Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 3A, Northgate Retail Park, NEWARK, Nottinghamshire, NG24 1GA

Pharmacy reference: 1105223

Type of pharmacy: Community

Date of inspection: 24/07/2019

Pharmacy context

This is a community pharmacy on a retail park on the outskirts of a market town. The pharmacy is part of a larger health and beauty store. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It offers a range of private healthcare services including travel vaccinations. And it is a registered yellow fever vaccination centre (YFVC). The pharmacy also offers advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartment compliance aids, designed to help people remember to take their medicines. And it delivers medicines to people's homes.

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	1.2	Good practice	Pharmacy team members engage in continual shared learning processes to help reduce identified risks. And they measure the effectiveness of these actions.
		1.4	Good practice	The pharmacy responds well to feedback from people by using it to improve the safety and quality of its services.
		1.8	Good practice	The pharmacy promotes a clear culture of safeguarding the safety and wellbeing of vulnerable people. And it reports concerns to protect the welfare of people when needed.
2. Staff	Good practice	2.2	Good practice	The pharmacy has some good systems in place for supporting the learning needs of its team members. These include continual learning opportunities and structured appraisals.
		2.4	Good practice	Pharmacy team members are comfortable talking about their own mistakes. They demonstrate how they apply learning from structured discussions to assist them in providing services safely.
		2.5	Good practice	The pharmacy advertises how its team members can seek support and provide feedback. And it uses this feedback to inform the safe management of its services.
3. Premises	Standards met	3.2	Good practice	The pharmacy team actively promote access into the pharmacy's consultation room. The room is soundproof and is well equipped to support the delivery of healthcare services.
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy works effectively to promote pharmacy led services. This means people can access treatment and advice quickly and are at the

Principle	Principle finding	Exception standard reference	Notable practice	Why
				centre of the services they receive.
		4.2	Good practice	The pharmacy has effective planning strategies help to manage risks associated with its services. And it has robust systems in place for monitoring the supply of high-risk medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ **Standards met**

Summary findings

The pharmacy identifies and manages the risks associated with its services well. It keeps people's private information secure. And it responds well to feedback from people using the pharmacy by using this feedback to improve the safety and quality of its services. Pharmacy team members act openly and honestly by sharing information when mistakes happen. They engage in continual shared learning processes to help reduce identified risks. And they measure the effectiveness of these actions. The pharmacy promotes a clear culture of safeguarding the safety and wellbeing of vulnerable people. And it reports concerns to protect the welfare of these people when needed. It generally keeps all records it must by law. But some gaps in these records occasionally result in incomplete audit trails.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The pharmacy superintendent's team reviewed the SOPs on a two-year rolling rota. Roles and responsibilities of the pharmacy team were set out within SOPs. A sample of training records confirmed that members of the team had completed training associated with SOPs. And the pharmacy had a system for alerting staff when new or updated SOPs required reading and signing. Pharmacy team members on duty were seen working in accordance with dispensary SOPs. A member of the team clearly explained the tasks which could not take place if the responsible pharmacist (RP) took absence from the premises. Another team member demonstrated how pharmacists recorded the clinical check of a prescription. This record informed the accuracy checking technician (ACT) of which prescriptions had been screened by the pharmacist and could then be accuracy checked.

The pharmacy had an up-to-date business continuity plan in place. The dispensary was small for the level of activity reported. But the pharmacy had good systems for managing workload to ensure a safe workflow was maintained. For example, work associated with the multi-compartment compliance aid service was managed during periods when the pharmacy was quiet. And a second registered dispensing area allowed team members plenty of space for managing some of the workflow. Shelving was used to store tubs of assembled medicines waiting for accuracy checking. This helped to ensure workbenches were free of clutter. Separate areas of the dispensary were used for labelling, assembly and accuracy checking.

