

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 100 Mount Road, Southdown, BATH, Avon,  
BA2 1LN

**Pharmacy reference:** 1028559

**Type of pharmacy:** Community

**Date of inspection:** 03/04/2019

## Pharmacy context

This is a community pharmacy located on a parade of shops in a suburb of Bath. It serves its local population which is mixed in age range and background. The pharmacy opens five days a week. The pharmacy sells a range of over-the-counter medicines and dispenses NHS prescriptions, supplies medicines in multi-compartment compliance devices for people to use living in their own homes and provides flu vaccination services.

## 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	1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and can demonstrate having used these.
<b>2. Staff</b>	Standards met	2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
<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 has written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that 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 protect people's confidential information well 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

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. The pharmacy team highlighted 'sound alike' and 'look alike' medicines on the dispensary shelving. Based on previous errors, amitriptyline and amlodipine had been separated on the dispensing shelf. Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation.

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 they need to watch out for and the pharmacist would talk to each individual member of the pharmacy team about the areas they each need to be aware of.

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 an annual basis using Community Pharmacy Patient Questionnaires (CPPQs). They also gathered customer feedback in a real-time approach using 'smg360' software.

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 controlled drugs were seen to be retained. The address that a CD was received from was often omitted from the records and the inspector proffered advice about this. Controlled drug balances were checked weekly. Patient returned CDs were appropriately labelled and separated from regular CD stock.

The responsible pharmacist record was seen as being retained and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and were always in the two to eight 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, emergency supply and specials records were retained and were seen to be in order.

Conversations inside the consultation room could not be heard outside. There were cordless telephones available for use and confidential waste was collected in blue 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.

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. Staff were aware of the signs to look out for that may indicate safeguarding concerns and had contact details available for safeguarding concerns, referrals and advice. The pharmacist gave an example of having previously raised a safeguarding concern about a patient who had dementia and was receiving multi-compartment compliance devices (MDS trays).

## Principle 2 - Staffing ✓ Standards met

### 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 was one pharmacist and two dispensing assistants present during the inspection. The staff were observed to be working well together and providing support to one another when required. Staff reported that they had a vacancy for a dispensing assistant for 40 hours a week. In addition, they had lost an accuracy checking technician in February which had increased the workload pressures on them considerably. They reported that although they were mostly able to keep up to date with their service provisions, they did occasionally fall behind on their dispensing activity.

Staff performance was monitored and reviewed formally annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff. The staff reported that they completed training online and had regular updates to their knowledge and understanding of products and services. Staff had recently completed customer care training which they said helped them serve people more effectively.

The pharmacist reported that he would hold patient safety meetings monthly and advise staff on the learning from the patient safety reviews. Professional standards documents highlighting patient safety issues were released by head office to allow for the sharing of learning across the company.

Staff explained that they felt comfortable to raise any concerns they had with the pharmacy manager or their area manager. As a result of staff feedback, staff were clearly highlighting the date on controlled drug prescriptions to reduce the risk that these would be handed out outside of the 28 day expiry date. There was also a whistleblowing policy in place which staff were aware of and were happy to use should they require it.

There were targets in place for MURs and NMS but the pharmacist explained that he did not feel any pressure to deliver these targets and would never compromise his professional judgement to achieve targets.

## 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 private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy was clean, tidy was presented in a professional manner. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing.

Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. P medicines were stored close to the retail area of the pharmacy. The inspector gave advice about this. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, store and manage 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

There was step-free access to the entrance available and adequate seating for patients and customers who were waiting for services. Services were displayed on leaflets around the pharmacy. A hearing loop was available for patients with hearing difficulties. Large label printing was available for patients with sight difficulties.

The pharmacy team had completed 215 Medicines Use Reviews (MURs) during the last financial year and always gained signed consent to do this service. The pharmacist reported that he would focus on patient groups such as those taking high-risk medicines, patients who had respiratory disease or patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing to valproate to all people in the at-risk group. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception. Pharmacist information forms (PIFs) were used to highlight services that staff had identified may be beneficial to patients. A text message was sent to patients to advise them when their medication was ready for collection.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via BCM specials. Invoices from these wholesalers were seen.

Destruction kits for the destruction of controlled drugs were on order. Designated destruction bins were available and being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was also available for use. Waste collection was regular and the 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. A bottle of medicine was found on the dispensary shelf which had expired on 16 March 2019. The inspector gave advice about this.

The pharmacy team were aware of the European Falsified Medicines Directive (FMD). Boots head office was currently in the process of rolling equipment and software out to their pharmacies. The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the pharmacy electronically through the company's intranet and the pharmacist

explained that these were actioned appropriately. But audit trails were not routinely kept to show what had happened and the pharmacist agreed to address this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for a CD liquid. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. 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 was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Designated medicine destruction bins were available for use and there was sufficient storage for medicines. 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.