

Registered pharmacy inspection report

Pharmacy Name: Boots, 28 Petty Cury, CAMBRIDGE, Cambridgeshire,
CB2 3ND

Pharmacy reference: 1029236

Type of pharmacy: Community

Date of inspection: 29/08/2019

Pharmacy context

This busy community pharmacy is in Cambridge's city centre. It is close to several Cambridge University campuses and serves a large student population during term-time. It provides a wide range of services including a private vaccination service. It supplies medicines to several care homes and its supplies some medicines in multi-compartment compliance packs to help people organise their medicines.

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 members know how to protect vulnerable people and they take the right action when they have concerns. |
| 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 | 4.1 | Good practice | The pharmacy's team members identify the needs of people who use the pharmacy and have taken steps to make the pharmacy's services more accessible. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy generally manages its risks well. It reviews the safety of its services to make improvements. It keeps the legal records that it needs to and generally makes sure that these are accurate. The pharmacy team members know how to protect vulnerable people and they take the right action when they have concerns. The pharmacy manages people's personal information appropriately.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were kept up to date and were signed by the pharmacy's team members to show that they had read them. These records were reviewed to make sure each team member had read the SOPs that they needed to. The responsible pharmacist's name and registration number were displayed on a notice in the retail area.

Team members kept records about errors and near misses in the dispensing process. The workload was separated into three areas: care homes, multi-compartment compliance packs and other prescriptions. Each area collated their near miss records and shared learning across the whole team. The team had highlighted 'lookalike and soundalike (LASA)' medicines following guidance from their head office. This reduced the chance for these medicines to become mixed together. There was not always investigation into the factors that contributed to near misses, so this may have reduced some learning opportunities. An example included pregabalin and gabapentin. Some team members were 'Patient Safety Champions' for the pharmacy and helped to complete monthly reviews to improve safety. The reviews were recorded, and the messages were communicated with team members. Information about new products and medicine recalls was shared in recent reviews. The pharmacy had separated diabetic medicines in the downstairs dispensary to make sure these medicines were supplied to the right people. The pharmacy received monthly newsletters from its head office and cascaded learning points to team members.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were generally positive. There was some feedback about long waiting times for prescriptions. Team members were observed focussing on serving people efficiently. Team members would be taken from other non-urgent work to help manage queues. Team members received verbal feedback when they provided advice and services to people. They provided cards and receipts to people to encourage them to provide feedback through an internet link. Formal complaints would be escalated to the pharmacist and superintendent pharmacist. The pharmacy had a SOP about managing complaints. Information about the pharmacy's complaints process was in its practice leaflet.

The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. Team members discussed concerns that they had raised with other healthcare professionals and relevant leads at the university colleges. The pharmacy kept records about referrals that it had made. Team members received training through the pharmacy's E-learning platform and from the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy had SOPs about information governance and confidentiality. Team members received regular training about confidentiality through the pharmacy's E-learning platform. Confidential waste

was separated from other waste so that it could be appropriately destroyed. Team members mostly had their own NHS smartcards to access electronic prescriptions. Other team members were in the process of applying for their own smartcards.

The pharmacy had current arrangements for indemnity and liability insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances and these were checked regularly to make sure the entries were correct. Appropriate records were made about CDs that had been returned by people. Two CDs were chosen at random and the physical balances matched the recorded running balances. Private prescription records were generally maintained adequately. There were several entries that did not include the correct prescriber details. These were highlighted to the responsible pharmacist, so the entries could be corrected. Other records about the responsible pharmacist and unlicensed medicines were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Its team members have the right qualifications for their roles and they complete some ongoing training to keep their knowledge up to date. They receive feedback, so they can reflect on their performance and develop in their roles.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (the regular pharmacist), a second pharmacist, a pre-registration pharmacy student, two accuracy checking technicians, one trainee dispenser and seven pharmacy advisors present. The pharmacy advisors had appropriate training and qualifications to work in the dispensary and on the healthcare counter. A third pharmacist arrived during the inspection to provide additional support to the team. The staffing level was appropriate to manage the pharmacy's workload. Some team members had been given responsibility for overseeing the care home service and the supply of medicines in multi-compartment compliance packs. Team members were clear about the tasks that could only be completed by a pharmacist. There was often more than one pharmacist on duty in the pharmacy so that all the advertised services could be efficiently provided.

Team members had pharmacy qualifications appropriate to their roles or they were receiving training to achieve these. The pharmacy had an E-learning platform that was used to provide training and updates to its team members. The company provided clinical modules to update the team members' knowledge, but several team members said that they had not received these modules for some time. Some team members used medicine information leaflets to inform themselves about new medicines. The pharmacy's team members received appraisals and took part in informal conversations to discuss their performance and to set targets. The pharmacy had targets for several services. Several team members said that they did not feel any undue pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space to safely deliver its services to people. And it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. It had separate areas for dispensing medicines for care homes, multi-compartment compliance packs and other prescriptions. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had two consultation rooms which helped its team members to provide a range of services. The consultation rooms were suitably-sized and were secured appropriately. They contained appropriate equipment for providing its services. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's team members identify the needs of people who use the pharmacy and have taken steps to make the pharmacy's services more accessible. The pharmacy organises its services and manages them well. Its medicines are stored appropriately, and they are safe for people to use. The pharmacy's team members identify higher-risk medicines, so they can provide the right advice to people.

Inspector's evidence

Several team members could speak the preferred languages of people who used the pharmacy. This included Mandarin, Cantonese, Italian and French. There were often more than one pharmacist on duty in the pharmacy so that all the advertised services could be efficiently provided. The pharmacy's premises was accessible to wheelchairs.

The pharmacy ordered prescriptions for most people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates regularly. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records dated from August 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to segregate cytotoxic and other hazardous medicines. The pharmacy did not have a list about hazardous or cytotoxic medicines, so it may have been more difficult for team members to identify these medicines.

The pharmacy was making arrangements for operational software and other equipment to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken. Information about medicines recalls was shared with the care homes team so that appropriate action could be taken with all stock.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and this information was passed to the pharmacist using notes ('pharmacist information forms'). Prescriptions were kept with checked medicines awaiting collection. Team members said they would check prescription dates to make sure medicines were supplied while prescriptions remained valid.

The pharmacy used stickers and laminates to highlight dispensed medicines that needed more counselling or advice. This included methotrexate, lithium and some insulins. The pharmacy kept records about relevant blood tests when it supplied warfarin to people. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept records about these deliveries and its drivers recorded the recipient's signature.

The pharmacy supplied medication in multi-compartment compliance packs to around 110 people to help them organise their medicines. The pharmacy kept records about medicines included in the packs, their administration times and changes to medicines. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. The pharmacy kept records about prescription ordering and assembly of the packs. Assembled packs included descriptions which helped people to identify individual medicines.

The pharmacy supplied medicines to 55 care homes which provided services to a range of people. The workload was arranged across four weeks to make sure that it was organised. Most care homes received medicines in the manufacturer's original packaging. The pharmacy kept appropriate records about the medicines that were required and communications that its team members had with the prescriber and care home team. It kept separate records about CDs and fridge items that were supplied to the homes to make sure these were received in full. Patient information leaflets were supplied with the medicines so there the care home staff had access to up-to-date information about the medicines that were supplied. A pharmacist completed regular visits at the care homes to resolve any queries.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to report maintenance issues, so they are appropriately managed. They use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members had contact details to escalate maintenance issues to contractors. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy used appropriate measures to accurately measure liquids and it had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

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. |