and had completed training through the Centre for Pharmacy Postgraduate Education (CPPE). The procedure to follow with contact details for the safeguarding agencies were accessible and both pharmacists had also been trained to level two via the CPPE.

The pharmacy held a range of documented SOPs to cover the services it provided. They were dated from 2017 to 2019. Team members had signed to state that they had read the SOPs and staff understood their responsibilities. They knew when to refer to the pharmacist and the activities that were permissible in the absence of the RP. The team's roles and responsibilities were defined within the SOPs. The correct RP notice was on display and this provided details of the pharmacist in charge on the day. Staff explained that verbal consent for the pharmacy's off-site activity had been obtained. However, there were no details on display to inform people that their prescriptions could be dispensed elsewhere.

The pharmacy's records in general had been routinely maintained in accordance with statutory requirements. The records checked included registers for CDs, records about unlicensed medicines, emergency supplies, private prescriptions and the RP record. On selecting a random selection of CDs, the quantities held corresponded to the running balance stated in the registers. The minimum and maximum temperatures of the fridge had been routinely monitored and records maintained. This helped to ensure that medicines were stored within the correct temperature range. The company's pharmacy duty records were complete. The pharmacy held appropriate professional indemnity insurance to provide its services. The CD returns register provided an audit trail of CDs that had been destroyed at the pharmacy although there were a few gaps seen within this. The RP record had occasional overwritten entries and a few issues were seen with some of the pharmacy's records for private prescriptions. There were some indications that faxed prescriptions had not been reconciled and there had appeared to be few checks made to determine whether some typed prescriptions were genuine. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably trained. They 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 included the ACT and two pharmacy technicians. The RP at the start of the inspection was the store manager but another company, employed pharmacist arrived shortly into the inspection to take on this role. Both pharmacists overlapped for a period. A staff rota was in place. The team covered one another as contingency. The pharmacy's workload was managed appropriately by the team present. Staff wore name badges. Their certificates of qualifications were not seen.

Members of the pharmacy team asked appropriate questions before they sold medicines over the counter and they referred to the RP when required. The company provided staff with e-Learning modules, newsletters and SOPs to assist with ongoing training needs and the team was up-to-date with any mandatory training. Weekly briefings had been created by the store manager and information was displayed about this on a noticeboard. Team meetings and huddles were held when required. Formal appraisals were held every six months to check the team's progress.

The store manager stated that there had not been any formal targets set to complete services but that she set the team targets by looking at the day's workload. If the pharmacy was busy, then the team concentrated on managing this. The targets set by the store manager were described as manageable by the second pharmacist. The pharmacy team had previously been recognised by the company and awarded 'store of the year' awards on a few occasions. The store manager explained that this was because of how organised the team was and from the customer service provided.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide an appropriate environment for the delivery of healthcare services. The pharmacy is clean and has plenty of space to carry out its activities safely.

### Inspector's evidence

The pharmacy premises consisted of a medium-sized retail area with workspaces located on the front counter and a main dispensary behind this. The latter was more spacious with plenty of bench space available for dispensing activity to take place safely. Workspaces were largely kept clear of clutter although because the pharmacy was busy during the inspection, this could not always be cleared quickly. The pharmacy was clean. It was bright and suitably ventilated. The retail area was professional in its appearance. A signposted consultation room was available for services and private conversations. This was kept locked. The space was of an appropriate size and confidential information stored here was inaccessible. Pharmacy (P) medicines were located behind the front pharmacy counter and there was gated entry into this area. This, as well as one member of staff always being in this area helped prevent P medicines from being self-selected.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely. The pharmacy is open for long hours. It obtains its medicines from reputable sources. Team members usually ensure medicines are stored and managed appropriately. They also take extra care when prescriptions are seen for higher-risk medicines. But they don't always record relevant information when 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's opening hours were on display. Three seats were available for people waiting for prescriptions and there were some car parking spaces available outside the premises. People could enter the pharmacy through an automatic front door and from the street. There was clear, open space inside the pharmacy, and this helped people with wheelchairs to easily use the pharmacy's services. The pharmacy was open for 100 hours every week and after 7pm, services were provided via a hatch. Staff explained that one member of staff could use sign language to communicate with people with a hearing impairment, or they used written details and spoke slowly so that people could lip-read. A hearing aid loop was present, but this had not been plugged in to charge at the point of inspection.

