

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: 18/10/2022

Pharmacy context

This is a community pharmacy which is based on a parade of shops in a residential area of Bath. It serves its local population which is mostly elderly. The pharmacy opens five days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and provides flu vaccinations privately and for the NHS.

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 has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They 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 generally 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. People were encouraged to wear face masks when attending the pharmacy. The pharmacy team wore face masks while working.

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. The pharmacy team had not recorded many near misses in previous months due to staffing issues, but the pharmacy manager had recently restarted this and was committed to reviewing patient safety issues regularly.

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 looking for trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. The pharmacy manager was in the process of completing the most recent patient safety review during the inspection.

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 by encouraging people to submit comments via the company website. 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

two to eight degrees Celsius range. 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 seen to be completed appropriately. Short-dated stock was marked for with stickers. The private prescription and emergency supply were retained and were in order. The pharmacy team could not locate the specials records at the time of the inspection.

Confidential waste was collected in confidential waste bags and these were removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team was required to complete an e-learning programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR). There were some assembled bags of medicines stored in the consultation room which contained patient details such as names and addresses. The pharmacist gave an assurance that these would be removed after the inspection.

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. Both pharmacists 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 not locate local contact details to raise safeguarding concerns and the pharmacy manager agreed to address this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members 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 two pharmacists, one accuracy checking technician and one dispensing assistant present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles.

Staff performance was monitored and 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 and medicinal products provided. The pharmacy team gave an example of completing safeguarding training. They reported that this had increased their awareness and ability to recognise potential safeguarding issues and adults and vulnerable children.

The pharmacy team reported that the pharmacy team would hold patient safety meetings monthly and advise all staff of any relevant learning. Professional standards documents were released by head office regularly. But the most recent one had not been read by the team at the time of the inspection.

Staff explained that they felt comfortable with raising any concerns they had with the pharmacy manager or their area manager. Staff were aware of the whistleblowing procedure on questioning. There were targets in place at the pharmacy, 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.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. Some medicines, such as different strengths of lisinopril, were mixed together. This may increase the risk of selection errors. The pharmacy team reported that they were re-organising some of the dispensary shelving because medicines were stored in this manner.

The consultation room was small and was used to store a box of assembled medicines. This was because storage space in the dispensary was limited. The pharmacy team were in the process of tidying the consultation room so that it presented a more professional image to people. The pharmacy manager confirmed that people were not left in the consultation room on their own. The consultation room had a transparent glass window which meant that people may be able to see what was happening inside. The pharmacist agreed to address this. 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 helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was a touch-free electronic automatic door for people to use if required. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team offered both private and NHS flu vaccinations. At the time of the inspection, they had administered around 140 flu vaccinations. The pharmacist reported that she had complete face to face training two years ago and had yearly online refresher training.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent 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 the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place.

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 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 not available for use during the inspection. 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 fridge was 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 verify this although these were out of date by approximately one month.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle and a capsule counter were 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, including 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. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store 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.