'Pharmacist information forms' (PIFs) were used to communicate key messages such as changes to medicine regimens, interactions and eligibility for services to pharmacists. The team retained PIFs with prescription forms to inform counselling required when handing out medicines. A random check of the prescription retrieval filing system found PIFs attached to all selected prescriptions. PIFs were completed in accordance with details within the SOPs. The team had completed training prior to sending prescriptions to the company's dispensing support pharmacy (DSP) as part of its centralised dispensing service. Pharmacy team members could demonstrate how prescription details were recorded and sent to the hub. And they demonstrated the checks in place when these medicines were received at the pharmacy. The store management team undertook daily, weekly and monthly clinical governance checks of the pharmacy environment. This helped provide ongoing assurance that the pharmacy was operating safely and effectively.

There was a near-miss reporting procedure in place. The near-miss reporting form had prompted reflection of the event such as contributory factors. This section was not always completed. Pharmacy team members explained how they checked the near-miss record at the beginning of every shift to help inform their learning. But felt it was not always possible to retrospectively enter contributory factors if near-misses were found when they were not on shift. This issue had been raised during a recent patient safety review. The pharmacy's ACT led the patient safety reviews each month and recorded the topics discussed and trends highlighted during the review. Pharmacy team members explained they took part in structured team conversations relating to how to reduce trends in near-misses. And they also engaged in regular one-to-one conversations with the ACT. Records confirmed the pharmacy regularly measured the outcomes from risk reduction actions it had implemented. For example, including details of 'look alike and sound alike' (LASA) medicines on PIF forms had reduced the number of near-misses involving these medicines.

The pharmacy reported its dispensing incidents through the 'pharmacy event and incident reporting system' (PIERS). The RP explained how he would manage a dispensing incident in accordance with the pharmacy's SOP for incident reporting. The pharmacy team shared learning from incidents at the time they occurred and during structured patient safety reviews. Pharmacy team members demonstrated improvement actions taken following these reviews. For example, the team had reviewed and improved the way they used tubs when completing work associated with their managed repeat prescription services. This reduced the risk of a medicine falling into the wrong tub during the dispensing process.

The pharmacy had a complaints procedure in place. A practice leaflet advertised how people could provide feedback to the pharmacy team. The pharmacy used a board in the dispensary to communicate queries and messages between team members. All pharmacy team members were encouraged to check the board and they explained how it was a useful tool in reducing negative feedback as staff acted on queries promptly. The pharmacy promoted feedback through advertising how people could leave feedback online and through completing 'Community Pharmacy Patient Questionnaires' (CPPQs). It published the results of the questionnaire for people using the pharmacy to see. And the team had acted to promote the use of the pharmacy's consultation room more frequently in response to results from the latest questionnaire. A pharmacy team member explained how the team was promoting and considering feedback about its new 'express lane' to identify how the lane could be advertised and used to aid efficiency.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record followed legal requirements. A sample of the controlled drug (CD) register found that it met legal requirements. The pharmacy kept running balances in the register. Balance checks of the register against physical stock took place weekly. A physical balance check of a random CD complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. The team entered returns in the register on the date of receipt but not all records of destruction were counter-signed by a witness. The pharmacy held the prescription only medicine (POM) register electronically. Records complied with legal requirements. The pharmacy did not always complete full audit trails on certificates of conformity for unlicensed medicines as per the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA)

The pharmacy held records containing personal identifiable information in staff only areas of the pharmacy. The team reported completing annual information governance training and additional learning following the introduction of the General Data Protection Regulation (GDPR). The pharmacy had submitted its annual NHS information governance toolkit as required. Pharmacy team members

transferred confidential waste to designated holding areas in the dispensary. This was then secured in blue bags collected for secure destruction periodically.

The pharmacy had procedures and guidance to support its team members in raising safeguarding concerns. All pharmacy team members completed e-Learning relating to safeguarding, including learning relating to exploitation. And pharmacy professionals completed level 2 learning on the subject. Pharmacy team members engaged in discussions about safeguarding. And they had acted to report concerns when required. A pharmacy team member identified how concerns could relate to both people using the pharmacy and store colleagues. The pharmacy regularly engaged with people who were struggling to cope with their medicines.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services and to manage its workload effectively. It has some good systems in place for supporting the learning needs of its team members. These include continual learning opportunities and structured appraisals. The pharmacy advertises how its team members can seek support and provide feedback. And it uses this feedback to inform the safe management of its services. Pharmacy team members engage in ongoing conversations relating to risk management. And they are comfortable talking about their own mistakes. They demonstrate how they apply learning from these structured discussions to assist them in providing services safely.

