

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Kingsley Village Shopping Park, Fraddon, St. Columb, Cornwall, TR9 6NA

**Pharmacy reference:** 9011184

**Type of pharmacy:** Community

**Date of inspection:** 25/11/2019

## Pharmacy context

The pharmacy is located on a retail park in Fraddon, Cornwall. It opened in June 2019. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS), a minor ailments scheme and the supply of emergency hormonal contraception. It also runs a travel clinic and offers vaccinations against flu, chickenpox and meningitis B.

## 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 identifies and manages its risks appropriately. It reviews its practices to make them safer and more effective. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback provided. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the law. And it keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had adequate processes in place to monitor and reduce risks. Near misses were routinely recorded on a paper log and contained details of the error and a brief reflection on the cause and the learning points. The pharmacy used the company's new patient medication record (PMR) system (Columbus). Responsible pharmacist (RP) described how products were scanned after they had been labelled and dispensed. This had reduced selection errors as the PMR alerted the pharmacy advisor when the product did not match the item labelled. Errors recorded on the near miss log mainly involved the dispensing of the incorrect quantity of medicine. The pharmacy team were focussing on reducing these errors by ensuring that quantities were double-checked, particularly when loose tablets were counted out. Pharmacy advisors were trained to use the company produced accuracy checking tool which had helped to reduce errors.

Dispensing incidents were recorded on the pharmacy incident and error reporting system (PIERs). When errors were identified, they were discussed as a team to identify the potential contributing factors. Shelf-edge alerts had been placed at the locations of selected drugs, including amitriptyline and amlodipine, as part of the company's 'look-alike, sound-alike' (LASA) campaign. Laminated signs were displayed on computer terminals listing the fourteen drugs highlighted as high risk by the superintendent's office. All staff were briefed to say the name of LASA drugs out loud when picking to try and reduce errors. The pharmacy had recently added LASA alerts to the locations of rosuvastatin and rivaroxaban following company-wide incidents. The team used the 'Pharmacist Information Forms' (PIFs) that were attached to all prescriptions to alert the pharmacist to these drugs and the strength dispensed, along with any other clinically relevant information.

Monthly patient safety reports were completed by the RP, after seeking the views and involvement of the pharmacy team. The patient safety reports contained a review of all near misses and dispensing incidents and led to the generation of action plans to reduce errors. The action plans generated through the patient safety report were shared with all team members through a team huddle and through individual briefings. The most recent action plan had focussed on reducing handout errors by making additional checks on the identity of the person collecting, such as the postcode. Bag labels were also initialled by the team member handing them out to show that these checks had been made. The pharmacy team received and reviewed the monthly professional standard document supplied by the company's head office.

Standard operating procedures (SOPs) were in place to cover all activities carried out in the pharmacy. They were up to date and were regularly reviewed. They had been adopted by the RP. Team members

had signed the SOPs to show that they had read and understood them. Roles and responsibilities of the pharmacy team members were detailed in the RP SOPs. A pharmacy advisor could describe the activities that could not be undertaken in the absence of the RP.

The RP described how, before implementing a new service, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by handing customers cards inviting them to complete an online survey. The pharmacy had not been open long enough to complete the yearly Community Pharmacy Patient Questionnaire. A complaints procedure was available in the practice leaflet which was displayed in the retail area. The manager shared some recent positive feedback received online praising the RP for the quality of the service provided during a flu vaccination. The pharmacy team were working to build relationships with the local GP surgeries, despite local resistance surrounding the new contract.

Professional indemnity and public liability insurances were provided by the XL Insurance Company SE with an expiry of 31 July 2020.

RP records were maintained in a log and the correct RP certificate was displayed. Records of emergency supplies and private prescriptions were held on the PMR system and were in order. Records of the supply of unlicensed special medicines were kept but certificates of conformity did not contain the details of to whom the product had been supplied. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly. A random stock balance check of Longtec 10mg tablets was accurate. A register was available for patient returned CDs were recorded in a separate register. It had no entries as the pharmacy had received no returned CDs.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Written consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 e-Learning provided by the company. Local contacts for the escalation of concerns were displayed on the wall of the dispensary. Staff were aware of the signs requiring referral and gave an example of an appropriate referrals.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

### Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, there was a second locum pharmacist and two pharmacy advisors. There were also a range of other team members who did not work in the pharmacy. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered by the manager and the assistant manager, both of whom were trained pharmacy advisors. In an emergency, the manager would call on support from other local stores.

