

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 1a Bramhall Lane South, Bramhall,  
STOCKPORT, Cheshire, SK7 1AL

**Pharmacy reference:** 1029729

**Type of pharmacy:** Community

**Date of inspection:** 28/06/2019

## Pharmacy context

This is a high street pharmacy situated on a main road of a semi-rural residential area, serving the local population. It mainly prepares NHS prescription medicines and orders repeat prescriptions on behalf of people. It also prepares medicines in weekly multi-compartment compliance aids to help make sure people take them safely. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) and flu vaccinations.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy reviews its staffing levels so that they remain appropriate.
		2.2	Good practice	Members of the pharmacy team are fully trained and the pharmacy supports newer members while they are undergoing training. Staff complete regular ongoing training relevant to their roles to help keep their skills and knowledge up to date. And they have protected time to learn when they are at work.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages its risks well. The pharmacy team follows written instructions to help make sure it provides safe services. The team records its mistakes so that it can learn from them. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people.

### 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). Records indicated that staff had read and understood each procedure. And pharmacists counter-signed these records when they observed each staff member consistently adhering to these procedures. 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 patient medication record (PMR) system installed, which required medications selected for dispensing to be scanned to confirm they were correct. The manager said that the system had reduced the number of near misses that reached the accuracy checker.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication. And it assisted with investigating and managing mistakes. The pharmacy team members recorded and addressed mistakes they identified when dispensing medicines such as adjusting where they stored medication stock to avoid picking errors. However, they did not discuss or record in any detail why they thought each of them happened. One of the dispensers and either the manager or pharmacist reviewed these records together each month. However, several recent reviews were not available as one of the dispensers had taken them home to complete. And the rest of the team did not participate in these reviews. So, it could be harder for the pharmacy to identify trends and mitigate risks in the dispensing process.

The pharmacy team received positive feedback in their recent satisfaction survey conducted of people who used its services. Publicly displayed leaflets explained how patients could make a complaint and the team had read the pharmacy's complaint procedures, so it could effectively respond to them.

The pharmacy had professional indemnity cover for the services it provided. The RP publicly displayed their RP notice, but it was obscured, which made it harder the public to identify them. The pharmacy maintained its records required by law for emergency supplies, private prescriptions, the responsible pharmacist (RP) and CD transactions. It also maintained records for CD destructions and the special medications that it had supplied. The pharmacy regularly checked CD running balances at weekly intervals, which helped it to promptly identify any significant discrepancies.

All the staff had completed the pharmacy's annual data protection training and the pharmacy had completed a data protection audit. Staff stored and disposed of confidential material securely and used passwords to protect access to electronic patient data. All but one of them had their own security card to access electronic patient data, which the manager had requested. In the meantime, they occasionally used another team member's card to access this data, so it could be unclear who had accessed this information in the interim.

All the resident pharmacists had level 2 safeguarding accreditation and all its staff had completed the pharmacy's annual safeguarding training. The staff had a positive rapport with people who could be vulnerable. And they recalled discussing their concerns with the GP when people exhibited signs of confusion or forgetfulness. This sometimes led to the pharmacy supplying medication in compliance packs or limiting them to weekly medication supplies, which helped these people to take their medication safely. However, the pharmacy had not formally assessed all the people receiving compliance packs to determine whether any of them needed their medication limited to seven day's supply, which could help them to avoid becoming confused.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe services and the pharmacy reviews its staffing levels in response to changes in workload. And the team members have the skills and experience needed for their roles. 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 was an employee relief pharmacist, one of the resident pharmacists, the store manager who was also a dispenser spending most of their time in this role, two pharmacy undergraduates on work experience, and three experienced full-time dispensers. The other staff included a trainee medicine counter assistant (MCA) and dispenser, a part-time dispenser on long-term leave, and three other resident pharmacists.

The pharmacy usually had enough staff to comfortably manage the workload. The team had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when patients needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services. And it had a steady flow people presenting for its services, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. Four dispensers provided the compliance aid service and staff worked well both independently and collectively. And they used their initiative to get on with their assigned roles and required minimal supervision.

The pharmacy's area management had agreed to increase its authorised staffing resource following an increase in the dispensing workload. And it had made appropriate arrangements to cover its staff on long-term leave and a vacancy while it recruited for permanent dispenser positions. They had seconded MCAs from the company's other pharmacies, which freed accredited dispensers to provide more support in the dispensary. The manager had also seconded a dispenser from another pharmacy and increased the amount of time that they personally worked as a dispenser.

The manager said that the trainee's training was progressing well. The rest of team was up to date with the pharmacy's mandatory e-Learning training that covered its policies, procedures and services. And staff were given protected study time to complete their training. Each team member also had a recent performance appraisal.

