

Registered pharmacy inspection report

Pharmacy Name: Boots, The Portacabin, Great Western Hospital,
Marlborough Road, Swindon, Wiltshire, SN3 6BB

Pharmacy reference: 9011556

Type of pharmacy: Hospital

Date of inspection: 25/05/2021

Pharmacy context

This is an outpatient pharmacy operated by Boots and located in a large portacabin outside of Great Western Hospital in Swindon, Wiltshire. It mainly serves the outpatients of Great Western hospital who are from a variety of age ranges and backgrounds. The pharmacy opens seven days a week. The pharmacy predominately dispenses hospital outpatient prescriptions. The pharmacy has a service level agreement to supply methotrexate and etanercept injections to homecare patients. This inspection took place during the COVID-19 pandemic.

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	Good practice	1.1	Good practice	The pharmacy team regularly record near misses to help them learn and to prevent similar incidents in the future.
		1.2	Good practice	The pharmacy team regularly review the safety and quality of pharmacy services well
		1.8	Good practice	The pharmacy team have robust safeguarding procedures in place
2. Staff	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded 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 team help people manage their high-risk medicines effectively.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members had procedures in place to record and review mistakes when they happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Staff were wearing facemasks in the pharmacy. People were encouraged to wear face masks when attending the pharmacy. There were stickers on the floor to help people maintain social distancing in the retail area of the pharmacy.

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months displayed in the dispensary. Based on previous near misses involving quantity errors, the pharmacy team were circling quantities on some prescriptions to raise awareness of the issue. A clinical governance pharmacist had also visited the pharmacy and liaised with the team about how to implement processes to mitigate the risk of errors.

Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Dispensing errors were also reported to the hospital. Every month, a patient safety review was carried out by the pharmacist and trends are looked for as well as changes that need to occur to reduce the incidence of errors occurring. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. These reviews were regularly completed by the pharmacy team and accessible in the dispensary.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback on a regular basis using service user questionnaire forms. A certificate of public liability and indemnity insurance was held electronically on the company's intranet and was valid and in date.

Records of controlled drugs (CD) and patient returned CDs were seen to be retained. CD balances were checked weekly. A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the 2 to 8 degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. Short dated stock was marked for with stickers. The private prescription and specials records were retained and were seen to be in order. The pharmacy team did not routinely give emergency supplies and so these records were not seen.

Confidential waste was collected in confidential waste bins and this was removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team were required to complete an e-learning programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff were required to complete. The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Staff could locate local contact details to raise safeguarding concerns or ask for advice about them.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There were four pharmacists, six dispensing assistants and two medicines counter assistants present during the inspection. The staff were observed to be working well together and providing support to one another when required. There were sufficient staff to provide the services offered during the inspection.

Staff performance was monitored and reviewed formally annually. In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services provided. The pharmacy staff were required to complete training on the hospital NHS platform. This included specific training on their services such as methotrexate injection supply and the subsequent monitoring requirements, for example. Staff reported that they received protected time to complete their required training.

The pharmacy team reported that the pharmacy team would hold patient safety meetings monthly and advise staff on the learning from the patient safety reviews. Professional standards documents were released by head office regularly and were read by staff. The pharmacy manager had monthly meetings with the hospital and quarterly meetings with the chief pharmacist of the hospital for information sharing.

Staff explained that they felt comfortable to raise any concerns they had with the pharmacy manager or their area manager. Staff were aware of the whistleblowing procedure on questioning. There were 20 key performance indicator targets (KPIs) in place, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them. The pharmacy manager explained that the pharmacy regularly achieved 'green' ratings for these KPIs, such as 92% of prescription items being dispensed within 20 minutes.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had relocated from inside the hospital to a large portacabin in March 2021. The portacabin had been set up in the car park of the Great Western Hospital. It had a clean, bright and professional appearance. It had a retail area toward the front and a spacious dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a plastic screen separating the retail area from the dispensary. There was a daily cleaning rota in place and extra cleaning had been implemented in response to the COVID-19 pandemic.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner. The consultation room was spacious and well soundproofed. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team help people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users. During the COVID-19 pandemic, staff reported that they had instructed some patients to stay in their cars while staff delivered medicines to them in the car park. The pharmacy had a prescription tracking system which let people know when their prescription was ready by using a screen which was in the waiting area of the pharmacy. The pharmacy was in the process of updating the software so that a voice would call out when a prescription was ready, which may help people with sight difficulties.

The pharmacy team offered a homecare service for the supply of methotrexate and etanercept injections. This was in conjunction with services provided by the gastroenterology, rheumatology and dermatology departments in the hospital. These medicines were dispensed in the pharmacy and delivered to a local Boots pharmacy for collection by the patient. Alternatively, the patient could collect the medicine from the pharmacy.

As part of the homecare service, the pharmacy team would contact patients who use methotrexate injections every 12 weeks and patients who use etanercept injections every 8 weeks. During these calls, the pharmacy team could ask about adherence to the treatment regimen, ask about recent blood tests and provide advice to help patients manage their conditions. Practical advice on medicine storage, administration and side effects could also be provided. For example, the pharmacy team would check if patients on methotrexate injections were being prescribed folic acid supplementation by the general practitioner. If necessary, patients could be invited to attend teaching sessions on how to administer their medication. The pharmacy team worked closely with the relevant consultations in the hospital to monitor any potential problems patients were having with these high-risk medicines. This service catered to around 700 patients in total.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that she would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they are aware of these and query if they were taking effective contraception.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via a variety of suppliers such as Nova Laboratories, Rosemont and Celgene. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out of date medicines. A bin for the disposal of hazardous waste was also available for use. Waste was collected regularly and the pharmacy team explained they would contact the

contractors if they required more frequent waste collection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were appropriately marked.

The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to demonstrate this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped conical measures available for use. Amber medicines bottles were capped when stored. A counting triangle was also available for use. The pharmacy team had access to hand sanitiser. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were four fridges in the pharmacy. One was out of order and this had been reported to the maintenance team. It was not used to store thermolabile medicines at the time of the inspection. The other three fridges were in good working order and the maximum and minimum temperatures were recorded daily and were between 2 to 8 degrees Celsius.

The computers were all password protected and patient information was safeguarded.

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.