The pharmacy team reported that they were allocated protected time to learn during working hours. Resources accessed included the 30-minute tutors supplied by the company, e-Learning and CPPE packages and revised SOPs. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required. Pharmacy team members reviewed each other's performance when selling medicines or handing out prescriptions. They gave each other feedback to improve performance and recorded the results on an online survey system.

Team members felt able to raise concerns and give feedback to the store manager and the RP, both of whom they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that she found the targets set manageable. She was able to use her professional judgement to make decisions. She would only undertake services such as MURs that were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy was located on a new purpose-built retail park in Fraddon, Cornwall. It opened in June 2019. There was a large retail area selling a range of health and beauty products. To the rear of the shop were the healthcare counter and the dispensary. A small waiting area was available which had several chairs. A large consultation room was installed in the pharmacy so that people could have conversations in private. The consultation room was used several times during the inspection. The room was soundproofed and conversations could not be overheard from outside. It was locked when not in use.

The dispensary was of an adequate size and was tidy and well organised. All fixtures and fittings were well maintained. Stock was stored neatly on shelves and in pull out drawers. The dispensing benches were clear of clutter. On the mezzanine floor, there was a stock room, several offices and staff facilities, including a toilet and shower. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines. Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It usually makes a record of this additional advice to demonstrate that it has been given. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access and an automatic door. Both the pharmacy and the consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy and the RP was accredited to provide all of the promoted services. A pharmacy advisor described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. The labels of dispensed items were initialled when dispensed and checked. Coloured laminates were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with laminates. The RP described that she checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Laminates were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the PMR.

The pharmacy offered a range of additional services including flu vaccinations, a travel clinic and the supply of emergency hormonal contraception. The patient group directions covering these services were seen and had been signed by the RP, who was the only pharmacist providing the service. The declaration of competence of the RP for administering flu vaccinations was seen. The pharmacy ensured the smooth running of the services by offering an online booking service. They would block out times when they anticipated being very busy, or when they knew that the RP, or a second pharmacist, was not available. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics. There was a poster displayed to support the current national campaign of Stoptober. The pharmacy had received referrals from NHS111 for the CPCS. The manager explained that pharmacy team members regularly checked the NHS email account and contacted people referred to the service as quickly as possible. The pharmacy stocked a range of medicines prescribed for palliative care as part of a locally commissioned service. The RP had liaised

with local GP practices to inform them of what was held in stock and could therefore be provided at short notice. The pharmacy offered services for substance misusers including supervised consumption. At the time of the inspection, nobody was regularly collecting instalment prescriptions. But the RP was aware of the local policy for reporting missed doses and said that she would contact the local drug and alcohol team if the person did not collect for three days, or if she had any other concerns about their welfare.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy did not have stickers for staff to apply to dispensing boxes to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards could also not be found. The RP said that she would arrange for more to be sent to the pharmacy by contacting the manufacturers of the main valproate product dispensed.

The pharmacy did not dispense medicines into multi-compartment compliance aids. But they had a proforma to decide if a compliance aid was the most appropriate solution for a person requesting it and could refer them to nearby pharmacies if it was deemed appropriate.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken regularly and the entire dispensary was checked every 3 months. Spot checks revealed no date expired stock or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from Alliance Specials. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they were not verifying nor decommissioning stock at the time of the inspection. The updated PMR system had the capability to be FMD compliant. The pharmacy's SOPs were being updated to reflect the changes FMD would bring to the pharmacy's processes.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication. And a hazardous waste bin was available for the disposal of cytotoxic and cytostatic medicines.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The dispensary sinks were clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with opaque fronts with no details visible to people waiting.

### 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.