

Registered pharmacy inspection report

Pharmacy Name: Boots, 7 High Street, SANDBACH, Cheshire, CW11 1AH

Pharmacy reference: 1029722

Type of pharmacy: Community

Date of inspection: 09/12/2019

Pharmacy context

This is a traditional community pharmacy located on a row of shops in a busy town centre. NHS dispensing is the main activity, primarily for patients of a nearby medical centre. The pharmacy also has a large retail area, selling a range of over-the-counter medicines, cosmetics, toiletries and other merchandise.

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	Good practice	1.1	Good practice	Members of the pharmacy team follow up to date standard operating procedures (SOPs) to help them work safely. Audits are completed to check SOPs are properly understood.
		1.2	Good practice	Members of the pharmacy team record things that go wrong so that they can learn from them. And they take action to help stop the same mistakes from happening again.
2. Staff	Standards met	2.2	Good practice	Members of the team work are appropriately trained for the jobs they do. And they complete additional training to keep their knowledge up to date
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Good practice	4.2	Good practice	The pharmacy team highlights important information about medicines they dispense. This allows them to carry out extra checks when they hand the medicines out to make sure they are being used safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

Members of the pharmacy team follow written instructions to help them work safely and effectively. They record things that go wrong so that they can learn from them. And they take action to help them stop the same mistakes from happening again. The pharmacy keeps the records that are needed by law. And staff participate in regular training so that they know how to keep private information safe and to safeguard vulnerable people.

Inspector's evidence

The pharmacy had a full set of written SOPs in place that were dated to show they had been recently reviewed and updated. Roles and responsibilities of staff were described in SOPs and they had signed training records to confirm they had read and understood the SOPs. Occasional audits had also been carried out where members of staff had answered a series of questions to confirm their understanding of specific SOPs. Details of any dispensing errors were recorded electronically and sent to head office. A recent example involved too few tablets being supplied because a pack of 28 was mistaken for a pack of 56. Near miss incidents were recorded on paper and a monthly review was carried out, using a standard form to record a detailed analysis of all patient safety incidents and the action points they had identified for the team to focus on. A recent example was that there had been a high number of counting errors, so this had been discussed by the team. To manage this risk staff now sometimes counted aloud and would count in the quieter part of the dispensary during busy times, to avoid distraction. The team had also been made aware of the risks of picking errors with 'Look Alike, Sound Alike' (LASA) medicines and this message was reinforced by posters on the dispensary wall. The pharmacist explained that a new pharmacy computer system had recently been introduced that required the barcode of the medicine to be scanned during dispensing. She said this had significantly reduced the risk of picking errors. Regular newsletters were received from the superintendent pharmacist's office to update the pharmacy team on practice matters, and these included case studies of errors that had occurred at other branches, so that learning could be shared.

A Responsible Pharmacist (RP) notice was prominently displayed adjacent to the medicines counter. A quadrant stamp was used to mark every dispensed prescription and then initialled to show who was responsible for each stage of the dispensing process. Dispensing labels were also initialled by the dispenser and checker to provide an audit trail. A complaints procedure was in place. Practice leaflets were available for self-selection and provided information about how to give feedback or make a complaint. The company has provided confirmation that appropriate indemnity insurance is in place.

Responsible Pharmacist records were properly maintained and up to date. Records of Controlled Drugs were maintained in accordance with requirements; Running Balances were recorded and checked weekly. A random balance was checked and found to be correct. Patient returned CDs were appropriately recorded in a separate register. Records of private prescriptions, emergency supplies, and unlicensed specials were in order. Separate bins were used to collect confidential waste to be sent to head office for disposal. All staff had completed Information governance training, which was repeated every year. Practice leaflets included a statement to advise people about how the pharmacy handled information. A safeguarding policy was in place. The pharmacist had completed level 2 safeguarding training and all other pharmacy staff had completed in-house training. The local procedure for reporting concerns was displayed on the dispensary wall, including details of local contacts. A dispenser said that

if she had any concerns about vulnerable patients she would speak to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to safely manage the workload and they receive the training they need for the jobs they do. Members of the team work well together. They do additional training to keep their knowledge up to date, and they ask for help if they need it.

Inspector's evidence

The pharmacy manager was a trained dispenser. The pharmacy also employed three regular pharmacists who each worked part-time, a trained pharmacy technician, three dispensers (one of whom was training to be a pharmacy technician) and two medicines counter assistants (MCA). All staff had completed appropriate training courses for their roles. The normal staffing level was a pharmacist working with two assistants in the dispensary and one or two MCAs. During the inspection the pharmacy team managed the workload effectively. The pharmacist said the staffing level was normally adequate and said, if necessary, staff could be drawn from another branch to cover absences.

The pharmacy manager explained that staff completed mandatory ongoing training such as information governance and sales of medicines. She said staff also completed training booklets, for example about over-the-counter treatments, but this was not recorded. She described how staff gave advice about any medicines they sold to help make sure they were appropriate. She said this meant they often did not need to ask questions, but they would still do so if they felt it was necessary, for example to check if the customer was taking other medicines. She was aware that codeine products were liable to abuse and said they would refer to the pharmacist if unsure. The pharmacy team carried out regular audits to help ensure high-risk medicines were being used safely. Recent audits had reviewed supplies of valproate and anticoagulants.

