General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 42 Main Street, LARGS, Ayrshire, KA30 8AL

Pharmacy reference: 1106284

Type of pharmacy: Community

Date of inspection: 13/06/2019

Pharmacy context

This is a medium sized pharmacy on the High Street of the town of Largs. It dispenses a large volume of NHS prescriptions per month, including for people receiving medicines in multi-compartmental compliance packs. It also supports people receiving supervised methadone doses. It provides the usual services found under the local health board Pharmacy First Scheme, including the minor ailments service. It does not administer vaccinations. The pharmacy manager is an independent pharmacist prescriber and runs a hypertension clinic to monitor people's blood pressure.

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	1.2	Good practice	The pharmacy records errors, near misses and other patient safety incidents. And it regularly and comprehensively reviews and keeps records showing what has been learned, what has been done, and how it uses this information to improve the safety and quality of services provided. The pharmacy team members complete regular checks and audits. This is to confirm that pharmacy procedures are being properly followed. And outcomes and action points are being shared within the team.
2. Staff	Standards met	2.4	Good practice	Members of the pharmacy team show enthusiasm for their roles and can explain the importance of what they do. There is evidence of effective team working to achieve common goals. There is a culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy effectively highlights prescriptions for medicines awaiting collection. So, the team can make appropriate checks and give people advice on how to take their medicines safely. The team assembles multi-compartmental compliance packs in a controlled environment. This helps to avoid distraction and reduce the risks or errors.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards and identify and manage risks effectively. The pharmacy team members log any mistakes they make during the dispensing process. They learn from these and act to avoid repeating errors. The pharmacy keeps its records up to date and these show that it is providing safe services. The pharmacy enables people to give feedback. And it uses this feedback to improve the services it offers. It tells people how it uses their private information. The pharmacy team members understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). These ensured pharmacy team members were clear on their roles and responsibilities. And how they were to complete tasks. These were properly authorised by the store manager. And all pharmacy team members had signed them within the last two years. This showed they had read and understood the SOPs.

Pharmacy team members made records of all near miss errors . They reviewed these errors monthly as part of the patient safety briefing system. And they took action to prevent recurrences. An example of this was pharmacy team members identifying when they had dispensed a look alike – sound alike drug (LASA) on the pharmacist information form (PIF). This showed the pharmacist that the prescription included a LASA drug. And that the dispenser had been aware of this when they dispensed the item. PIFs allowed effective communication between the dispenser and the pharmacist. And also highlighted information that pharmacy team members needed to share with the people at handout.

Pharmacy team members completed the patient safety audit monthly. And identified key activities and learnings to be undertaken to improve patient safety. They also recorded errors that involved the patient, on the PIERS incident reporting system. But on the day of the inspection the inspector was not able to review this as no one had a sign-on for the system.

Another action taken was as the result of people not receiving their medication via delivery. Pharmacy team members now needed to report all non-delivered items to the GP.

The pharmacy provided people with the customer service phone number, on their sales receipt, that provided details on how to provide feedback about the pharmacy's services. There was also a card that pharmacy team members handed to people that prompted them to provide feedback. An example of the team using feedback they received was when a person waited a while for a prescription only to be told that the item was not in stock. Pharmacy team members now checked for stock for all items where people would be waiting.

Records were properly maintained for:
Responsible pharmacist log. This included sign-on and sign-off times and periods of pharmacist absence recorded. Fridge temperatures which pharmacy team members recorded daily. And these were within the required range of two and eight degrees Celsius. Controlled drug records were accurate with regular balance checks. A check of Shortec 20 mg showed that the theoretical and actual amounts tallied. Patient returned controlled drug records were complete. And showed when the pharmacy

received and destroyed them, including witness details. Pharmacy team members recorded private prescriptions both online and in a paper register. Some members seemed unaware of the online system. Not all records in one system matched the other, with a record of an optician's prescription seen to be missing. The pharmacy kept records of all emergency supplies. These included details of reasons for people's requests. Specials records, included records of certificates of conformity. And details of the people supplied.

Pharmacy team members segregated confidential waste into special bags. And these were destroyed off-site. Pharmacy team members were aware of the company guidance on privacy and confidentiality. And were aware of the impact of the General Data Protection Regulations (GDPR). They had received training on the above. There was no confidential waste in the consultation room and no confidential waste in the general waste. People could not read other people's details on prescriptions awaiting collection.

The pharmacist was PVG registered and had attended the NES course on child and vulnerable adult protection. Pharmacy team members were trained in the Boots safeguarding guidance and there were local contact details available in store.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough pharmacy team members for the services provided. The pharmacy team members are competent. And they have the appropriate skills and qualifications for their roles. They work effectively together in a supportive environment. And undertake regular learning both in-store and at home. They learn from near miss reviews and from people's feedback. And they act to improve safety. They also feedback their own ideas and act on them to improve their services.

