

Registered pharmacy inspection report

Pharmacy Name: Boots, 832-834 Osmaston Road, Allenton, DERBY,
Derbyshire, DE24 9AA

Pharmacy reference: 1030384

Type of pharmacy: Community

Date of inspection: 27/06/2022

Pharmacy context

This is a high street pharmacy located in a parade of local shops and services in the Allenton area of Derby. People using the pharmacy are generally from the local community. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services.

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	1.1	Good practice	The risks associated with the pharmacy's services are well managed. The team members understand and can explain the patient safety benefits linked to recent changes to systems and processes, and they are compliant with the pharmacy's procedures.
		1.2	Good practice	The pharmacy team undertakes regular and proactive reviews of the systems and processes to ensure pharmacy services are provided safely and effectively. This includes using information provided by head office about learning from mistakes that have been made in other pharmacies.
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	4.2	Good practice	The pharmacy team members follow clear systems and processes that allow them to provide safe and effective care. The introduction of some automated processes and improvements made to current systems mean the team members have more time to speak to people about their healthcare needs.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy effectively manages the risks associated with the services to make sure people receive appropriate care. Members of the pharmacy team are clear about their responsibilities and follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they regularly review their processes and make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been implemented on various dates. A small section of SOPs was updated every few months to make it more manageable for the pharmacy team to read and adopt them. Team members were seen to have read and signed the SOPs relevant to their job role. The company were in the process of switching to online SOPs and there was a quiz at the end of each SOP so team members could demonstrate that they had understood the content. Online SOPs also allowed the store manager to review training records and address any training needs.

An online near miss recording tool was used and team members were responsible for correcting and recording their own error to ensure they learnt from the mistake. The near miss records were printed out and put onto the patient safety noticeboard so that the team could review these throughout the month. The store manager completed a monthly near miss review and action planning document. The outcome of the review was shared with pharmacy team members, and they were asked for their ideas on how to reduce the risk of mistakes happening in the future. The team completed ongoing checks using an online platform called 'My Hub' which had daily, weekly and monthly checks on a range of different operational tasks such as health and safety, legal and pharmacy related. An action plan was displayed on the patient safety noticeboard in the dispensary to show the current priorities. Stickers had been sent from Head Office to attach to stock locations with LASA (look alike, sound alike) medicines. A newsletter was sent from the pharmacy superintendent every month and it included clinical governance updates and a case study. It was read and signed by all members of the pharmacy team. The responsible pharmacist (RP) gave an example of how the newsletter had reminded the team to not become overly reliant on the new computer system for identifying labelling errors as this had been something that they had identified from near miss reviews. Dispensing incidents were recorded using an online incident reporting system. A member of the team completed the incident form, and the store manager reviewed the incident and added any further action that they thought was required. A previous error was discussed, and the RP explained how it had been reported to the relevant agencies and used as a learning opportunity.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. Pharmacy staff were wearing uniform and were wearing name badges including their job role. A member of the team answered hypothetical questions related to high-risk medicine sales correctly.

The complaints procedure was explained in a customer leaflet. A pharmacy advisor explained the process for handling a complaint or concern and how she would speak to the person first and try to resolve the issue. The team could also refer the person to the area manager or head office if the complaint was unresolved. People could contact Boots Customer Care at head office by telephone, email, Twitter or Facebook with any feedback about the company or pharmacy.

The pharmacy had up-to-date professional indemnity insurance in place. The RP notice showed the correct details and was clearly displayed. The RP log was maintained in a record book and was seen to be complete. Controlled drug (CD) registers also complied with requirements. A CD balance check was completed weekly, and a random balance check matched the balance recorded in the register. The balance check for methadone was done weekly and the manufacturer's overage was added to the running balance. A patient returned CD register was used. Private prescriptions were recorded electronically, and the register contained the details required.

