

Registered pharmacy inspection report

Pharmacy Name: Boots, 130 Turves Road, Cheadle Hulme, CHEADLE, Cheshire, SK8 6AW

Pharmacy reference: 1029582

Type of pharmacy: Community

Date of inspection: 31/05/2019

Pharmacy context

This is a community pharmacy situated on a shopping-parade along a busy main road in a residential area, serving the local population. Its main services are preparing NHS prescription medicines and ordering repeat prescriptions on behalf of people. A small number of people receive their medicines in weekly multi-compartment compliance aids to help make sure they take them safely, and there is a home delivery service. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) and a minor ailments scheme.

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	1.7	Good practice	Each pharmacy team member receives regular training on protecting people's information. And the pharmacy checks how effectively it protects information.
2. Staff	Standards met	2.1	Good practice	The staff profile and skill mix are effective. Staff do not feel pressurised and they can complete tasks properly and effectively in advance of deadlines.
		2.2	Good practice	Members of the pharmacy team have the skills and experience needed for their roles. And staff regularly complete relevant training. So, they keep their skills and knowledge up to date.
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's working practices are safe and effective. It has written instructions that help the team provide safe services. It addresses mistakes to prevent them happening again and is effective at protecting people's information. And staff demonstrate their role in protecting vulnerable people, so they know how to support them.

Inspector's evidence

The pharmacy had written procedures that were regularly reviewed. These covered the safe dispensing of medicines, responsible pharmacist (RP) regulations and controlled drugs (CDs). Staff formally declared that they had read and understood each procedure. And the RP, who was the manager, counter-signed each declaration when he observed each staff member consistently adhering to the procedure. Staff also had their knowledge of procedures regularly tested. So, each team member understood the procedures that were relevant to their role and responsibilities.

The pharmacy recently had a new PMR system installed. It required medications selected for dispensing to be scanned to confirm they were correct. The RP said that trials of the system suggested a 70 percent reduction in dispensing errors or near misses that reached the accuracy checker.

The pharmacy team members discussed and recorded mistakes they identified while dispensing medicines and took steps to address each mistake in isolation. They also participated in reviewing these records each month. But the team often did not record whether there was any cause for each error. So, it could be harder for them to identify trends and mitigate risks in the dispensing process.

The pharmacy team received positive feedback in their last patient satisfaction survey conducted in 2018. Publicly displayed information explained how patients could feedback or raise a complaint. All the staff had read the pharmacy's complaint procedure and passed tests to check their knowledge of it. So, they were able to respond to complaints.

The pharmacy had professional indemnity cover for the services it provided. And it maintained the records required by law for CD transactions, emergency medication supplies and the RP regulations. The RP displayed their RP notice so that the public could identify them. The pharmacy also maintained records for MURs and CD destructions. The pharmacy checked CD running balances regularly on a weekly basis. So, it could detect discrepancies at an early stage.

The RP said that they asked patients the questions to make sure it was safe to administer the NHS flu vaccination. However, the pharmacy made records of these questions and the patient's responses around half of the time. The RP explained that they routinely made records but other pharmacists did not always do so. So, the pharmacy may find it difficult to confirm the information obtained that supported the pharmacist's decisions if queried. The RP agreed to remind the other pharmacists to make the records.

The pharmacy did not keep records of the special medications it had supplied. The RP said that they would obtain copies of these records from the specials manufacturer and ensure these supplies were documented in future.

The pharmacy maintained its private prescription register. However, its private prescriptions were filed in a disorderly manner, meaning it could be difficult to retrieve a prescription if needed. The RP said that he would address this.

All the staff had completed the pharmacy's annual data protection training. And the pharmacy completed a data protection audit. Staff stored and disposed of confidential material securely. And they each used their own card to access electronic patient information. So, the pharmacy had an audit trail that could identify who viewed the information.

The RP and registered technician were level 2 safeguarding accredited and the remaining staff were level 1 accredited. The pharmacy had the local safeguarding board's policies and procedures for safeguarding available for reference. And staff had raised concerns with the GP in the past when patients exhibited signs of confusion.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staff profile and skill mix are effective. And the team works well together to provide safe and efficient services. Each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

The staff present were the RP employed around four years, a registered technician and an experienced dispenser. The other staff included two more experienced dispensers. The pharmacy had enough staff to comfortably manage the workload. The RP said the pharmacy consistently dispensed repeat medications via the prescription ordering service in good time before they expected patients needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services. And it could cover staff on planned leave. Footfall was low and staff served people promptly. So, the team avoided sustained periods of increased workload pressure and maintained service efficiency.

