

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 59 Broadmead, BRISTOL, Avon, BS1 3EA

**Pharmacy reference:** 1028595

**Type of pharmacy:** Community

**Date of inspection:** 19/06/2019

## Pharmacy context

This is a community pharmacy located in a shopping area in the centre of Bristol. A range of people use the pharmacy's services. The pharmacy dispenses NHS as well as private prescriptions. It offers a range of services such as Medicines Use Reviews (MURs), the New Medicines Service (NMS), seasonal flu vaccinations, malaria prophylaxis as well as travel vaccinations.

## 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	2.1	Good practice	The pharmacy has enough staff to ensure its services are provided safely and effectively
		2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or they are working under the supervision of another person while they are in training
		2.4	Good practice	The pharmacy has adopted a strong culture of learning. Members of the pharmacy management team as well as the pharmacy technician are proactive in ensuring staff are suitably trained. And, the company has provided resources to ensure their knowledge is kept up to date
<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 most risks effectively. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from these. They understand how they can protect the welfare of vulnerable people. And, in general, the pharmacy maintains most of its records in accordance with the law.

### Inspector's evidence

The pharmacy held documented Standard Operating Procedures (SOPs) to support its services. These were reviewed regularly, members of the pharmacy team had read the SOPs. Staff were clear on their roles and responsibilities, they knew when to refer to the Responsible Pharmacist (RP) and which activities were permissible in the absence of the RP. However, details of the team's roles and responsibilities required updating in the matrix that was used for this purpose.

The pharmacist's RP notice was on display and this provided details about the pharmacist in charge of operational activities, on the day. However, the notice was propped up against a unit that faced inwards towards the pharmacy and this meant that details were not clearly visible to the public.

The pharmacy's paperwork was organised, and its workload was manageable. The pharmacy technician explained that a high volume of walk-in prescriptions was seen because of the clinics situated in the upstairs portions of the premises (see Principle 3). Dispensing staff assembled prescriptions when it was suitable to do so, on the front bench but passed back larger items or if they felt that they were unable to manage here. Staff also described taking their time when dispensing to help reduce mistakes occurring and/or increased the waiting times to help with this.

The pharmacy technician recorded details of near misses for the team, these were reviewed every week and at the end of every month. Staff explained that near misses had reduced since the pharmacy's system had changed because they were now scanning medicines. Key learning points were recorded, and staff were briefed about significant events. The company's Patient Safety Review (PSR) was used as part of the review process and details were seen documented. The pharmacy manager also completed clinical governance checklists every week.

The pharmacy's practice leaflet was on display and this provided information about its complaints process. The pharmacy manager described checking relevant details, investigating, recording information as well as informing the person's GP if any incorrect medicine was taken.

The team was trained on data protection through completing the company's e-learning module and they had signed confidentiality clauses. Staff segregated confidential waste before it was shredded. There was no confidential information present in areas that were accessible to the public, and sensitive details present on bagged prescriptions awaiting collection could not be seen from the front counter. The pharmacy informed people about how it maintained their privacy. The RP had accessed Summary Care Records for emergency supplies or in an emergency and consent was obtained verbally/details appropriately documented.

Staff could identify signs of concern to safeguard vulnerable people, they referred to the RP in the first instance. Staff had completed e-learning training to level 1, they were trained as dementia friends and

both pharmacists were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). Relevant local contact details and local policy information was readily accessible.

Records for the maximum and minimum temperature of the pharmacy fridge, were maintained to verify appropriate cold storage of medicines. Patient Group Directions (PGDs) for the services provided were present and signed by the pharmacists providing these. The RP had signed a set of these at his base branch.

In general, most of the pharmacy's records were maintained in line with statutory requirements. This included a sample of registers checked for Controlled Drugs (CD), records of emergency supplies and unlicensed medicines. Balances for CDs were checked and documented every week, and this included regular checks for overages of methadone. On selecting random CDs (Palexia and Zomorph) held in the CD cabinet, their quantities corresponded to the balance stated in registers.

Some of the pharmacy's private prescription records were recorded with the incorrect date of the prescription, there was the odd entry seen where a pharmacist had failed to record the time that their responsibility ceased and in the CD registers, odd amendments were made without recording attributable details of the individual making the amendment or who had noticed the mistake. Professional indemnity insurance arrangements were in place.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. They keep their skills and knowledge up to date by completing regular training.

