

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: 27/03/2024

Pharmacy context

This is a community pharmacy which is based on a parade of shops in Henleaze, Bristol. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides treatment for a range of minor ailments, and supplies medicines in multi-compartment compliance packs for people to use living in their own homes.

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 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

Processes were in place for identifying and managing risks. The pharmacy manager reported that near miss mistakes were recorded electronically and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. A record of these was kept in the dispensary. Using barcode scanning technology during the dispensing process had significantly reduced selection errors according to the pharmacy team.

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. These reviews were regularly completed by the pharmacy team and accessible in the dispensary. Based on a previous error involving quantities, the pharmacy team was highlighting these on the prescriptions during dispensing.

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 via feedback forms on 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. The RP notice was displayed, but it was not easily visible by members of public. The pharmacy manager agreed to address this. 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 highlighted with stickers. The private prescription records, emergency supply and specials records were retained and were in order.

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 was 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. 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. The pharmacy team could locate local contact details to raise safeguarding concerns or ask for advice about them.

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 was one pharmacist and three dispensing assistants present during the inspection. The staff were observed to be working well together and providing support to one another when required. All staff had completed appropriate training courses for their roles or were currently on a training course.

Staff performance was monitored and reviewed 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 pharmacist explained that she had completed a refresher in flu vaccination training recently.

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 had recently completed training on the conditions treated using the new Pharmacy First service. They reported that this had made them more confident when identifying these common conditions and giving advice about their treatment. The pharmacist explained that she had also completed training on how to use an otoscope to diagnose minor ear infections.

The pharmacy manager reported that she would hold meetings on an ad-hoc basis if there was anything new to update the pharmacy team about. Staff explained that they felt comfortable with raising any concerns they had with the pharmacy 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 protects people's private information. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was clean, bright, and presented in a professional manner. The dispensary areas were 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 by generic name and in alphabetical order. There was a consultation room which was well soundproofed and signposted. Patient information was stored securely. 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. The pharmacy had two entrances, one of which 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.

The pharmacy team offered treatment for a range of seven common conditions. This included treatment for sinusitis, sore throat, impetigo, and urinary tract infections. People could access this service by requesting treatment from the pharmacy team or by being referred by NHS 111 and GP practices. The pharmacist had completed the appropriate training to provide the service and had access to the necessary equipment.

The pharmacy team dispensed multi-compartment compliance aids for approximately 50 patients in their own homes. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked it was complete. Descriptions were not always provided for all the medicines contained within the compliance aids. The pharmacy team agreed to rectify this. Patient information leaflets (PILs) were regularly supplied with the packs.

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 team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via Alliance 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 also available for use.

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. The pharmacy team explained that they highlighted short-dated stock with stickers. 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 verify 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. Facilities are used in a way that suitably protects people's confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Amber medicines bottles were capped when stored. Counting triangles and capsule counters 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 were two fridges in use which were 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. |