Each team member had regular appraisals throughout the year. Staff said that they found them helpful in identifying areas for improving their performance. Staff were up-to-date with their in-house online training.

The pharmacy had targets for MURs, prescription ordering, electronic prescription service (EPS) nominations and flu vaccinations. It kept records of consent for the MURs and flu vaccinations. And it obtained the patient's verbal consent for prescription ordering and EPS. The RP said that the pharmacy could comfortably meet its MUR target and manage competing workloads at the same time.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are sufficiently clean, safe, secure and spacious enough for the pharmacy's services.

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space necessary to allow medicines to be dispensed safely for the scale of services provided. The consultation room offered the privacy necessary to enable confidential discussion. But its availability was not prominently advertised. So, patients may not always be aware of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices help make sure people receive safe and efficient services. It obtains its medicines from licensed suppliers and generally manages its medicines well to make sure they are in good condition, so are suitable to supply.

Inspector's evidence

The pharmacy was open Monday to Friday 9am to 6pm and Saturday 9am to 5.30pm, meaning patients could access services across most of the week. It had a low-step entrance with automatic doors. And the team could see people entering the premises, so they could assist anyone having difficulty.

The pharmacy team prompted patients to confirm the repeat medications they required. This helped limit medication wastage and patients received their medication on time. And the team made records of the requests. However, they did not record the individual medications requested. So, they could struggle to effectively resolve queries about the prescriptions if needed.

The pharmacy had started encouraging repeat medication patients to use its recently introduced repeat dispensing service. This would mean the pharmacy had 12 months of each patient's prescriptions available, eliminating the ordering process. So, it could increase service efficiency.

The pharmacy had written procedures for dispensing high-risk medicines including, warfarin, methotrexate and lithium. It had audited patients prescribed valproate and identified the patients who could be in the at-risk group. As a result the RP counselled a patient who had not received the appropriate advice about valproate. So, the pharmacy made sure these patients had all the information they needed.

The team consistently checked patients had a recent blood test for warfarin, methotrexate, lithium. And staff used reminder cards that listed the clinical points they should check with each of these patients. The RP routinely counselled patients on these medicines, including fentanyl patches. So, patients consistently got the support and information they needed.

The pharmacy team used baskets during the dispensing process. This helped to avoid each patient's medicines becoming confused with others. And the team marked part-used medication stock cartons. This helped make sure it gave patients the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. The RP said that the company had not told him when they would install the software and hardware required to be compliant with the Falsified Medicines Directive (FMD). And staff had not received any training in relation to FMD. So, the pharmacy's system for adhering to the FMD was not yet live, as required by law.

The pharmacy team suitably stored medicines that needed to be refrigerated. And they monitored and recorded the refrigeration storage temperatures. So, they made sure these medicines stayed fit and safe for patient use. Records indicated that the team monitored medicine stock expiry dates. So, it made sure patients received medication before its expiry date.

The pharmacy team used an alpha-numeric system to store bags of dispensed medication. So, the team could efficiently retrieve patient's medicines when needed.

The pharmacy suitably secured its CDs while the pharmacy was open and closed. And stored its CDs in an organised and tidy manner. Date-expired and patient-returned CDs were properly segregated. The pharmacy had destruction kits for destroying CDs, which reduced the risk of it supplying these medicines that were not fit for purpose to patients by mistake.

The pharmacist checked the prescription issue date when they supplied each CD. And they applied a sticker to the prescription bag that had the date by which to supply the CD. The pharmacy also regularly reviewed stored dispensed CDs awaiting collection. So, the pharmacy made sure it avoided supplying CDs when it could be unlawful.

The team disposed of obsolete medicines in waste bins kept away from medicines stock. And it took appropriate action when they received alerts or recalls for medicines suspected of not being fit for purpose. The team also made records related to the action they took.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively.

Inspector's evidence

The pharmacy's new PMR system could work off-line, which helped it maintain services if needed. And the PMR regularly backed-up its patient data. So it secured patients' electronic information and it could retrieve their data if the system failed.

The pharmacy team had facilities that protected patient confidentiality. They viewed electronic patient information on screens not visible from public areas. The team also had a consultation room to enable confidential discussion with patients. And they had facilities to store bags of dispensed medicines and their related prescriptions away from public view.

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an anti-bacterial hand-sanitiser. So, it had facilities to make sure they did not contaminate the medicines it handled.

The team had a range of clean measures, including separate ones for CDs. So, it could accurately measure and give patients their prescribed volume of medicine. And the team had access to the latest versions of the BNF and cBNF online. So, it could refer to the latest clinical information for patients.

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.