Inspector's evidence

On duty at the time of the inspection was the RP (a Boots relief pharmacist), three pharmacy advisors (level two qualified dispensers) and a qualified healthcare assistant. One of the pharmacy's regular pharmacists joined the team shortly before the inspection finished. The pharmacy also employed the pharmacist store manager, another two regular part-time pharmacists, an ACT, four qualified pharmacy advisors, a trainee pharmacy advisor and two assistant managers who were both qualified dispensers. A company employed driver provided the prescription collection and delivery service. Pharmacy team members advised there was some ongoing changes to staffing levels due to some members of the team recently changing their hours. An assistant manager confirmed staffing levels and skill mix were looked at regularly. A request for some additional support to help cover sickness had recently been met. But a pre-registration pharmacist had attended to provide this cover. Pharmacy team members were clearly aware that pre-registration pharmacists were not to be used to cover sickness as they were in a learning role. They explained how they had used the time to engage with the pre-registration pharmacist to provide an insight into the differences between a high-street and retail park pharmacy environment.

One pharmacy advisor was enrolled on a level 3 course in pharmacy services. Staff on accredited training courses received protected training time during working hours. The pharmacy advisor confirmed she felt well supported in her training role. Other pharmacy team members were encouraged to complete regular learning to support them in their roles. This generally took the form of e-Learning modules and reading information such as 'professional standards' newsletters. Pharmacy team members received allocated time to complete any learning required. The pharmacy had a formal appraisal process in place with all team members receiving regular appraisals as well as 'in the moment' verbal feedback.

The pharmacy was exceptionally busy throughout the inspection. Pharmacy team members were observed completing tasks with efficiency and prioritised tasks well. They explained they were slightly behind with their work due to some sickness in the team. But work was still being completed ahead of collection and delivery dates. And pharmacy team members confirmed they felt well supported by the store's management team. The pharmacy did have some targets in place for providing services. Pharmacists demonstrated how they were clearly able to apply their professional judgement when undertaking services. And the pharmacy had some double-up cover to assist pharmacists in providing the travel health services. Pharmacists explained that without the double cover, these appointments

could cause dispensary workload to build up and increase waiting times and pressure on staff.

The pharmacy team shared information relating to workload management at the beginning of shifts. Pharmacy team members also contributed to team briefings and patient safety reviews. Outcomes of the reviews and important information was readily available to the team. Pharmacy team members signed this documentation to confirm they had read and understood it. A member of the team explained how learning was shared with the DSP following discovery of a near-miss when checking in an order from the DSP. The pharmacy had used this information to inform additional checks during the check-in process of items dispensed by the DSP.

The pharmacy had a whistleblowing policy in place. And it displayed details of a confidential helpline for pharmacy team members. The pharmacy engaged its team in satisfaction surveys and it displayed the results of the latest survey in its staff room. The results were largely positive with many areas scoring much higher than the company average. A pharmacy team member explained how she felt supported at work. Staff were confident in providing feedback and explained how the manager and area manager took this feedback on board. For example, the provision of double-up pharmacist cover had been arranged following feedback. The pharmacy team had also implemented learning from another pharmacy who had created a guide to the 'perfect PIF'. This helped to inform compliance with SOPs and safety processes during the dispensing process.

Principle 3 - Premises ✔ **Standards met**

Summary findings

The pharmacy is clean and secure. The premises are well maintained and offer a professional environment for the delivery of the pharmacy's services. The pharmacy team actively promote access into the pharmacy's consultation room. The room is soundproof and is well equipped to support the delivery of healthcare services.

Inspector's evidence

The pharmacy was professional in appearance and it was secure. The public area of the retail unit was fitted with wide-spaced aisles which allowed easy access for people using wheelchairs and pushchairs. There was a private consultation room at the back of the pharmacy area. This was sign-posted and was prominently used by pharmacy team members with people who required privacy. The room was a good size and was professional in appearance. Conversations taking place in the room could not be heard from the dispensary or public area. All equipment for the provision of services was easily accessible. A large poster of the world map on the wall of the room supported pharmacists delivering travel health services.

