

Registered pharmacy inspection report

Pharmacy Name: Boots, 29-30 Somerset Square, BRISTOL, Avon,
BS48 1RQ

Pharmacy reference: 1028722

Type of pharmacy: Community

Date of inspection: 03/02/2020

Pharmacy context

This is a community pharmacy located in a shopping park in the town of Nailsea in North Somerset. 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, offers flu vaccination services and supplies medicines in multi-compartment medicine devices 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	1.1	Good practice	The pharmacy team regularly record near misses.
		1.2	Good practice	The pharmacy team regularly review the safety and quality of pharmacy services well
		1.4	Good practice	The pharmacy team gather feedback from people about their services and can demonstrate having responded to it.
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	4.2	Good practice	The pharmacy team target people on high risk medicines and counsel them effectively.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and 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. The pharmacy generally maintains the records that it must keep by law.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months displayed in the dispensary. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine were highlighted on the dispensary shelving and separated accordingly. Based on a previous trend of quantity errors, staff had been implementing another quantity self-check before submitting medicines to the pharmacist for checking.

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 and trends are looked for as well as changes that need to occur to reduce the incidence of errors occurring. Following one of these reviews, the team had a general discussion about the areas they need to watch out for and the pharmacist would talk to each individual member of the pharmacy team about the areas they each need to be aware of.

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 an annual basis using Community Pharmacy Patient Questionnaires (CPPQs). Based on previous feedback regarding long queues and waiting times, the pharmacy team had changed the layout of the pharmacy so that staff were more visible to the public. The pharmacy team reported that this had led to a reduction in people's waiting times.

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 controlled drugs were seen to be retained. The address that a CD was received from was occasionally omitted from the records. A sample of a random CD was checked for record accuracy and was found to be correct. Controlled drug balances were checked weekly. Patient returned CDs were separated from the

regular CD stock and was labelled appropriately.

The responsible pharmacist record was retained and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy is 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 records were retained and were seen to be in order. The specials records were retained but some entries omitted the patient's and prescriber's name and address.

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 were 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. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Staff could not readily locate local contact details to raise safeguarding concerns or ask for advice about them and the pharmacist agreed to address this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff 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, two dispensing assistants and one medicines counter assistant present during the inspection. The staff were observed to be working well together and providing support to one another when required. Although the pharmacy was low on staff during the inspection due to sickness absence and holiday, the pharmacy team were able to keep up to date with their service provisions. The pharmacy team were seen to be working well together and supporting each other when required.

Staff performance was monitored and reviewed formally annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff reported that they completed training online and had regular updates to their knowledge and understanding of products and services. But pharmacy staff reported that they did not always get time in work to complete training because the pharmacy was busy. A dispensing assistant reported that the team had been trained on the new 'Columbus' patient medical record system. This training included reading a guide booklet and watching an online video.

A dispensing assistant reported that the team would hold patient safety meetings monthly and advise staff on the learning from the patient safety reviews. The pharmacy team had recently adopted an 'end of day' checklist in order to communicate which tasks had been completed to staff in between shifts. Professional standards documents were released by head office regularly and these were read, signed and discussed by staff.

Staff explained that they felt comfortable to raise any concerns they had with the pharmacy manager or their area manager. Staff were made aware of the company whistleblowing procedures by the inspector. There were targets in place 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 targets.

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 had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. Fixtures and fittings were modern and the pharmacy was clean, tidy and was presented in a professional manner. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing.

Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The pharmacy had a consultation room which was kept locked and was well soundproofed. Patient confidential information was stored securely. The consultation room had water damage to some of the ceiling tiles and a dispensing assistant reported that this had been reported to maintenance.

The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Access to the pharmacy was step free with automatic doors. There was adequate seating for patients and customers who were waiting for services. Services were displayed on leaflets and posters around the pharmacy. Large label printing was available for patients with sight difficulties.

The pharmacy team dispensed multi-compartment compliance for around 40 patients in their own homes. These were dispensed in separate room from the main dispensary to reduce distractions to staff. Audit trails were kept to show where each compliance aid was in the dispensing process. One multi-compartment compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were routinely provided for the medicines contained within the compliance aid. Patient information leaflets were supplied on a regular basis.

A card system was in place to identify patients receiving high risks medicines, such as anticoagulants, methotrexate, lithium and insulin, and ensure that these patients were counselled on the use of their medicines and the management of their condition. The pharmacy team gave an example of a prescription that had been completed with a warfarin card attached to it and this would be used to counsel the patient when the medicine was handed out. Pharmacist information forms (PIFs) were used to highlight services that staff had identified may be beneficial to patients.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. There was a poster in the dispensary highlighting these warnings to staff. Valproate patient cards and leaflets were available for use during valproate dispensing to female patients. The pharmacy team reported that they would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they are aware of these and query if they were taking effective contraception.

Pharmacist information forms (PIFs) were used to highlight services that staff had identified may be beneficial to patients. A text message was sent to patients to advise them when their medication was ready for collection. 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 these wholesalers were seen.

The pharmacy team had access to destruction kits for the destruction of controlled drugs. Designated waste bins for medicines were available and being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was also available for use. Waste collection was regular and the 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 pharmacy team were made aware of the European Falsified Medicines Directive (FMD) by the inspector. Boots head office was currently in the process rolling out the scanning hardware and software out to the pharmacy.

The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically through the company's intranet and the pharmacist explained that these were actioned appropriately. Audit trails were kept to demonstrate that these had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect people's privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles and a capsule counter 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 and included 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 and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Designated waste bins for medicines were available for use and there was sufficient storage for 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.