Inspector's evidence

On the day of the inspection there were one pharmacist, three NVQ2 dispensers and one medicine counter assistants (MCA) part-time. Pharmacy team members reported that they felt under pressure with the workload, but that they were coping with these pressures. A recent change had been the added need for pharmacy team members to make local deliveries within walking distance of the pharmacy. Staff iformed the inspector that this had taken place without the pharmacy receiving extra hours, but the pharmacy manager states that Boots have put in some time for staff to carry out deliveries near the store".

Pharmacy team members had annual appraisals. And access to training resources via the Boots e-learning system. Pharmacy team members reported there was some protected time during the working day for training. But they also undertook training in their own time at home. The most recent training had been on HUG, the Boots system for the treatment of customers.

Pharmacy team members were suitably qualified, and had a good understanding of their roles and responsibilities. Their actions, following near misses and people's feedback, showed a culture of openness, honesty and learning. They were comfortable to provide feedback to the branch manager. And they put forward ideas to improve services to people. Following an issue where they texted people when they dispensed their prescriptions (but before they checked them) they changed to make sure that they checked texted prescriptions promptly to avoid people waiting.

They also changed how they filed and acted upon prescriptions with owings to ensure they were easy to find and completed on time. They filed these prescriptions in a blue index card box, which they labelled the "little blue box of care". This reduced customer complaints in this area.

There were no targets that caused concern.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are tidy and provide a clean environment for the services offered. The pharmacy is protected from unauthorised entry. And Controlled Drugs are properly secured. But facilities to aid entry to the pharmacy need to be better maintained.

Inspector's evidence

The pharmacy was clean, tidy and well presented. It consisted of a square main dispensary, with adequate shelving and bench space which pharmacy team members kept clear of clutter. There was a small offshoot dispensary at the rear that pharmacy team members used for the dispensing and storing of multi-compartmental compliance packs. The premises were one small step up from the high street. The door looked to have previously been a power assisted door, but the pharmacy had removed the power assist. There was a call system at the front door but this was non-operational. This made it difficult for those in wheelchairs to enter the pharmacy or call for help. There was a consultation room with a desk, chairs and hand washing facilities. It contained a carbon monoxide monitor used in smoking cessation. And three blood pressure meters, two of which had date of first use recorded. There was nothing on the third meter.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides the normal range of services under the Scottish contract. The accessibility of the property may be restricted for some people due to non-operating features of the pharmacy. The pharmacy team members use a range of safe working practices. These include use of audit trails and baskets for dispensing. These assist with the near miss process and in preventing items becoming mixed. The pharmacy has an effective process for the dispensing and delivery of multi-compartmental compliance packs. This includes having accurate descriptions for medicines in the pack so that people can identify them. And a robust way of recording requests for change of medication. The pharmacy team ensure high-risk medications including those containing valproate are appropriately managed.

Inspector's evidence

The pharmacy had provided details of the services it offered by leaflets in store and posters in the windows. All prescriptions looked at had audit trails of “dispensed by” and “checked by” signatures, as well as a PIF form to provide information to the patient or pharmacist at checking or hand out. Where there were higher risk medications they had “refer to pharmacist stickers”. Other alert cards used included “CD” and “Fridge lines”.

Safe working practices included the use of baskets to keep items all together. The pharmacist had a range of materials to provide extra information to people who were receiving valproate. This helped to ensure such people knew how to take their medication properly.

There was a robust system for the provision of multi-compartmental compliance packs to people. There was a 4 week rota for dispensing these items. There was a master list, “The Medisure Progress Log” that identified which people were due their medication on which days of the week. This log recorded when prescriptions were requested, supplied, in stock and dispensed. Each patient had their own file which included an up to date list of their current medication. Pharmacy team members recorded requests for changes to this list on a two-part communications book which recorded the change requested, by whom and when pharmacy team members had actioned it. The pharmacy provided patient information leaflets (PILs) every four weeks. Each multi-compartmental compliance pack had an audit trail of who had dispensed it and who had checked it. There were accurate descriptions of each medicine included in the pack.

There was a date checking matrix in place which was up to date. Pharmacy team members recorded dates of opening on liquid medicines. And there was no out of date stock on the shelves.

As the regular pharmacist was on day off, pharmacy team members could not find the drug alert files. But could clearly explain the process of receiving medicine alerts, completing them and keeping records of the actions taken.

The pharmacy had not yet implemented the Falsified Medicines Directive (FMD). And there was no training or SOPs about its use provided. So, the pharmacy did not use any of the features of FMD.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has sufficient resources in place to effectively provide the services on offer. However, the calibration status of some of its equipment is not clear.

Inspector's evidence

The pharmacy had a range of glass measuring equipment which was ISO or Crown stamped. The pharmacy had access to the British National Formularies for both adults and children. And had online access to a range of further support tools. There were three blood pressure meters, only two of which had a date of first use recorded.
There was a consultation room to provide privacy and confidentiality when people required it. And the computer screens were password protected and could not be seen by unauthorised people.

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.