### Inspector's evidence

The pharmacy dispensed approximately 1,000 to 1,500 prescription items every week, with around 50 people receiving their medicines through instalment prescriptions. The staffing profile involved two pharmacists, one of whom was a relief pharmacist and the other a regular one, the pharmacy manager, a pharmacy technician, a relief dispensing assistant, eight further dispensing assistants and three medicines counter assistants, some of whom were trained, others were undertaking accredited training in line with their roles. Team members worked a mixture of part-time and full-time hours and there were usually two pharmacists present with a period of overlap between them so that additional services could be provided.

The team's certificates of qualifications obtained were not seen although their competence was demonstrated during the inspection. Staff present were wearing name badges. Contingency arrangements for absence or annual leave involved team members covering one another or relief staff being used if possible.

Staff in training asked relevant questions and provided advice before selling over-the-counter (OTC) medicines, they referred to the RP appropriately, and were paired up with trained members of the team so that transactions could be supervised, and effective learning occurred. The team was aware of medicines prone to abuse and described refusing sales of medicines if excess requests were seen.

All new members of the team underwent an induction that covered SOPs, sales of medicines protocols, data protection and safeguarding. Staff in training were provided protected training time, cover from relief staff was arranged to assist with this and the pharmacy manager had created training plans as well as individual files for the team. The latter contained the pharmacy's 30minute tutor packs and other relevant training information to help keep staff knowledge current.

In addition, the pharmacy manager had also created a visual matrix for team members in training that was on display in one of the back rooms. This helped keep track of each member of staff's completion of mandatory training, course material as well as monitoring when they had achieved the required knowledge of the different topics within pharmacy practice.

Furthermore, the pharmacy manager had created a second matrix that covered the skill set required by the team and their attaining these was monitored and encouraged. Practical, on-the-job training was provided by the pharmacy technician who took a proactive approach with the pharmacy manager to up skill and train the team. The company also provided e-learning modules to assist with this.

The team's progress was checked frequently and formally every three months. There were a few noticeboards around the dispensary where relevant information was on display. This included information about patient safety reviews and the company's whistleblowing policy. The pharmacy technician regularly provided one to one information with the team and the pharmacy manager

described conveying information to small groups of the team at a time.

There were no formal targets in place to achieve services, according to the regular pharmacist and the team focused on providing services when possible and as required.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a professional environment to deliver its services.

### Inspector's evidence

The pharmacy was situated in the centre of the premises on the ground floor. A walk-in centre was located on the first floor of the premises and a GP surgery on the second floor. The premises consisted of a medium to large sized retail area, front counter to one side of the dispensary and a medium sized dispensary. Two spacious areas at the back of the dispensary held some stock and one area was used as an office. The dispensary also contained a hatch that was to one side and where supervised consumption occurred. This area was kept clear of clutter with no access to confidential information.

There was also a signposted consultation room that was located to one side of the dispensary. Due to its location and lack of prominence from the dispensary, a sign was in place at the dispensary counter, to indicate the presence of a room. The space was used for confidential conversations and services, it was of ample size for this purpose and the door was kept locked. However, the sink in here could have been cleaner. All other areas of the pharmacy were clean. The pharmacy was bright, suitably ventilated and well presented.

Pharmacy only (P) medicines were displayed behind the front counter. There was a barrier into this area which assisted in restricting their self-selection as well as access into the dispensary.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy obtains medicines from reputable sources, but it doesn't always make sure that they are safe to use. It stores some medicines in poorly labelled containers. This makes it harder for the team to check the expiry date, assess the stability or take any necessary action if the medicine is recalled. The pharmacy provides its services safely and effectively. Team members highlight prescriptions that require extra advice and they take extra care with high-risk medicines. This helps ensure that people can take their medicines safely.

### Inspector's evidence

The pharmacy was located on the ground floor of the shopping centre. It was made up of wide aisles and the area outside the pharmacy consisted of clear, open space. This enabled people requiring wheelchair access to easily gain access to the services. There were seven seats available for people waiting for prescriptions. Staff described speaking clearly to assist people who were partially deaf, they used the consultation room and knew how to use the hearing aid loop if required. People who were visually impaired were physically assisted if needed.

There were some posters on display and a range of leaflets available about other services. The pharmacy received phone calls from prescribers before taking on people requiring supervised consumption, identification checks occurred as far as possible and three-way agreements were in place. The pharmacy also held contact details and were aware of local policy and prescribing guidelines for the area.