The dispensary appeared small for the level of activity carried out. But pharmacy team members managed work space vigilantly. For example, the pharmacy completed tasks associated with the multi-compartment compliance aids when the main store closed. This allowed all available work space to be used for these tasks without the risk of continual interruptions. A large office had also been added to the registered footprint of the pharmacy. This allowed staff to carry out work associated with the free repeat prescription service (FRPS) and the dispensing support pharmacy (DSP) service in a distraction free environment.

Pharmacy team members reported maintenance issues to a designated help-desk. There were no outstanding maintenance issues found during the inspection. The pharmacy was clean and organised with no slip or trip hazards evident. Air conditioning was in place, this was controlled centrally. A fan was also in use in the dispensary. Lighting throughout the premises was bright. Antibacterial soap and paper towels were available close to sinks in the dispensary and other designated handwashing sinks.

Principle 4 - Services   ✔ **Standards met**

Summary findings

The pharmacy promotes its services and makes them easily accessible to people. The pharmacy works effectively to promote pharmacy led services. This means people can access treatment and advice quickly and are at the centre of the services they receive. The pharmacy has records and systems in place to make sure people get the right medicines at the right time. The pharmacy has effective planning strategies to help to manage risks associated with its services. And it has robust systems to help make sure people taking high-risk medicines have the support they need. The pharmacy obtains its medicines from reputable sources. And it stores and manages them appropriately to help make sure they are safe to use. It has some systems in place to provide assurance that its medicines are fit for purpose.

Inspector's evidence

The store was accessed from street level through an automatic door. There was a large carpark with designated disabled spaces next to the store entrance. The pharmacy was located at the back of the store and was advertised well from the entrance. It displayed details of its opening times and services. This included details of how people could access the pharmacy out of hours. The pharmacy had signposting arrangements in place in the event it could not provide a service or a medicine. Designated seating was available for people waiting for prescriptions or pharmacy services.

The pharmacy had a health promotion area. But this was located at the back of the store and out of direct line of sight of people accessing the pharmacy counter. Pharmacy team members explained how they interacted with people requiring advice or information. And would direct people to the pharmacy's consultation room if they required further information on a topic. Pharmacy team members identified people who may benefit from services during the dispensing process. And this was clearly documented on PIFs. People accessing the vaccination services and travel health services could book an appointment online or by contacting the store. Some walk-in appointments were also available.

Additional services such as travel health were popular. And the pharmacy had up-to-date and legally valid patient group directions and procedures to support these services. Pharmacists planned clinic time carefully to help provide some flexibility for people accessing these services. The RP on duty demonstrated how he recorded outcomes from MURs, including interventions on people's medication records. This helped to inform follow-up checks and information to other pharmacists offering counselling. Pharmacy team members discussed how some people using the pharmacy would report back the results from interventions to the team. For example, hypertension medicines being changed following significant adverse side effects picked up during a New Medicine Service consultation.

The pharmacy team applied consistent checks when dispensing high-risk medicines. High-risk alert cards associated with the supply of these medicines were attached to prescriptions in the retrieval system. These alert cards prompted additional checks when handing out the medicines. These included checks associated with the supply of warfarin, methotrexate, lithium, insulin, CDs, paediatric medicines, valproate and isotretinoin. The pharmacy recorded details of monitoring checks on medication records. And it had information in place to aid compliance with both valproate and isotretinoin pregnancy prevention programmes (PPPs). This included the issuing of valproate warning cards to people.

The pharmacy used a progress log to monitor time scales involved in dispensing multi-compartment compliance aids. One pharmacy advisor led this service with other staff were trained to assist if required. The service was managed during late night (out-of-hours) shifts. This provided dedicated time for the service and reduced the risk of workload pressure. Individual profile sheets were in place for each person on the service. And changes to people's medication regimens were clearly documented on communication sheets. A copy of the communication sheet was held with the relevant profile sheet to assist pharmacists in their clinical check of prescription forms. The pharmacy had collection and delivery records in place for the service. A sample of assembled compliance aids contained full dispensing audit trails. And the pharmacy supplied patient information leaflets (PILs) at the beginning of each four week cycle of compliance aids. The pharmacy also provided descriptions of the medicines inside the compliance aids, to help people identify their medicines.

