

Registered pharmacy inspection report

Pharmacy Name: Boots, Kingston Hospital, Galsworthy Road,
KINGSTON UPON THAMES, Surrey, KT2 7QB

Pharmacy reference: 1125186

Type of pharmacy: Hospital

Date of inspection: 20/01/2020

Pharmacy context

A Boots Outpatient pharmacy located in Kingston Hospital, Surrey. The pharmacy provides services to hospital outpatients and provides medicines on a named patient basis for some day-clinics in the hospital.

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 regularly reviews its practices to make them safer and more effective. The pharmacy team identifies and manages risks in the pharmacy appropriately. Team members record their errors and learn from them to stop them happening again. They are clear about their roles and responsibilities and work in a safe and professional way. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

The pharmacy team recorded its near misses and reviewed them at the end of each month in a 'Patient Safety Review'. The pharmacist explained that near misses, interactions and errors were also reported on Datix, the hospital's incident reporting system. During the 'Patient Safety Reviews', all the incidents were discussed, and the team would find ways to help reduce the likelihood of similar incidents recurring. The team had highlighted all the 'Look Alike Sound Alike' drugs on the shelves to ensure they were dispensing and checking them carefully. The team received 'The Professional Standard' newsletter from their Superintendent's office every month and the latest newsletter the pharmacy had included information about counselling and the hand out process. The pharmacist explained that the team had recently started ensuring all paediatric prescriptions are checked by two different pharmacists as they do with chemotherapy and haematology prescriptions as they felt the risks of something going wrong with paediatric prescriptions was higher.

The team used Pharmacist Information Forms (PIFs) to communicate messages about the patient's medicines to the pharmacist. Such information included whether the medicine was new to the patient, whether anything had changed since the last time they received it or whether the patient had any allergies. The form also had a blank box to write any further information that the medicines counter assistant or that dispenser thought the pharmacist should be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed drugs to prevent mixing up different prescriptions and an audit trail was observed being used by the members of the pharmacy team where they signed the prescription to identify who dispensed, clinically checked, accuracy checked and handed out a prescription. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. All the standard operating procedures (SOPs) had the roles and responsibilities of the staff set out and the team members were clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of anything. A certificate of public liability and professional indemnity insurance was held electronically on the company's intranet and was valid until the end of July 2020. A complaints procedure was in place and feedback could be provided through the hospital's Patient Advice and Liaison Service (PALs). A patient satisfaction survey was undertaken twice a year and customers were randomly selected to provide feedback on the store by completing an online survey or by contacting the company's customer care centre. Customer feedback was discussed at regular team meetings. The pharmacy and the healthcare team have received positive feedback from the trust and patients. A prescription collection area was introduced following patient and customer feedback.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Longtec (oxycodone) 10mg tablets was checked for record accuracy and was seen to be correct. The CD stock was balance checked every week by the pharmacist. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential waste paper was collected in blue confidential waste bins which were removed by the company for destruction. Information governance (IG) practice was reviewed annually in the pharmacy. The pharmacists and technician had completed the level 2 Centre for Post-graduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff had completed. The team explained that they were all confident that they could recognize the signs to look out for which may indicate safeguarding issues in both children and vulnerable adults. A list of key safeguarding contacts was on display in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It makes sure that its team members are appropriately trained for the jobs they do. And they complete additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

On the day of inspection, there were three pharmacists, one technician who was training to become an accredited checking technician, five NVQ Level 2 dispensers and one medicines counter assistant. The staff were seen to be working well together and supporting one another. The pharmacist explained that due to the nature of the services delivered in the pharmacy, there were a few other pharmacists in the company who were also trained in the outpatient's pharmacy so that they could provide cover when required.

The staff completed online training modules on the company's intranet. The modules consisted of compulsory modules and assessments covering topics from all aspects of the pharmacy, including medical conditions, health and safety, law and ethics and over-the-counter products. There was also a library of training modules available for staff to choose and complete voluntarily if they felt their knowledge in an area needed improvement. The team explained that they were provided with time during the working day to complete training and they also received 'The Tutor' training packs to ensure they were kept up to date with relevant healthcare information. The team also ensured they completed CPD cycles around their learning and how this could impact their work.

