

Registered pharmacy inspection report

Pharmacy Name: Boots, Churchtown, Mullion, HELSTON, Cornwall,
TR12 7BY

Pharmacy reference: 1030052

Type of pharmacy: Community

Date of inspection: 12/04/2023

Pharmacy context

The pharmacy is located in Mullion, Cornwall. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. It also supplies medicines in multi-compartment compliance aids to help people take their medicines at the correct time.

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 takes appropriate steps to identify and manage its risks. Team members record any mistakes they make, considering the reasons in depth and learning from them. The pharmacy team then makes the necessary changes to stop mistakes from happening again. Team members carry out tasks following the written procedures that the pharmacy has, which ensures that they work safely. The pharmacy responds appropriately when it receives feedback. It has the required insurance in place to cover its services. And it keeps all the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy takes action to identify, manage and reduce the risks associated with its activities. 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 a paper log. They also recorded any errors that were picked up by patient medication record (PMR) system, which required medicines to be scanned when selected from the shelf. The team felt it was important that these errors were also recorded to allow improvement. The pharmacy team was gradually transitioning to using a new online reporting system to record near-misses. The entries contained a reflection of the causes of the errors.

One team member had the role of 'Patient Safety Champion' and was responsible for reviewing the errors each month. An action plan was created which was reviewed the following month. When errors occurred, the pharmacy team discussed them and made changes to prevent them from happening again. For instance, some medicines that had similar sounding names and strengths were separated on the shelves. A current focus was to ensure that all sides of partly used boxes of medicines were marked so that they were not confused for full packs. It was clear that team members analysed and learned from their mistakes.

The pharmacy reported any mistakes that reached the patient on an online reporting system. The pharmacy team analysed these incidents in much more detail to understand why they had happened. 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 dealt with promptly by the branch manager and passed to the area manager if needed. Team members were made aware of any compliments that were received about

them. Public liability and professional indemnity insurances were in place.

The pharmacy kept a written 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 and were destroyed promptly.

Records of private prescriptions were held on the PMR and were generally complete. But some entries contained incorrect prescriber details. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were annotated with the details of the supply. They were stored for the required length of time.

All team members completed yearly training on information governance and the general data protection regulations. Patient data and confidential waste were appropriately dealt with to protect privacy and no confidential information was visible from customer areas. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed.

All team members 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 online. Team members were aware of signs of concerns requiring escalation.

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 support each and communicate well.

Inspector's evidence

On the day of the inspection, the RP was a locum pharmacist. There were also three dispensers. A further dispenser and a pharmacy technician were not working that day. The pharmacist manager was on annual leave. The team felt that they could usually manage the workload. But team members were regularly asked to cover other nearby branches which put pressure on the remaining team. Although dispensing was currently several days behind, this was due to the recent Easter break. The team were confident that they would easily catch up.

The pharmacy team felt well supported by the manager and the area manager. They were given allocated time during working hours to learn. 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. And each team member had a formal appraisal once a year. 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 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 is a suitable environment for people to receive healthcare services. The pharmacy team utilise the available space well. The pharmacy is clean, tidy and secure.

Inspector's evidence

The pharmacy was located in Mullion, Cornwall. It consisted of a small retail area which stocked a range of health-related products. A small healthcare counter led to the small dispensary. There were two rooms to the rear of the dispensary, one used as additional dispensing space, and the other as a stock and staff room. The pharmacy did not have a consultation room.

The dispensary was small but well presented. Medicines were stored in pull out drawers. Some were broken and this had been raised with the maintenance team. Prescriptions were stored in such a way that no private information could be seen by people using the pharmacy. Computers were password protected with individual log-ons.

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 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. The pharmacy could provide additional support for people with disabilities, such as producing large print labels. The pharmacy had a health promotion zone and provided advice to people on living healthy lifestyles. A range of health-related posters and leaflets were displayed.

As the pharmacy did not have a consultation room, it did not offer any additional services. Team members explained that if a person requested a service not offered by the pharmacy, 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. Pharmacy team members highlighted the age on any prescriptions they received for children. The pharmacist then routinely checked that the dose of the medicines prescribed was appropriate.

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 in drawers. It was mostly 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. The pharmacy placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. 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 uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. The pharmacy uses its equipment in a way that protects people's private 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. 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.