

Registered pharmacy inspection report

Pharmacy Name: Boots, 55 Henleaze Road, Henleaze, BRISTOL, Avon, BS9 4JT

Pharmacy reference: 1028663

Type of pharmacy: Community

Date of inspection: 17/02/2020

Pharmacy context

This is a community pharmacy in a shopping area in the northern suburbs of the city of Bristol. Most people who use the pharmacy are elderly but some young families also visit it. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines as well as other items. It supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines. The pharmacy also offers a range of other services.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	The pharmacy team members are encouraged to develop and keep their skills up to date. And, they have a dedicated rota to do this at work.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy offers a good range of services and everyone can access them.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. It is appropriately insured to protect people if things go wrong. The pharmacy keeps the up-to-date records that it must by law. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people. But, they could be better at recording and learning from all mistakes to prevent them from happening again.

Inspector's evidence

The pharmacy team identified and managed risks. Dispensing errors and incidents were recorded, reviewed and appropriately managed. There had been a recent error where beclomethasone nasal spray had been given against a prescription calling for a beclomethasone inhaler. It had been identified that a contributory factor was the generic prescribing of this. Because of the error, the staff now checked which brand the prescriber wanted the patient to have. And, the staff had been trained on all the various types of beclomethasone products. Near misses were recorded in the two dispensing areas, downstairs and the multi-compartment compliance aid room. Some learning points and actions to reduce the likelihood of recurrences were recorded, such as circling the quantity to demonstrate that this had been thoroughly checked. However, many of the entries only documented the details of the mistake. The near miss log was reviewed each month as part of a patient safety review. The pharmacy was using new scanning software which reduced the likelihood of picking errors. And, the risk of picking errors with 'look alike, sound alike' drugs was identified such as propranolol and prednisolone. The Superintendent's Office had sent a laminated sheet containing several such drugs. These were displayed near all the computer monitors with instructions that they should be highlighted on the 'Pharmacist information Forms' (PIFs) that were attached to all prescriptions. The Superintendent's Office also sent monthly professional standards bulletins which all the staff signed to demonstrate that they had been read. The current bulletin was displayed.

The downstairs dispensary was tidy and organised with labelling, assembly, waiting to be checked and checking areas. There was also a front bench with two work stations. The staff were aware of the potential accidental disclosure of confidential information and only dispensed prescriptions with a few items and for the person waiting at the desk. Upstairs, there was a spacious, organised room where the multi-compartment compliance aids were assembled and checked. There were labelling, assembly, waiting to be checked and checking areas.

Coloured cards were used which highlighted, amongst others, patients who were waiting, those calling back and prescriptions containing fridge items, paediatric doses, warfarin, methotrexate and controlled drugs. All assembled prescriptions examined had a completed PIF where any relevant information was recorded. High-risk drugs and high-risk patients were identified and appropriately counselled. There was a clear audit trail of the dispensing process and all the 'dispensed by' and 'checked by' boxes on the labels examined had been initialled. In addition, all prescriptions contained a four-way stamp which included the initials of who had done the clinical check, the dispensing, the accuracy check and the hand-out. Regular audits were undertaken by the area manager. Risk assessments were performed, such as, one in September 2019 prior to the seasonal flu vaccination service being offered.

Up-to-date, signed and relevant Standard Operating Procedures (SOPs), including SOPs for services

provided under patient group directions, were in place and these were continually reviewed by the Superintendent Pharmacist. The roles and responsibilities were clearly set out in the SOPs and the staff were clear about their roles. A care card for medicines sales was displayed close to the medicine counter. This included local additions, such as kaolin and morphine. The questions to be asked of customers requesting to buy medicines, were displayed on the till. A NVQ2 qualified dispenser reported that she would refer all requests for customers on prescribed medicines to the pharmacist. 'Care cards' were attached to the storage positions of items that should be referred to the pharmacist, such as, 'prescription only medicine' (POM) to 'pharmacy only medicine' switches, like Ella One and also products known to be open to abuse, such as pseudoephedrine. The staff were also prompted by a message on the till to refer the sale of some items to the pharmacist.

The staff were clear about the complaints procedure and reported that feedback on all concerns was actively encouraged. The company operated a continual feedback procedure and till receipts gave instructions on how to provide feedback and raise concerns. All feedback was collated by the company's Head Office and passed onto the store if appropriate. In addition, there were cards close to the till giving customers instructions on how to provide feedback. The store manager had only been in post for three weeks but looked at this feedback regularly. An annual pharmacy specific customer satisfaction survey was also done. In the latest survey, there had been some feedback about waiting times. The pharmacy currently had two vacant posts. One of these had been filled, with the person starting work in a couple of months. The other post was not yet filled. The manager said that filling both of these posts should address the complaints about waiting times.

Current public liability and indemnity insurance was in place. The Responsible Pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, fridge temperature records, specials records and date checking records were all in order.

An information governance procedure was in place. The staff had also completed training on the general data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Sensitive telephone calls were taken in the consultation room or out of earshot. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had completed the company's e-Learning module on the safeguarding of both children and vulnerable adults. The pharmacists had also completed training provided by the Centre for Pharmacy Postgraduate Education (CPPE). The procedures to follow in the event of a safeguarding concerns were available as were the local telephone numbers to escalate any concerns relating to both children and adults. Most of the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And, one new team member is due to start work soon and the pharmacy is advertising for a further person. The team members are encouraged to develop and keep their skills up to date. And, they have a dedicated rota to do this at work. They also all feel supported by the new manager and feel comfortable about providing any feedback to her.

Inspector's evidence

The pharmacy was in a shopping area in the northern suburbs of the city of Bristol. They mainly dispensed NHS prescriptions. Several domiciliary people had their medicines assembled into compliance aids.

