General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit A2, Kingsgate Centre, DUNFERMLINE, Fife, KY12 7QU

Pharmacy reference: 1118691

Type of pharmacy: Community

Date of inspection: 25/05/2023

Pharmacy context

The pharmacy is located within a shopping centre in the town of Dunfermline. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. It supplies some people with their medicines in multi-compartment compliance packs. And it dispenses serial prescriptions as part of the Medicines: Care and Review service.

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	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

The pharmacy suitably identifies the risks associated with the services it provides to people. It mostly keeps the records it needs to be law. And it keeps people's confidential information secure. Team members know how to help protect the welfare of vulnerable people. They record and learn from the mistakes that they make when dispensing. And they review these mistakes to identify any trends and patterns to reduce the risks of further mistakes.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help pharmacy team members manage risks. Most of the SOPs were available to the pharmacy team members electronically and they reviewed new SOPs regularly via the company's online training portal. Each procedure was accompanied by an assessment to test team members' understanding. A few SOPs were paper based and there was an index to allow team members to identify where they could find each SOP. They had signed a paper record of competence to show they understood these. The pharmacy's superintendents (SI) team reviewed the SOPs on a two-year rolling rota. Team members were observed working within the scope of their roles. They were aware of the responsible pharmacist (RP) regulations and of what tasks they could and couldn't do in the absence of an RP.

The pharmacy had a process to record any mistakes identified during the dispensing process, these mistakes were known as near misses. They were recorded on a paper-based near miss record. Pharmacy team members explained that an error would be highlighted to them by the pharmacist, and it was their responsibility to enter it onto the record. This allowed them to reflect on the mistake. The team also completed a monthly patient safety report where an analysis of errors was recorded and discussed at a team meeting. This was led by the trainee pharmacy technician who shared the outcome of the analysis with all team members. A recent analysis highlighted that the most common type of error was the incorrect quantity of medication being dispensed. Team members were reminded to be more vigilant and to ensure that the quantity of medication was double checked during the dispensing process. The pharmacy received a bulletin approximately every month from the company's SI team, called "The Professional Standard". This shared any professional issues and learning from across the organisation following analysis of reported near misses and errors. Pharmacy team members read the bulletin and signed the front to record that they had done so.

Team members recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded on an electronic platform. The team advised that there had been no recent incidents. The pharmacy had a complaints notice displayed in the retail area containing the details of the company's SI office. The team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or SI office. The team had recently received several complaints regarding the telephone lines which would ring even if the telephone was engaged and so people trying to access the pharmacy thought the call was being ignored. The feedback had been reviewed and an additional phone line was installed in the pharmacy to help manage this.

The pharmacy had current indemnity insurance. It displayed the correct responsible pharmacist (RP) notice. The sample of the RP records checked was seen to be accurate. But the RP had already signed

out of the record prior to the end of their RP duties and therefore the record was not contemporaneous. From the sample seen the pharmacy's controlled drug (CD) registers were completed correctly. The RP completed running balance checks weekly. This helped to identify any issues such as missed entries. A physical balance check of a randomly selected CD matched the balance in the register. The pharmacy kept complete records of CDs returned to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines. These were not always completed in line with the requirements of Medicines and Healthcare products Regulatory Agency (MHRA). On some certificates the patient or prescriber details were missing. The pharmacy kept accurate records of private prescriptions.

The pharmacy kept sensitive information and materials in restricted areas away from unauthorised access. It collected confidential waste in dedicated bags which were collected periodically by a third-party contractor for secure destruction. The pharmacy had a documented procedure to help team members manage people’s sensitive information. A privacy notice was displayed in the retail area. Pharmacy team members understood their obligations to manage safeguarding concerns. Team members discussed their concerns with the pharmacist and a list of contact details for relevant local agencies was displayed on the wall for ease of access. The pharmacist was a member of the Protecting Vulnerable Groups (PVG) scheme and had completed additional safeguarding training via NHS Education for Scotland (NES).