The second pharmacist who arrived shortly into the inspection was accredited and trained through company processes to administer vaccinations. He worked to defined procedures, SOPs for the services were present and informed consent was obtained. A risk assessment was carried out and relevant paperwork under the patient group directions (PGD) that authorised this, was signed and readily accessible. The consultation room was used to provide this service and relevant equipment to ensure the vaccination service occurred safely was available. This included adrenaline in the event of an emergency and a sharps bin.

Medicines Use Reviews (MURs) and the New Medicine Service (NMS) were described as valuable services because they had provided opportunities to counsel people about their medicines. The store manager explained that people had stopped taking their medicines because they had not been explained about side effects or had not understood the details provided at the initial consultation with their doctor. These services had therefore enabled the pharmacists to provide more detail about people's medicines. This had helped people to take their medicines as prescribed. The pharmacy served a high proportion of older people. The team had completed the audits that the pharmacy was required to undertake. This included checking whether people prescribed non-steroidal anti-inflammatory drugs (NSAIDs) had been co-prescribed gastroprotection as well as an audit about people with diabetes. The latter had found that not everyone with diabetes had been having regular checks of their feet and the former, that not everyone had been co-prescribed gastroprotection. Staff ensured that these people were appropriately signposted.

The off-site activity involved prescriptions being dispensed through the pharmacy's system and the details were transmitted to the dispensing support pharmacy (DSP) in Preston. 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.

Medicines were supplied inside compliance packs and initiated after the pharmacist conducted an assessment. The pharmacy ordered prescriptions on behalf of 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. 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 medicines were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes involved retrieving the compliance packs and supplying people with new ones.

The pharmacy provided a delivery service and it maintained audit trails to verify when and where medicines had been delivered. This included highlighting CDs and fridge items. Staff called people before medicines were delivered. The company's drivers obtained signatures from people when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people of the attempt made. The pharmacy did not leave medicines unattended.

During the dispensing process, staff used plastic tubs and trays to hold prescriptions and items, and this helped prevent their inadvertent transfer. A dispensing audit trail from a facility on generated labels as well as a quad stamp on prescriptions assisted in identifying staff involved. Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The team used laminated cards to highlight relevant information such as fridge items, CDs and higher-risk medicines. Clear bags were used to hold dispensed CDs and fridge items. This helped with accuracy and identifying the contents upon hand-out.

Staff checked relevant information for people prescribed higher-risk medicines, 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 had not always recorded to verify that this had taken place. The last records seen were from 2015. The team was aware of the risks associated with valproates for people who could become pregnant. Any prescriptions seen for this medicine were highlighted by using PIFs and laminates to ensure counselling took place and educational material was provided upon supply.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Unlicensed medicines were received from Alliance Specials. Staff held no knowledge 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 at the point of inspection.

Medicines were stored in an organised manner and they were date-checked for expiry every week. The date-checking schedule had been completed to verify that this process had been taking place. Staff used stickers to highlight short-dated items. There were no date-expired medicines or mixed batches seen. Liquid medicines were marked with the date upon which they were opened. CDs were stored in accordance with the legislation. The pharmacists maintained a CD key log as an audit trail to help verify that the keys to the cabinet had been stored appropriately. Drug alerts were received through the company system, the team checked for affected stock and acted as necessary. There was an audit trail available to help verify this process.

Unwanted medicines returned by people for disposal, were accepted by staff and stored within



designated containers. People returning sharps for disposal, were referred to the local council or to the adjacent GP surgery. Returned CDs were brought to the attention of the RP, details were noted, and the medicines were separated in the CD cabinet before their destruction. However, there were several medicines seen that had been stored outside of their original containers with incomplete details on their labels. This included missing information about batch numbers and expiry dates. This could affect how easily the team identified recalled products or the suitability of these medicines for onward dispensing.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has an appropriate range of equipment and facilities to provide its services safely. They are used in a way to help protect people's privacy.

### Inspector's evidence

The pharmacy held current versions of reference sources and they could access information via online resources. The CD cabinets were secured in line with legal requirements and the medical fridge was operating at appropriate temperatures. Staff described ensuring that appropriate equipment required for dispensing was present at every workstation. This included counting triangles. There were also clean, standardised, conical measures available for liquid medicines. The sink in the dispensary for reconstituting medicines was relatively clean. Antibacterial hand wash and hot and cold running water was available. There were lockers available for the staff to store their personal belongings. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Cordless phones were available to help conversations take place in private. Staff held their own NHS smartcards 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.