The pharmacy's chaperone policy was explained during the vaccination service and information about the risks involved as well as potential side effects were provided. Informed consent was obtained, and details were seen documented. Pharmacists were trained through the company, refresher training occurred annually, and relevant equipment was present to provide the service.

Staff identified people prescribed higher-risk medicines through laminated cards that were attached to prescriptions, blood test results were asked about, doses were verified, and details were documented when relevant parameters were checked. This included recording the International Normalised Ratio (INR) level for people receiving warfarin.

The team was aware of the risks associated with valproate, staff were trained on this by the pharmacy technician and through reading relevant information. An audit was completed in the past to identify females of child bearing potential, that may have been supplied this medicine. According to the team, no females at risk were identified. There was also material present to provide to people if required.

During the dispensing process, the team used baskets to hold prescriptions and associated medicines. This helped to prevent any inadvertent transfer, and some were colour co-ordinated which helped to identify priority. Staff used a dispensing audit trail through a facility on generated labels to identify their involvement in processes and this also included using a quadrant stamp on prescriptions. The company's Patient Information Forms (PIFs) were used to provide relevant information when dispensing medicines. However, there were some prescriptions seen in the retrieval system without these attached.



Prescriptions when assembled were held within an alphabetical retrieval system. The team could identify fridge items and CDs (Schedules 2-4) when handing out prescriptions, this was from the laminated cards and PIFs that were attached. Uncollected items were removed every month. Assembled CDs and medicines that required cold storage were held within clear bags, this helped to assist with accuracy and identification when handing out to people. Monitored Dosage Systems (MDS) were no longer provided from the pharmacy. Staff explained that people were verbally informed about the decision to remove these to two other branches and written information was also provided to them.

Medicines were delivered through the company's PDC system. The pharmacy maintained audit trails to verify when and where medicines were delivered. CDs and fridge items were highlighted with separate sheets used to record details of the former. People's signatures were obtained when they were in receipt of their medicines. Failed deliveries were brought back to the branch with notes left to inform people about the attempt made. Medicines were not left unattended.

The pharmacy obtained its medicines and medical devices through licensed wholesalers such as Alliance Healthcare, Phoenix and AAH. Unlicensed medicines were obtained through the former. Some members of the team were informed of the process required under the European Falsified Medicines Directive (FMD), they had read material in their own time and had seen a company update. Other team members had no idea about this. There was also no guidance information in place or relevant equipment present to help comply with the process. Staff explained that the pharmacy was not currently set up for the process and they were not scanning any medicines for this, at the point of inspection.

The pharmacy's stock holding was organised, the team date-checked medicines for expiry every month and used a schedule to help verify this. Each team member was assigned their own section to check expiry dates. There were no mixed batches or date-expired medicines seen. Short-dated medicines were identified using stickers. CDs were stored under safe custody and the keys to the cabinets were maintained in a manner that prevented unauthorised access during the day as well as overnight. A CD key log was maintained as an audit trail to verify the latter.

There were several poorly labelled containers present when medicines were stored outside of their original packaging. Some contained batch numbers and expiry dates, others had expiry dates only or were missing both details. Staff explained that these medicines were from uncollected prescriptions that had been put back into stock and an assurance was provided that this would be remedied going forward.

Medicines brought back by the public for disposal were accepted and stored in appropriate containers. Staff checked for CDs and sharps, they referred people bringing back sharps for disposal, to the GP surgery. Returned CDs were brought to the attention of the RP and relevant details were entered into a register. Trained staff could identify common hazardous or cytotoxic medicines but there was no list present to help staff in general, with this.

Drug alerts and product recalls were received through the company system, staff checked stock and acted as necessary. An audit trail was present to verify the process.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely.

### Inspector's evidence

The pharmacy was equipped with current versions of reference sources as well as relevant equipment. This included sharps bins and adrenaline auto injectors for the vaccination service, several clean, crown stamped, conical measures for liquid medicines and designated ones that could be used for methadone. There were also medical fridges and CD cabinets. The former was operating at appropriate temperatures. The sink in the dispensary used to reconstitute medicines was clean. There was hand wash and hot and cold running water available here.

Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions. These were taken home overnight. There were also cordless phones available to help maintain private conversations away from the retail space if required.

### 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.