

Registered pharmacy inspection report

Pharmacy Name: Boots, Fore Street, Porthleven, HELSTON, Cornwall,
TR13 9HJ

Pharmacy reference: 1030051

Type of pharmacy: Community

Date of inspection: 12/04/2023

Pharmacy context

The pharmacy is in Porthleven, 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) and the Community Pharmacy Consultation Service (CPCS). The pharmacy offers services to drug misusers. And it dispenses medicines into multi-compartment compliance packs to help people remember to take their medicines correctly. The pharmacy delivers medicines to people's homes.

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 SOPs were reviewed regularly by both the superintendent pharmacist and the pharmacy team. 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 team had recently been focussing on reducing distractions whilst dispensing. They tried not to interrupt the process by, for example, answering the phone, until they had finished the task at hand. They had also spent time reducing clutter in the pharmacy which had led to the workbenches being clear with plenty of free space.

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. Records of private prescriptions were maintained on a register on the patient medication record (PMR) system. They were generally complete but did not always contain a record of the correct prescriber. 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. Trainees are completing training courses but there is limited opportunity for them to spend time with their mentor pharmacist, who is based in another branch. Team members are confident to suggest and make changes to the way they work to improve their services. The team work well together, communicate well and support each other to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, the RP was a locum pharmacist. There were three pharmacy advisors working. The manager, who was a dispenser, returned to the pharmacy during the inspection having been providing additional support to a nearby pharmacy that morning.

The pharmacy team seemed to be coping with the workload despite working under pressure. The pharmacy team felt well supported by the manager and the area manager. It was clear that they worked well together and supported each other. Team members were witnessed giving appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed.

Team members were given time during working hours to learn if needed. But they often chose to complete any tasks such as reading new SOPs or learning about conditions or new products at home. Two of the pharmacy advisors were trainees and were working through the in-house training programme. Whilst they were completing the required work, it was proving difficult to get it signed off by a mentor pharmacist as there was not a regular pharmacist in the branch. The mentor was based in a nearby branch which reduced opportunities for the trainees to be supervised and observed.

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 pharmacy team said that the pharmacy generally achieved the targets it was set. The RP had not been set any specific targets. They did not let targets impede their clinical judgement and ensured all services provided by the pharmacy were appropriate for the person.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are spacious and present a professional image to people. And the pharmacy has good facilities to provide services to people and maintain their privacy and confidentiality.

Inspector's evidence

The pharmacy was in the centre of Porthleven, Cornwall. There was a large, well presented retail area which stocked a wide variety of health and beauty products. To the rear of the pharmacy was a healthcare counter, dispensary and consultation room. Staff facilities were available at the very back of the pharmacy. There was also a small stock room. The dispensary was well laid out and offered plenty of shelving to store stock and workbench space for dispensing. A new bespoke unit had recently been installed to prepare for a change to the dispensing process, which had not yet commenced. It took up quite a lot of space but the pharmacy team were confident that when the new process was implemented, the unit would be well used and efficient.

The consultation was of an adequate size and generally 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. However, it was also used as a staff room and there was an odour of food. The pharmacy team said that it would be cleaned before it was used to have private conversations with people. But this could potentially take some time and delay the conversation.

Cleaning was undertaken each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The pharmacy appeared to be well maintained. The fire alarm was tested each week. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. It had an automatic door. On-street parking was available nearby. The pharmacy could provide additional support for people with disabilities, such as producing large print labels. 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 alert cards were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. And they made records of this advice on the PMR.

The pharmacy offered a range of additional services including flu vaccinations. But these could only be offered when an accredited pharmacist was working in the branch so provision could not be guaranteed. The signed patient group direction for the recent flu vaccination service was available. The pharmacy supplied opioid replacement medicines to a small number of people, some of whom were supervised taking their medication. The RP liaised with the drug and alcohol team and the person's key worker in the event of any concerns or issues. The pharmacy offered the NHS New Medicines Service. Pharmacists contacted people prescribed new medicines to check how they were getting on and to offer any advice needed.

The pharmacy had a health promotion zone and provided advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals, from both NHS111 and the GP practice. The pharmacy was planning to start offering to test people's blood pressure as part of the Hypertension Case Finding service. The pharmacy had appropriate equipment including ambulatory blood pressure monitors ready for when the service started.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking

sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate. The RP had regular conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception. And records were made on the PMR.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled. Team members signed to show who had dispensed and checked the compliance aid. And they wrote a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. Medicines prescribed to be taken 'when required' were dispensed in boxes. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the checking process. Each person receiving medicines in a compliance aid had been assessed for suitability to ensure it was the safest option for them. If the pharmacist did not feel a compliance aid was appropriate, the pharmacy could provide other support, such as medicines administration record (MAR) charts.

The dispensary stock was generally arranged alphabetically on a bespoke unit with pull-out shelves. It was well organised. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock.

CDs were stored in accordance with legal requirements in approved cabinets. A denaturing kit was available so that any CDs awaiting destruction could be processed. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed in the presence of a witness. 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.

Logs were kept of deliveries made to people in their own homes. The pharmacy team described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable and this was found to be adequate. Medicines were handed to the people and were not posted through the letterbox. 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. 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.