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough skilled team members to manage its workload. They work well together and communicate effectively. Team members have the correct training for their role, and they complete ongoing training to help keep their knowledge and skills up to date. Team members feel confident to suggest ideas to improve the pharmacy processes. And they understand how to raise a professional concern if required.

Inspector's evidence

Present on the day of the inspection was a locum pharmacist who was the RP, a full-time dispenser who was also the assistant manager of the retail store, one part-time dispenser and two part-time trainee dispensers. The pharmacy also employed a part time pharmacist who worked four days per week, a full-time trainee technician and two part-time medicine counter assistants who were not present at the time of inspection. The locum pharmacist present on the day of inspection had been working regularly in the pharmacy for three months which had provided more stability for the team. The store manager was actively recruiting for a pharmacist to work three days per week. Team members had all completed accredited training for their role or were enrolled on an accredited training course. Team members were observed working well together and managing the workload. There were two key team members who helped to delegate responsibilities in the absence of the regular pharmacist which the team found very supportive. Planned leave requests were managed so that only one team member was absent at a time. Team members were able to rotate tasks so that all tasks could be effectively completed during these times of absence.

Team members who were enrolled on an accredited training course received one hour of protected learning time each week. Their training had included reading SOPs, and on topics such as information governance and safeguarding. They completed some of this training via an online learning platform. Team members explained how they had regular informal discussions with the supervising pharmacist regarding their training and felt supported. Team members also completed regular ongoing training that was relevant to their role such as training relating to the Safe Space campaign where people experiencing domestic abuse receive support and advice. They were given some protected learning time to complete these.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they identified repeated requests from people for medicines subject to misuse, for example, codeine linctus. The team described a recent example for such a request where the pharmacist made an intervention.

Team members attended monthly formal team meetings where they discussed alerts from head office and any learnings from near misses or dispensing incidents. These meetings were led by the pharmacy patient safety champion, but all team members contributed to the meeting. The team felt comfortable to raise any concerns with their pharmacist or store managers in the first instance. They also felt comfortable to make improvement suggestions to the pharmacist. Recently a team member had suggested and implemented a new Medicines: Care and Review (MCR) prescription storage solution to help manage the increased volume of prescriptions. The regional manager visited the pharmacy regularly and provided support to the team. The pharmacy had a whistleblowing policy in place and

team members knew how to access. The team had not received a formal appraisal but had regular informal discussions with their manager. There were targets set for some pharmacy services, to help provide services for people and team members did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is suitable for the services it provides, and it is maintained to a high standard. It has a private consultation room and other suitable facilities where people can have confidential conversations with a pharmacy team member.

Inspector's evidence

The pharmacy premises were very clean and maintained to a very high standard. Team members had ample space to dispense medicines. There were clearly defined areas used for the dispensing process and a separate area to dispense medicines into multi-compartment compliance packs at the rear of the dispensary. There was a separate bench used by the RP to complete the final checking process located at the rear of the dispensary. The pharmacy had sufficient space to store its medicines. And there were shelves to store prescriptions waiting to be checked which allowed the pharmacy benches to remain clear. The good-sized, private consultation room was clearly signposted and kept locked when not in use. Team members used a hatch bewtween the dispensary and the retail area to have more private conversations with people.

There was a clean, well-maintained sink in the dispensary used for medicines preparation. The pharmacy had shared staff toilets with the retail store, with sinks that provided hot and cold running water. The pharmacy kept its heating and lighting to acceptable levels.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services which are easily accessible for people. It manages its services well and provides them safely. The team reviews its services to ensure it can manage the workload. The pharmacy receives its medicines from reputable sources. And it stores them appropriately. The team carries out regular checks to ensure they are fit for purpose.