The pharmacy had targets for the number of MURs it completed and people using its prescription ordering service, which the manager believed were realistic and achievable. They added that the team could manage the competing MUR and dispensing workloads. For example, it would delay arranging an MUR consultation when it was busy dispensing prescriptions or advise patients of longer prescription medication waiting times when the pharmacist was conducting an MUR consultation. The pharmacy obtained people's written consent for its prescription ordering service, electronic prescription service

and MURs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, safe, secure and spacious enough for the pharmacy's services. And it has a private consultation room, so members of the public can have confidential conversations.

### Inspector's evidence

The premises' cleanliness was appropriate for the services provided. And it had the space needed to allow the pharmacy to dispense medicines safely. Staff could secure the premises to prevent unauthorised access. 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 generally help make sure people receive safe services. It gets its medicines from licensed suppliers and it generally manages its medicines well to make sure they are in good condition, so are suitable to supply.

### Inspector's evidence

The pharmacy opened Monday to Friday 8.45am to 5.30pm and Saturday 9am to 5.30pm. It had a step-free entrance and automatic front doors. So, people could easily access services.

The pharmacy team prompted people to confirm the repeat medications they required. This helped limit medication wastage and made sure people received their medication on time. However, it did not make any records of the medications requested, so could find it difficult to effectively resolve queries about requests. The manager said that the pharmacy would shortly have an electronic system to address this.

The local GP surgeries could take up to three days to issue prescriptions. However, staff had not advised people to collect their medication at least four days after they had ordered their prescription. This led to many of them visiting the pharmacy when their medication was not ready, which could reduce service efficiency or create sudden but avoidable workload pressure on the team.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including insulin, anti-coagulants, methotrexate and lithium. And staff had discussed case studies on valproate that their superintendent office had issued, so knew about dispensing it safely. The team had audited its people on valproate. And it identified, counselled and issued to MHRA approved advice booklet to anyone who could be in the at-risk group. The PMR system also alerted staff to people prescribed valproate when they dispensed their prescription. And the pharmacy had the MHRA approved advice cards to give to people on valproate in the at-risk group. The pharmacists regularly checked that people on anti-coagulants, methotrexate and lithium had a recent blood test. And they regularly checked whether any of these people were experiencing side-effects or medicine interactions when dispensing each prescription and during an MUR consultation, and counselled them if necessary.

The pharmacy team scheduled when to order its compliance aid people's prescriptions, so that it could supply their medication in good time. The team kept a record of people's current medication that also stated the time of day they were to take them, which helped it effectively identify and query any medications changes with the GP surgery. The pharmacy recorded verbal communications about medication changes for people on compliance aids. However, the record was not in a structured format, so the team could miss recording important information. The team labelled compliance aids with a description of each medicine inside them, which helped people to identify each medicine.

The pharmacy team consistently used its formal checklist to review and communicate clinical matters about people's prescriptions. The team used baskets during the dispensing process to separate the medications it dispensed. This helped to avoid each people's medicines becoming confused with others. And the team marked part-used medication stock cartons. This helped make sure it gave people the



right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored all of them in an organised manner. However, the manager did not know about any arrangements for the pharmacy to comply with the Falsified Medicines Directive (FMD), as required by law.

The team suitably secured its CD, quarantined its date-expired and patient-returned CDs, and had destruction kits for destroying CDs. The pharmacy monitored its refrigerated medication storage temperatures. Records indicated that the team had monitored medicine stock expiry dates in recent times. Staff also said that they had regularly checked medicine expiry dates over the long-term but could not locate the supporting records. The pharmacy took appropriate action when it received alerts for suspected defective medicines and recorded the action that it had taken. And the team disposed of obsolete medicines away from medicines stock. So, the pharmacy reduced the risk of supplying its medicines that may not be fit for purpose.

The team applied stickers to each dispensed CD that had the deadline date for supplying it. And staff said that the pharmacist checked the deadline and prescription issue dates when they supplied each CD. The team also regularly reviewed dispensed CDs awaiting collection. So, the pharmacy made sure it only supplied CDs when it had a valid prescription. The team used an alpha-numeric system to store bags of dispensed medication. So, staff could efficiently retrieve patient's medicines when needed. And records showed that the pharmacy had a secure medication home delivery service. The supplying pharmacist initialled each CD register entry. So, the pharmacy had an audit trail identifying the pharmacist responsible for each supplied CD, including those it delivered.

## 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 team kept the dispensary sink clean. It also had hot and cold running water and an anti-bacterial hand-sanitiser, so had facilities to make sure they did not contaminate medicines they handled. The team had a range of clean measures. So, it could accurately measure and give people their prescribed volume of medicine. The team had access to the latest versions of the BNF and cBNF. So, it could refer to the latest clinical information.

The pharmacy team had facilities that protected patient confidentiality. It viewed electronic patient information on screens not visible from public areas. The pharmacy's PMR system regularly backed up patient data and could be used when offline. So, it secured patients' electronic information and could retrieve their data if the PMR system failed. The team also had a consultation room to enable confidential discussion with patients. And it had facilities to store bags of dispensed medicines and their related prescriptions away from public view.

### 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.