

Registered pharmacy inspection report

Pharmacy Name: Boots, 116 The Mall, Cribbs Causeway Shopping Cnt, Pegasus Road, BRISTOL, Avon, BS34 5UP

Pharmacy reference: 1028703

Type of pharmacy: Community

Date of inspection: 27/10/2022

Pharmacy context

This is a community pharmacy which is based in a shopping centre in Cribbs Causeway, Bristol. It serves its local population which is mixed in age range and background. The pharmacy opens seven days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and provides a range of vaccinations, including flu vaccinations and travel vaccinations for people.

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	1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and use these to safeguard vulnerable adults and children.
2. Staff	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy team increase the accessibility of high blood pressure detection services to their local population.
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

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.

Processes were in place for identifying and managing risks. Near misses were recorded electronically and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. But not every member of staff could log on to the electronic system during the inspection. Based on previous near misses involving hormonal replacement therapy medicines, the pharmacy team had held a discussion about the different brands and forms of this type of medicine.

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.

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 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 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. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

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. Staff could locate local contact details to raise safeguarding concerns or ask for advice about them.

Principle 2 - Staffing ✓ Good practice

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 dispensing assistant and two healthcare 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.

Staff performance was monitored and reviewed twice a year. 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. A pharmacist assistant gave an example of having completed modules about travel vaccinations such as yellow fever. The pharmacy team explained that the trainee technician had one hour protected time per week to complete her modules. The rest of the pharmacy team had time to complete their training on an ad-hoc basis when the pharmacy was not busy. The pharmacy team had access to third party materials, such as pharmacy magazines, to help keep their knowledge up-to-date about new medicinal products.

The pharmacy manager reported that the pharmacy team would hold patient safety meetings monthly and advise all staff of any patient safety issues. Professional standards documents were released by head office regularly and were read by staff and signed by staff.

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 protects people's private information, and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based in a large retail store in a shopping centre. It 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 were plastic screens separating the supermarket area from the pharmacy area. The pharmacy team reported that extra cleaning had been implemented in response to the COVID-19 pandemic.

There was a sink available in the pharmacy with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. There was a consultation room in use at the pharmacy and 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. Access to the pharmacy was step free with automatic doors. 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 had been offering the flu vaccination service since September and had completed around 2200 vaccinations at the time of the inspection. Staff explained how this service had increased accessibility to patients who find it difficult to attend limited GP appointments. The patient group direction (PGD) was valid and in date. The pharmacist had completed recent anaphylaxis and resuscitation training.

The pharmacy team had been participating in the hypertension case-finding service. This was aimed at identifying people with high blood pressure who were over 40 years old. If the patient's initial blood pressure reading was elevated, they would be offered 24-hour ambulatory blood pressure monitoring (ABPM). The pharmacy had access to an ambulatory blood pressure monitor and this was appropriately validated. The pharmacist gave an example of having completed a blood pressure check on a patient that was subsequently referred to their GP and prescribed medicines to treat their high blood pressure.

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 he 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 also available for use. 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 generally stored in an organised fashion within their original manufacturer's packaging. There were Marvelon tablets stored without a batch number on the container. There was also a container of sitagliptin 100mg tablets that was stored without a batch number and expiry date. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked.

The 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 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 cytotoxic counting triangle were available for use. A capsule counter was also 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.