The team were aware of how to raise concerns and to whom. There was a whistleblowing policy in place and the team completed an annual satisfaction survey where they were able to provide feedback about their day-to-day roles, the company and any areas of improvement they'd like to see. There were targets in place for stock management, but the pharmacist explained that the team did not have any commercial targets and they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was in a hospital and included a retail area, a medicines counter, consultation room and dispensary. The pharmacy was well presented from the public view. The retail area and medicines counter were well defined away from the dispensary. The dispensary was modern in appearance with well-maintained fixtures and fittings. The pharmacy was clean and tidy, and the team explained that they cleaned the pharmacy between themselves when it was a bit quieter and they had a cleaner who cleaned the floors and emptied the bins.

The consultation room allowed for confidential conversations, was locked when not in use and included a table, seating, a clean sink and storage. There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves and in the drawers in a generic and alphabetical manner and the shelves were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. The lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

The pharmacy was level with the main entrance of the hospital and signposted. There was step-free access into the pharmacy and seating for patients or customers waiting for services. In the waiting area was a screen which identified patients whose prescriptions were ready. The pharmacy, its counter and its consultation room were accessible to all including patients with mobility difficulties. There was also an induction loop available should a patient require its use. Staff knew what services were offered from the pharmacy and where to signpost patients to if a service was not available. A delivery service was offered to nearby selected Boots stores, which acted as collection points, in locations more convenient to patients needing to collect any outstanding medication.

The dispensing service was provided by staff working to agreed SOPs written specifically by the company for hospital procedures. Dispensed products were assembled by trained staff who were seen to initial each dispensing label, medicines were not supplied until they were checked by a pharmacist who was seen initialling the dispensing label. Patient information leaflets were routinely supplied. Clear bags were used for dispensed CDs and insulins to allow the person handing over the medication and the patient or their representative to see what was being supplied and query any items. A reminder card was used to alert the person handing the medication over that these items had to be added. There were procedures in place to identify patients receiving high risks medicines, such as anticoagulants, cytotoxics and insulin, and ensure that these patients were counselled on the use of their medicines and the management of their condition. Outpatients who have been prescribed high risk medicines, such as anticoagulants and cytotoxics, were routinely counselled to check they understood their treatment plan and the importance of regular blood tests. The pharmacist also described how all patients taking high risk medicines such as thalidomide and lenalidomide completed a form assessing the safety of these medicines before they were supplied. The pharmacist explained that the team also followed hospital procedures and guideline for dispensing specific medicines and if they were unsure of something which had been prescribed, they could contact specialist pharmacists in the in-patient pharmacy for further assistance.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare, Mawdsley and Phoenix to obtain medicines and medical devices. Invoices were seen to verify this. The pharmacy also sourced some medicines direct from the manufacturers. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were maintained. The staff used "caution short dated stock" stickers when stock was short dated.

Anything which was expiring in the next six months was recorded and then pulled out of stock the month before it expired. Opened stock bottles examined during the inspection were seen to include the date of opening on them and the fridges were in good working order and the stock inside was stored in an orderly manner. There was one CD cabinet in the pharmacy which was secured to the floor of the dispensary in accordance with regulations. The pharmacy team was aware of the European Falsified Medicines Directive (FMD) and were working with the hospital to implement this on the JAC system. MHRA alerts came to the pharmacy electronically through the company's intranet and from the hospital's inpatient pharmacy and they were actioned appropriately. Recently, the team had dealt with a recall for ranitidine tablets. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when and they were also recorded on the Patient Safety Review at the end of each month. The team kept an audit trail of all the recall notices they had received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure its equipment is kept clean.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml, 50ml and 10ml measures. Amber medicines bottles were seen to be capped when stored and there were counting triangles as well as capsule counters. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them.

Electrical equipment appeared to be in good working order and was PAT checked annually. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources.

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.