

Registered pharmacy inspection report

Pharmacy Name: Boots, The Ground Floor Premises, The Stennack School, ST. IVES, Cornwall, TR26 1RU

Pharmacy reference: 1030060

Type of pharmacy: Community

Date of inspection: 18/08/2022

Pharmacy context

The pharmacy is located next to GP practice in St Ives, 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. The pharmacy offers services including flu vaccinations, a minor ailments scheme, the NHS New Medicine Service (NMS), the Community Pharmacy Consultation Service (CPCS). It also offers a locally commissioned urgent repeat medicines service. The pharmacy supplies medicines in multi-compartment compliance aids to people living in their own homes.

Overall inspection outcome

✓ Standards met

Required Action: None

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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 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 responds appropriately when it receives feedback. It has the required insurance in place to cover its services. And it keeps all of 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 and take appropriate action when they have concerns about people's welfare.

Inspector's evidence

The pharmacy had adequate processes in place to identify, manage and reduce its risks. It had completed a risk assessment on all the services it provided. And a business continuity plan was in place. The pharmacy had standard operating procedures (SOPs) which were regularly reviewed by the superintendent pharmacist's (SI) team. The SOPs were gradually being transferred to an online portal, but team members had some difficulties accessing their personal accounts. Each team member had record of which SOPs they had read. The SOPs reflected how the pharmacy team worked. The SOPs had been updated to reflect changes made to processes during the COVID-19 pandemic. 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 a document listing the roles and responsibilities of each team member.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check on a paper log. A new company online reporting system was being rolled out to stores in the chain but the pharmacy was not using it yet. The RP said that there were very few mistakes as team members used the patient medication record (PMR) system to scan products as they were dispensed. The main mistakes were quantity errors and the team members were encouraged to carefully check the quantities of medicines dispensed. Dispensing errors that reached the patient were reported in a more detailed way. 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 discussed the patient safety review and it was prominently displayed in the pharmacy. A recent review had identified that there were several occasions where tablets had been dispensed into the wrong section of multi-compartment compliance aids. The team was now focussing on minimising distractions when preparing compliance aids to reduce the likelihood of errors. And team members were rewriting individual patient record sheets to make them clearer for the dispenser to follow.

The pharmacy separated medicines that looked or sounded alike. Stickers were applied to the outside of the storage drawers or shelves where they were stored to remind team members to take additional care. The pharmacy received regular training materials from the SI's office which shared learning on incidents that had happened in other pharmacies.

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. The pharmacy team also reviewed any online feedback and responded accordingly. 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 and were destroyed promptly. 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 had completed 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 they provided examples of when they had made appropriate safeguarding referrals.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. It makes sure its team members are well-trained to deliver their roles. And they 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. And they work well together to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, the team members present were the RP, who was the regular employed pharmacist, two pharmacy technicians and one dispenser. There were two further technicians who were not working that day. Two of the technicians were trained as accuracy checking technicians. And one was the branch manager. The team felt that they could manage the workload, despite the volume of prescriptions increasing in the last six months due to a nearby branch of the chain closing. Dispensing was up to date and prescriptions were generally ready when people arrived to collect them.

The pharmacy team felt well supported by the RP and the manager. They were given allocated time during working hours to learn. The dispenser was on a waiting list to begin training as a pharmacy technician. 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 and they gave examples of courses that they had completed recently. These included quarterly compliance modules, Equality, Diversity and Inclusivity modules and learning about creating a 'Just Culture'.

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 were generally manageable. And they did not impede his ability to use his own professional judgement. He described that all services undertaken were clinically appropriate and that he would ensure he was accredited to provide any additional services requested before commencing.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located in St Ives, a town popular with tourists. It was in the same building as a GP practice on the outskirts of the town centre. A carpark was available for people to use when accessing the pharmacy or GP practice. There were other public carparks nearby but these quickly became full, particularly during the tourist season. The retail area was small but well organised. There were seats for people to use whilst waiting in the pharmacy. There was a spacious and well-equipped consultation room. It was not always locked when not in use. But no confidential information was stored in it.

A healthcare counter led to a small but well organised dispensary. There were limited staff facilities due to space restrictions. There was plenty of workbench space. Prescriptions were dispensed and accuracy checked in different areas. This gave the pharmacist the required space and reduced distractions.

Team members cleaned the pharmacy every day and made records of this in a daily log. The healthcare counter had clear Perspex screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines. The pharmacy did not have air-conditioning due to restrictions on permitted building work. But fans were used to cool the air temperature on hot days.

The pharmacy currently had no hot water due to the boiler being broken. This had been reported to the maintenance department some time ago but no remedial action had been taken. Team members boiled the kettle when hot water was required for cleaning.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the needs of the local population. And it advertises these services appropriately. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members give additional advice to people taking high-risk medicines to make sure they are taken safely. 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 delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy was open from 9am to 6pm, Monday to Friday. The pharmacy had level access and there was an automatic door. The pharmacy and the consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. 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. Paediatric doses were routinely checked. 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 checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. The superintendent's office had provided additional training for team members on high-risk medicines. This was displayed in the pharmacy and all team members had completed the associated test. 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 interventions made on the PMR system.

The pharmacy provided substance misuse services to a small number of people. Team members described how they would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including flu vaccinations. The patient group directions for the upcoming season had not yet been released. The RP said that she would print it out, review it and sign it before commencing provision of the service. The RP had completed training on

injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) but received few referrals. The RP contacted people by telephone to discuss how they were getting on with any new medicines they were prescribed as part of the NHS New Medicines Service. And the pharmacy tested people's blood pressure as part of the Hypertension Case Finding service. The pharmacy had the required blood pressure monitors and ambulatory monitors. It also had a folder containing supporting information to give to people depending on the results of the blood pressure tests.

The RP was aware of the risks of people becoming pregnant whilst taking sodium valproate. He knew to speak to people about the Pregnancy Prevention Programme (PPP). Records were made on the PMR of any conversations of this type. 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 pharmacy had the information booklets and cards to hand out as appropriate.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. Each person requesting compliance aids was assessed for suitability. 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. 'When required' medicines were dispensed in boxes and team members were aware of what could and could not be placed in trays. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary stock was generally arranged alphabetically in drawers and 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. 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 annotated with the outcome and the date actioned and were stored in the pharmacy.

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 in the presence of a witness with two signatures 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.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The manager 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. 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 confidential information.

Inspector's evidence

The pharmacy had crown-stamped measures available to measure liquids, with one marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle reserved for cytotoxics. All equipment, including the dispensary fridge, was in good working order. The dispensary sink was clean. The pharmacy did not currently have hot water as described in principle three.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

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.