The pharmacy used tubs throughout the dispensing process. This kept medicines with the correct prescription form. Acute prescriptions were dispensed immediately and brought directly to the pharmacist's attention. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. They also signed a 'quad stamp' on prescription forms to indicate who had assembled the medicines, clinically checked the prescription, accuracy checked the medicines and handed out the medicines. The pharmacy team were observed to follow the SOP for the DSP service by placing an X in the accuracy check box if the prescription was a repeat with no changes. The pharmacy had robust audit trails in place for its FRPS service. This allowed it to ensure the required medicines were correctly prescribed. The pharmacy kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service and people signed an electronic device to confirm they had received their medicine. The pharmacy used cool boxes to transport cold chain medicines through its delivery service.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members demonstrated some awareness of the aims of the Falsified Medicines Directive (FMD). They had read some information provided to them by their head office and knew that some pharmacies within the company were trialling systems to comply with FMD requirements. The pharmacy had not been informed of any dates relating to these systems being implemented locally. The pharmacy received drug alerts through the intranet. The pharmacy team printed and recorded checks of the alerts and shared these details through staff briefings. The pharmacy had no outstanding alerts to action at the time of inspection.

The pharmacy stored pharmacy (P) medicines behind the healthcare counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored medicines in the dispensary in an organised manner and within their original packaging. Some medicines were also stored in the office in an orderly manner and access to these medicines was suitably protected. The pharmacy team followed a date checking rota to help manage stock and it recorded details of the date checks it completed. Short-dated medicines were identified. The team annotated details of opening dates on bottles of liquid medicines. No out-of-date medicines were found during random checks of dispensary stock. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy held CDs in secure cabinets. The cabinets were full. But medicines were stored in an orderly manner within them. There was designated space for storing patient returns, and out-of-date CDs. Assembled CDs were held in clear bags with details of the prescription's expiry date annotated on the attached prescription. Pharmacy team members could explain the validity requirements of a CD prescription and demonstrated how CD prescriptions were highlighted to prompt additional checks

during the dispensing process. The pharmacy's fridges were clean and stock inside was stored in an organised manner. The team checked the temperature of the vaccination fridge twice daily and the general stock fridge daily. Temperature records confirmed that the fridges were operating between 2 and 8 degrees Celsius as required.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has all the equipment it needs to provide its services. It maintains this equipment and it stores it securely. Pharmacy team members manage and use equipment in ways which protect people's confidentiality.

Inspector's evidence

Pharmacy team members had access to up-to-date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet access and intranet access provided further reference resources including access to Medicines Complete.

Computers were password protected and faced into the dispensary. This prevented unauthorised view of the information on computer screens. Pharmacy team members had personal NHS Smartcards. The pharmacy stored assembled bags of medicines waiting for collection and delivery in drawers behind the prescription reception counter. Personal information on bag labels could not be seen from the public area. It stored prescriptions associated with these bags in a retrieval system, out of sight of people accessing the front prescription counter. The team managed workload on the front dispensing bench vigilantly and did not leave personal identifiable information on the bench unattended or in view of unauthorised personnel. The pharmacy had cordless telephone handsets in place. Pharmacy team members moved to the back of the dispensary, out of ear shot of the public, when speaking with people on the phone. This meant that the privacy of the caller was protected.

Clean, crown stamped measuring cylinders were in place. Cylinders for use with CDs were clearly marked and stored separately. Counting equipment for tablets and capsules was available. This included separate equipment for counting cytotoxic medicines. Equipment used for dispensing medicines into multi-compartment compliance aids was single use. Gloves were available if needed. The pharmacy stored equipment to support the delivery of some services in the consultation room. This was stored in labelled drawers which made sure equipment was accessible. Stickers on electrical equipment, the blood pressure machine and thermometer identified that equipment was regularly checked and replaced at regular intervals.

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.