

Registered pharmacy inspection report

Pharmacy Name: Boots, 9 Market Street, Marple, STOCKPORT,
Cheshire, SK6 7AA

Pharmacy reference: 1029767

Type of pharmacy: Community

Date of inspection: 08/08/2019

Pharmacy context

This is a high-street pharmacy situated in a semi-rural residential area, serving the local population. It mainly supplies NHS prescription medicines and prepares medicines in weekly compliance packs to help make sure people take them safely. It also provides other NHS services such as a repeat medication dispensing service, 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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	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 they 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.
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 generally manages its risks well. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews 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 the procedures regularly tested. So, the pharmacy checked that 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. According to the pharmacy's records this 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 separately addressed each mistake they identified. One of the dispensers and either the manager or resident pharmacist reviewed these records together each month and shared their findings with the rest of the team. However, they did not discuss or record in any detail why they thought each mistake happened. So, it could be harder for the pharmacy to identify trends and it may miss additional learning opportunities.

The pharmacy team received positive feedback from people in its patient satisfaction survey from April 2018 to March 2019. The pharmacy publicly displayed leaflets that explained how people 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, who was an employee pharmacist providing temporary cover, publicly displayed their RP notice so that people could identify them. The pharmacy maintained the records required by law for the RP, medicines urgently supplied to people and CD transactions. And it checked its CD running balances regularly, so could detect any discrepancies at an early stage. It also maintained its records for CD destructions, MURs and specials medications it had supplied.

The pharmacy kept an electronic private prescription register, which it generally kept in order. Apart from one entry where the patient's address and prescriber details were incorrect, the register was otherwise in order. The private prescription were not filed in an organised manner, which could make it difficult to retrieve a specific prescription if needed.

The pharmacy completed weekly data protection audits and staff stored and disposed of confidential material securely. They used passwords to protect access to electronic patient data. However, some staff did not have their own security card to access NHS electronic patient data, so shared access via one of their colleague's cards. This could make the audit trail of who had accessed this information unclear or inaccurate.

Both of the pharmacy's resident pharmacists had level two safeguarding accreditation, and all the other staff had level one accreditation. And it had the local safeguarding board's contact details and their procedures. It also kept records of when it had raised safeguarding concerns. The team kept records of the care arrangements for people on compliance packs, which included their contact details, so it had easy access to this information if needed urgently. However, the pharmacy had not formally assessed all the people on 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 reviews its staffing levels so that it can respond 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 who was a manager at one of the pharmacy owner's nearby pharmacies and providing temporary cover, two experienced dispensers, a employee relief dispenser who provided occasional cover, a pre-registration pharmacist (pre-reg) who had recently started, and a medicines counter assistant (MCA). The pharmacy's other staff included the manager, a full-time resident pharmacist who was on leave, a part-time resident pharmacist, an experienced dispenser and three MCAs.

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 electronic prescription services, and dispensed around a fifth of them via a repeat dispensing service, which helped to reduce workload pressure on the team. The pharmacy experienced regular waves of three to six people presenting, who the staff promptly served. And the manager along with the MCAs who were all qualified dispensers regularly provided dispensing support when necessary. So, the team avoided sustained periods of increased workload pressure.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision. Three dispensers provided the compliance pack service, so the pharmacy could maintain the service's continuity.

The pharmacy effectively maintained services during staff leave. It only allowed one team member to take planned leave at any one time. And the pharmacy was supplied with a relief dispenser to cover the leave. The manager also said that the three MCAs would also start dispenser training.

The 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. The manager said that the MUR target was achievable and the team could manage the competing MUR and dispensing workloads. They also said that the pharmacist usually took between ten and twenty-five minutes on each MUR consultation depending on their complexity and completed them in the pharmacy's consultation room. So, they conducted them in an appropriate time and place and the target did not affect how well the pharmacy provided the service. The pharmacy obtained people's written consent to provide the MUR and electronic prescription services, so it could effectively show they requested these services.

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 level of cleanliness was appropriate for the services provided. The premises had the space that the team needed to dispense medicines safely. And staff could secure it to prevent unauthorised access. The consultation room provided 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 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 8.45am to 5pm. It had a step-free entrance with an automatic door, so people could easily access the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including insulin, methotrexate and lithium. However, the procedure for dispensing anti-coagulants was missing from the file where it should usually be stored.

Staff had discussed valproate case studies that their superintendent office had issued, so knew about dispensing it safely. The team had audited its people on valproate which had not identified anyone in the at-risk group. The pharmacy's patient medication record (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. Staff said that the resident pharmacist regularly checked whether 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 counselled them if necessary. So people on higher-risk medicines received the information they needed when necessary.

The team scheduled when to order its compliance pack people's prescriptions, so that it could supply their medication in good time. And it kept a record of these 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 packs, which helped make sure these people received the correct medicines. However, several randomly checked compliance packs indicated that they were not always labelled with a description of all the medicines inside them, which could make it more difficult for people to identify each medicine.

The pharmacy team consistently used its formal checklist to review and communicate clinical matters about people's prescriptions. And it used tubs and trays during the dispensing process to separate the medications it dispensed, which helped to avoid each people's medicines becoming confused with others. And the team marked part-used medication stock cartons, which 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 them in an organised manner. The manager said that the pharmacy scanned all its stock that had an appropriate barcode, so it was complying with the Falsified Medicines Directive.

The team suitably secured its CDs, quarantined its date-expired and patient-returned CDs, and could obtain destruction kits for destroying CDs. The pharmacy monitored its refrigerated medication storage temperatures. And records indicated that the team checked medicine stock expiry dates regularly up to the end of March 2019. Staff recalled that stock had been date checked since this time but could not locate the supporting records. The pharmacy took appropriate action when it received alerts for suspected defective medicines and kept supporting records. The team disposed of obsolete medicines away from medicines stock. So, the pharmacy reduced the risk of supplying medicines that might be unsuitable.

The team wrote the supply deadline date on stickers it applied to dispensed CDs. And it checked these deadline dates at the time of medication supply and on a weekly basis. 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. 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 antibacterial hand-sanitiser, so had facilities to make sure it did not contaminate medicines that it handled. The team had a range of clean measures. So, it could accurately measure and give people their prescribed volume of medicine. And staff used recent versions of the BNF and cBNF to check pharmaceutical information if needed.

The pharmacy team had facilities that protected people's confidentiality. It viewed electronic patient information on screens not visible from public areas. And the pharmacy regularly backed up people's data on its PMR system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to people's dispensed medicines and their prescriptions far enough 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.