The current staffing profile was one full-time pharmacist, one part-time pharmacist (two days a week), one pre-registration student, four full-time NVQ2 qualified dispensers (one of whom was the newly appointed manager) and two part-time medicine counter assistants (MCA). A further full-time NVQ2 dispenser was due to start work in May 2020. A part-time MCA post was currently being advertised. The current staffing profile allowed little flexibility to cover either planned and unplanned absences in the dispensary. The manager said that she was looking at the staffing rotas to ensure that she had the appropriate staffing levels to cover the busy times at the pharmacy. She also said the filling of the two posts would help. Some help was available from relief dispensers in the area. The employment of a part-time pharmacist allowed the pharmacy to undertake additional, non-essential NHS services and private services. There was also lunch-time pharmacist cover.

Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal with a six-monthly review where any learning needs could be identified. Review dates would be set to achieve this. The staff were encouraged with learning and development and completed regular e-Learning and '30-minute tutors', such as recently on children's medicines. There was a displayed training rota. The staff said that they spent about 30 minutes each week of protected time learning. The pre-registration student said that she was well supported with her studies. She was allocated 7.5 hours each week of study time and attended two training days each month. All the dispensary staff said that they were supported to learn from errors. The GPhC registrants reported that all learning was documented on their continuing professional development (CPD) records.

The staff knew how to raise a concern and reported that this was encouraged and acted on. There were daily 'huddles' and monthly staff meetings before the store opened. The store had experienced some difficulties in the previous few months but all the staff said that now they felt much more supported. The pharmacist seen, a relief pharmacist, said that she had not been set any incentives or targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it offers. The work areas are tidy and organised. The pharmacy signposts its consultation room well, so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. There was a clear queuing system for people waiting to be served at the front dispensary bench and red boxes were marked on the floor to ensure their confidentiality. Signs also indicated where people should hand in their prescriptions and where they should collect their medicines. The two dispensary areas were tidy and organised. The floors were clear. The premises were clean and well maintained.

The consultation room was small but the door opened outwards and so access by the emergency services, if necessary, would not be impeded. The pharmacy offered vaccination services and so this was a possibility. The consultation room was well signposted and contained a computer, a sink and two chairs. Conversations in the consultation room could not be overheard. The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a good range of services and everyone can access them. It generally manages the services effectively to make sure that they are delivered safely. The team members make sure that people have the information that they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources. And, it stores and disposes of them safely. But, the team members could be better at identifying any potential concerns about people who use their managed repeat prescription service. And, the pharmacy could also have a better audit trail showing that people only get medicines or devices that are safe.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room with a push-button opening front door. The store had a translation application on their iPad for non-English speakers. The pharmacy could print large labels for sight-impaired patients. A portable hearing loop was available.

Advanced and enhanced NHS services offered by the pharmacy were Medicine Use Reviews (MURs), New Medicine Service (NMS), Community Pharmacy Consultation service (CPCS), emergency hormonal contraception (EHC) and seasonal flu vaccinations. The latter was also provided under a private agreement as was vaccination against pneumonia. Malaria prophylaxis was provided against the company's online private prescription service.

The pharmacists had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis and training on the provision of the free NHS EHC service. They had also completed the Gateway training on the prophylaxis of malaria. The company's 'No Malaria' website was consulted to ensure that the appropriate medicine was supplied. Recently, the pharmacists had also completed training on the new CPCS scheme. They had had a few referrals since the service became operational.

The pharmacy assembled medicines into compliance aids for several domiciliary patients. This was done in a spacious, organised room upstairs. The compliance aids were assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. There was a clear progress log of the entire process. There were dedicated folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. The company procedures for the domiciliary compliance aids required that, following any changes, a new medication sheet was completed. The old sheets were kept, but potentially the poly-pockets containing these, could become overly full. In addition, there was no clear concise chronological audit trail of changes or issues. This denied the checking pharmacist easy reference to the past clinical history or any other issues with the patient. A duplicate communication book was used for changes and other issues and the top copy was included in the patient's poly-pocket.

There was a good audit trail for all items dispensed by the pharmacy. The pharmacists routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. International normalised ratios (INR) were asked about. Most acute 'walk-in' patients were counselled. The pharmacists also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out. All the staff were

aware of the sodium valproate guidelines relating to the pregnancy protection programme. Any 'at risk' patients were counselled and guidance cards were included with their medicines.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist on the PIFs. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. A text service was offered whereby a message was sent to patients letting them know that their prescriptions or items that were owed to them were ready to collect.

Suitable patients were encouraged to use the company's managed repeat prescription service so that all regular prescribed items ran in line to reduce wastage, to optimise the use of medicines and to identify any non-adherence issues. Patients were asked to check when they collected their medicines if they still needed everything that they had ordered the previous month. But, any patients not wanting a regularly prescribed item (other than those prescribed as 'when required'), were not routinely referred to the pharmacist. This meant that potential non-adherence concerns may go undetected.

Medicines and medical devices were obtained from Alliance Healthcare, AAH and Boots Head Office. Specials were obtained from Alliance Specials. Invoices for all these suppliers were available. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were a few patient-returned CDs and a few out-of-date CDs. These were well labelled and well separated from usable stock. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. Other stock was stored tidily on the shelves. Date checking procedures were in place with signatures recording who had undertaken the task. Designated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances and list of such substances that should be treated as hazardous for waste purposes. The company's new scanning technology also checked for falsified medicines as required by the Falsified Medicines Directive.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. But, not all actions were recorded, such as for an alert about Beconase Nasal Spray received on 12 February 2020. The manager said that in future she would ensure that all the staff recorded any actions.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 - 250ml). There were several tablet-counting triangles, some of which were kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. There was access to the internet and to Medicines Complete.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.