

Registered pharmacy inspection report

Pharmacy Name: Boots, 55-56 Vicarage Road, ST. AGNES, Cornwall,
TR5 0TH

Pharmacy reference: 1030020

Type of pharmacy: Community

Date of inspection: 20/03/2023

Pharmacy context

The pharmacy is in St Agnes, Cornwall. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including flu vaccinations, the NHS New Medicine Service (NMS), the Community Pharmacy Consultation Service (CPCS) and the Hypertension Case Finding service.

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	N/A	N/A	N/A
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 provides its services safely and effectively. It has suitable systems in place to identify and manage the risks associated with its services. Team members record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. And these procedures are reviewed and updated regularly. The pharmacy asks people for their feedback on its services and responds appropriately. It has the required insurance in place to cover its services. And it generally keeps all the records required by law. The pharmacy keeps people's private information safe. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to identify, manage and reduce its risks. It had standard operating procedures (SOPs) which reflected the way the team worked. Each team member had an online learning account which held a record of the SOPs that had been read. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had risk assessments in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on an online reporting system. Team members considered why the mistake had happened and learned from their mistakes. The branch manager reviewed the errors regularly. When errors occurred, the pharmacy team discussed them and made changes to prevent them from happening again.

Dispensing errors that reached the patient were reported in a more detailed way using an online reporting tool. The pharmacy team reflected on errors made and learned from them. Each month, the manager completed a patient safety review and analysed the cause of any errors made that month. An action plan was created which was reviewed the following month. The pharmacy received regular training materials from the superintendent pharmacist's office which shared learning on incidents that had happened in other pharmacies. A member of the pharmacy team attended a monthly conference call with the clinical governance manager where incidents and learnings from other branches of the chain were discussed.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were passed straight to the pharmacist or the manager to deal with. The manager made sure to pass any compliments received to the team. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register but entries did not always contain all the legally

required information. Records of private prescriptions were maintained on a register on the patient medication record (PMR) system. The pharmacy kept appropriate records of any emergency supplies it made through the locally commissioned Urgent Repeat Medicines service. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members completed yearly training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the retail area. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's PMR.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation and knew what action to take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. Team members are well-trained to deliver their roles and keep their skills up to date by completing regular learning activities. They are confident to suggest and make changes to the way they work to improve their services. The team communicates effectively.

Inspector's evidence

On the day of the inspection, the RP was a locum pharmacist. There were also two part-time dispensers, one of whom was a trainee. The manager, who was also a dispenser, was on leave. A manager from another branch came to the pharmacy weekly to provide support in her absence. A new dispenser was due to join the team in the coming weeks. The team felt that they could usually manage the workload. Dispensing was up to date and prescriptions were generally ready when people arrived to collect them.

The pharmacy team felt well supported by the manager and the area manager. They were given allocated time during working hours to learn. The trainee dispenser was registered on an approved training course and was progressing well. Each team member had their own account on the company eLearning system which kept a record of progress through courses. They had access to a range of learning materials and they gave examples of courses that they had completed recently. They regularly completed training materials provided by external providers including CPPE and Health Education England's eLearning for Healthcare (ELFH).

The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. They had regular discussions about their performance. The team felt confident to discuss concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. The team felt able to make suggestions for change to improve efficiency and safety but ensured that they always followed the company SOPs. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The RP said that the targets set in the pharmacy seemed manageable. And they did not impede their ability to use their own professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services the pharmacy provides to people. The premises are kept clean, tidy and there is ample space for the team to store the pharmacy's medicinal stock. There is a consultation room to help facilitate private conversations between people who use the pharmacy and a team member.

Inspector's evidence

The pharmacy was in St Agnes, Cornwall. There was a retail area, leading to a healthcare counter, dispensary and consultation room. Staff areas were accessed through a small door and consisted of a room downstairs used to store stock, dispensing consumables and pharmaceutical waste. Up a very narrow, steep set of stairs was a kitchen area with a lavatory, a retail stock room and an office used as a staff room. The public areas of the pharmacy were well presented and clean. The dispensary was small but well organised. There was minimal clutter. Stock was mostly stored on pull-out drawers. Some were broken and came off their rails. Others had broken Perspex fronts meaning the stock fell onto the floor. The consultation was of an adequate size and presented a professional image. No confidential patient information was stored in the room and conversations could not be overheard from outside. The room could not be locked but no medicines were stored in it.

There was no barrier at the healthcare counter to prevent people self-selecting medicines. However, it was manned by a team member and was in the line of sight of the pharmacist, who intercepted anyone attempting to self-select pharmacy medicines. The pharmacy was well lit and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team ensure that people with different needs can access its various services. The pharmacy supplies medicines to people with appropriate advice to make sure they use them properly. Team members take steps to identify people prescribed high-risk medicines and ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them safely and makes regular checks to ensure that they are suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy was open from 9am to 6pm, Monday to Friday and from 9am to 4pm on Saturday. The pharmacy was wheelchair accessible. There was a public carpark nearby. The pharmacy could support people with disabilities by, for example, producing large print labels and reminder charts. A range of health-related posters and leaflets were displayed. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured laminates were used to highlight fridge items and CDs in schedules two and three. Prescriptions for schedule four CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with laminates. Pharmacist Information Forms (PIFs) were automatically printed by the PMR system and highlighted important information. Interactions and cautions were also printed for the pharmacist to review when checking. The RP described that team members checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently and gave additional advice as needed. Laminates were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. The RP kept records of significant interventions made on the person's PMR.

The RP was aware of the risks of people becoming pregnant whilst taking sodium valproate. They knew to speak to people who could be pregnant who were prescribed valproate about the Pregnancy Prevention Programme (PPP). The pharmacy team knew to ensure labels applied to valproate medicines did not obscure the safety information on the box. The pharmacy had the information booklets and cards to hand out as appropriate.

The dispensary stock was generally arranged alphabetically on shelves. It was organised and tidy. Certain groups of medicines were stored out of alphabetical order including those prescribed for diabetes. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Records of recalls and alerts were annotated with the outcome and the date actioned and were stored in the pharmacy. Stock of pholcodine which had been subject to a recent recall had been quarantined.

Prescriptions containing omissions were appropriately managed and the prescription was kept with the balance until it was collected. The pharmacy had been affected by national stock shortages of lots of common medicines. Orders were placed regularly throughout the day to try and source them. The pharmacy kept people updated with the status of orders and tried to give an estimation of when owed medicines would be available.

The pharmacy stored CDs in accordance with legal requirements in approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range. Patient returned medication was dealt with appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services. It keeps these clean, tidy and well-maintained. The pharmacy uses its equipment in a way that protects people's confidential information.

Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order. PAT testing stickers were present and in date.

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.