Inspector's evidence

The pharmacy had good physical access with a level entrance into the shopping mall and retail store. The pharmacy displayed its opening hours and services at the entrance to the retail store. The pharmacy had an information leaflet which provided people with details of the services it offered and the contact details of the pharmacy. The team also kept a range of healthcare information leaflets for people to read or take away.

Team members demonstrated a good awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They explained how they would highlight any prescriptions for valproate for the attention of the RP. They knew to apply dispensing labels to the packs in a way that prevented the written warnings on the packs from being covered up. The pharmacy supplied patient information leaflets and patient cards with every supply. And they always supplied valproate in the original manufacturer's pack. Team members used various alert cards to attach to prescriptions for people’s dispensed medicines. They used these as a prompt before they handed out medicines to people which may require further intervention from the pharmacist.

The pharmacy provided separate areas for labelling, dispensing, and checking of prescriptions. Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. Team members signed dispensing labels to maintain an audit trail. The audit trail helped to identify which team member had dispensed and checked the medicine. The pharmacy gave owing slips to people when the pharmacy could not supply the full quantity of medicines prescribed. The pharmacy offered a delivery service and kept records of completed deliveries.

The pharmacy dispensed serial prescriptions as part of the MCR service. This allowed it to dispense the medicines in advance of people collecting. The team sent a text message to alert people that their prescription was ready for collection. Team members monitored compliance of people collecting these prescriptions. The pharmacy had found that the number of MCR serial prescriptions were continuing to increase. As a result, they modified the storage of these prescriptions from alphabetically to being stored under the date the prescription was due. This enabled the team to plan their workload as they had more awareness of the number of prescriptions to be dispensed each week. The NHS Pharmacy First Plus service was popular particularly due to the location and weekend opening hours of the pharmacy.

The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs to help them better manage their medicines. Team members used a tracker to help team members plan and monitor the dispensing process. They used medication record sheets which

contained a list of each person's medicines and dosage times. Team members cross referenced prescriptions with the medication record sheets to make sure prescriptions were accurate. They documented any changes to the person's medication regime on these sheets. For example, if a treatment had been stopped. The packs were annotated with detailed descriptions of the medicines inside which allowed people to distinguish between each medicine within the compliance pack. The pharmacy supplied the packs with patient information leaflets, so people had access to full information about their medicines. The compliance packs were signed by the dispenser and RP so there was a full audit trail of who had been involved in the process. The pharmacy also supplied medicines in their original pack with medication administration records (MAR) to people who lived in an assisted living facility. The team had only recently started supplying this service as it had transferred from a neighbouring pharmacy. The team had reviewed their compliance pack dispensing workload in preparation and transferred some of these to the neighbouring pharmacy to ensure they had capacity to provide the MAR service.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy counter so the RP could supervise sales. It obtained medicines from licensed wholesalers and stored these tidily on shelves and in drawers. The team were currently rearranging the location of the medicines to improve the efficiency of the dispensing process. The pharmacy had a process for the team to check the expiry dates of the pharmacy's medicines. This was normally completed at the weekend when the pharmacy was quieter. The team demonstrated that it was up to date with the process and had a log of when this was completed. No out-of-date medicines were found following a check of randomly selected medicines. There was evidence of short-dated stickers on pharmacy medicines which were due to expire soon. The pharmacy had a medical grade fridge to store medicines that required cold storage. And the team kept records of the fridges' minimum and maximum temperature ranges. A sample of the records seen showed the fridge was operating within the correct range of between two and eight degrees Celsius. The team marked liquid medicines with details of their opening dates to ensure they remained safe to supply. The pharmacy received medicine alerts and recalls electronically through email. The team actioned the alert and kept a record of the action taken. This included a recent drug alert for Beconase which the team had actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has suitable equipment to provide its services. And it uses equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF) and the BNF for children. There was also access to internet and intranet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use.

The pharmacy stored dispensed medicines awaiting collection, in a way that prevented members of the public seeing people's confidential information. Computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with 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.