Members of the pharmacy team appeared to work well together and had good rapport with customers. A whistleblowing policy was in place and staff were aware of it. Concerns would normally be raised with the pharmacist or the manager in the first instance, but if necessary, staff were able to speak to the area manager and a confidential phone line was also available. The pharmacist confirmed that some performance targets were set, including for MURs, Flu vaccines and NHS items, but said she did not feel under pressure to meet them. She said the number of staff hours was based on the performance of the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for healthcare. There is a consultation room that is used to provide more privacy, but it is not in the retail area so people may not always know it is available.

Inspector's evidence

The pharmacy was clean and tidy. There was a galley style dispensary which had sufficient clear bench space to allow safe working. The dispensary was screened for privacy but people in the retail area were able to walk right up to the dispensary screens and it was possible to look over at the dispensing bench. The manager said staff were mindful of this and were always careful where they placed prescriptions so that they protected privacy. There was a dispensary sink and separate sinks in the staffroom and toilets. All were fitted with hot and cold water. Air conditioning was fitted, and all parts of the pharmacy were well lit.

A consultation room was available for privacy. It was clean and tidy and suitably equipped, but it was located down a corridor away from the retail area. A number of parcels were being stored on the floor of the approach to the room, creating a possible trip hazard. The manager explained that these were online purchases that were awaiting collection and said there were more than usual because of Christmas and that they did not normally need to be stored in this area at other times of year. There was also a hatch into the dispensary that displayed a notice identifying it as an advice point.

Principle 4 - Services ✓ Good practice

Summary findings

The pharmacy provides a range of services and they are easy to access. It manages them effectively so that people receive appropriate care and get the advice they need. It obtains medicines from licensed suppliers, and the team carries out checks to make sure that the medicines are kept in good condition.

Inspector's evidence

The pharmacy entrance was level with automatic doors and was suitable for wheelchairs. There was a service ladder in the pharmacy window identifying the services available and information about them was provided in practice leaflets. Various posters and leaflets and posters in the retail area providing further information about services and other healthcare matters. A signposting folder was available, and staff were aware that they should signpost people who wanted services that the pharmacy could not provide. The pharmacy did not offer a delivery service but did offer to collect repeat prescriptions from local surgeries.

Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during dispensing. Dispensed medicines awaiting collection were bagged and kept on a bay of shelves. Prescription forms were filed separately in alphabetical order so that they could be retrieved when the medicines were handed out. 'Pharmacist Information Forms' (PIFs) were attached to the prescriptions to highlight any important information that might be useful when the medicines were being supplied. These were also used to identify when controlled drugs were present, so they could check the prescription had not expired before handing out. Patients prescribed warfarin were asked to show their INR results, and this was recorded on the PMR. Prescriptions containing warfarin or methotrexate were highlighted on the PIF and also by attaching a laminated 'Therapy' card to the prescription. Staff were heard asking people to confirm their names and addresses before medicines were handed out, to make sure they were correctly identified. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. She said the pharmacy had previously completed an audit of valproate patients and was currently repeating the exercise. They had not identified any current patients who met the risk criteria, but she knew that such patients should be counselled, and educational material was available to supply.

The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for about 40 patients. A master sheet was kept for each patient, showing their current medication and dosage times. This information was checked against repeat prescriptions and any changes would be confirmed with the surgery. The MDS trays were labelled with descriptions so that individual medicines could be identified. And the manager confirmed that patient information leaflets were routinely supplied. The pharmacist confirmed that she had completed a current declaration of competence to allow her to provide the flu vaccine service. Vaccines were administered in the consultation room, where a sharps bin was available for disposal of the used syringes and adrenaline injections were available in case of anaphylaxis.

The pharmacy obtained its medicines from licensed wholesalers and unlicensed specials were ordered from a specials manufacturer. No extemporaneous dispensing was carried out. The pharmacy computer was fitted with scanners and had appropriate software to allow stock medicines to be scanned and decommissioned in line with the requirements of the falsified medicines directive. The manager

confirmed that all medicines with appropriate barcodes were scanned and decommissioned before they were supplied. Stock medicines were stored in orderly fashion. Expiry date checks were recorded on a matrix. The records showed that checks were up to date. Short date stickers were used to highlight medicines that were close to their expiry date. A sample of stock was checked, and no expired medicines were found. There was a medicines fridge in the dispensary. It was clean and tidy and equipped with a thermometer. The maximum and minimum temperatures were recorded daily and had remained within the required range. Controlled drugs were appropriately stored in a standard cupboard. Waste medicines were disposed of in dedicated bins that were collected periodically by a specialist waste contractor. Drug alerts and recalls were received by internal mail from head office, which was checked twice a day. Alerts were printed and filed to show that they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

Inspector's evidence

The pharmacy had various reference books, including a current edition of BNF. The team could access the internet for general information. Crown stamped measures were used to measure liquids, with one labelled to show it was reserved only for use with methadone. Electrical equipment appeared to be in good working order and stickers showed that PAT testing was next due in September 2020.

The dispensary was screened to provide some privacy for the dispensing operation and greater privacy was available in the rear area of the dispensary. The consultation room was used for services that required privacy and for confidential conversations and counselling. A cordless phone was available so that phone calls could be made without being overheard. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public.

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.