Confidential waste was stored separately to general waste and transferred to confidential waste bags for destruction offsite. The pharmacy team members completed an e-learning module on information governance. They had individual NHS Smartcards and confirmed that their passcodes were not shared. The pharmacists had completed level 2 training on safeguarding. Other members of the pharmacy team completed an e-learning module on safeguarding every year as part of their annual compliance training. The safeguarding procedure and local contacts were available in the dispensary. There were various posters displayed in the retail area and the consultation room to advertise the 'Ask For Ani' safe space scheme.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide its services. The team members work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the store manager (pharmacist), an additional part-time pharmacist that covered the store managers days off, two pharmacy advisors and two trainee pharmacy advisors. Pharmacy advisors had completed, or were working towards, a combined dispensing assistant and medicines counter assistant qualification. Boots relief pharmacists covered annual leave or any shifts that were not covered by the two regular pharmacists. Annual leave was requested in advance and part-time team members were available to work extra hours to cover. Support could be requested from other Boots pharmacies in the area if needed.

Two members of the team were enrolled on the pharmacy advisor course and a pharmacy advisor was enrolled on the level 3 training course. Team members were entitled to regular training time, however, they explained that recent staff sickness had meant that they had not had training time recently, but they were still on track to complete their courses on time. They were also given training materials to complete, such as e-learning modules and new SOPs and they did this training during the quieter times. All members of staff had to complete yearly mandatory e-learning based training. This was audited by head office and the store manager was accountable for ensuring the training was up to date.

The staffing levels and rotas were regularly reviewed by the store manager, together with the area manager. Head Office had completed a time and motion study and informed the managers how many hours they should have in each job role based on the amount of pharmacy items, pharmacy services and retail sales they did each week.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. As the pharmacy team worked closely together any near misses, incidents and pharmacy issues were discussed on a daily basis within the dispensary rather than at a formal meeting. The team members had annual appraisals and had recently been given the preparatory work to complete for their next review which was due in July.

The pharmacy staff said that they could raise any concerns or suggestions to the store manager, pharmacist or their colleagues. If they wanted to raise a serious concern, they could contact the area manager or use a confidential helpline. The details of the confidential helpline were on display in the staff bathrooms.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services and the RP explained that she would

use her professional judgment to offer services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team has access to a consultation room which it uses for services such as vaccinations, and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Maintenance issues were reported to Head Office. The premises was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range.

The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Several stock rooms were used for storing excess retail stock and dispensary sundries. There was a private consultation room which was used by the pharmacy team during the inspection. The consultation room was professional in appearance. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. People are actively given advice about their medicines when collecting their prescriptions. The pharmacy systems are designed to support the pharmacy team in offering a safe and efficient service to people that use the pharmacy. The pharmacy gets its medicines from licensed suppliers, and the team members store medicines securely and at the right temperature, and they make regular checks to make they are safe to use.

Inspector's evidence

The pharmacy was situated within a row of local shops and there was free parking available. It had step free access from the street and an automatic front door. A home delivery service was available; criteria set by head office meant some people were eligible for free deliveries, otherwise there was a fee payable. The pharmacy staff referred people to local services, such as the needle exchange services, when necessary. The pharmacy staff used local knowledge and the internet to support signposting.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Coloured cards were added to baskets to alert the pharmacist as to whether the prescription was for someone that was waiting, or whether they were calling back later. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. A '5-way stamp' was used on prescriptions to identify which members of the team had been involved in different areas of the dispensing process, a sample of prescriptions was checked and the stamp was routinely used. The pharmacy's computer system printed the stamp directly onto prescriptions so that the team did not forget to use it. Prescriptions had computer generated pharmacist information forms (PIF) attached to them. These forms allowed the pharmacist to be alerted to any information about the prescription, such as whether it was a new medicine or a change of dose and they supported the clinical assessment of the prescription and any counselling the person needed.

Prescriptions were either dispensed as 'due now' or 'due date'. Due now was used for prescriptions that were to be dispensed immediately and due date was for prescriptions to be dispensed the following day. The details for due date prescriptions were entered into the patient medication record (PMR) and the stock for the prescriptions arrived the following day. The prescription labels were generated once the barcodes had been scanned and then the prescriptions were assembled.

Prescriptions containing high risk medicines such as anticoagulants, methotrexate, CDs or valproate containing products, had a coloured, laminated card attached to alert the staff member handing out the prescription that extra counselling or checks were required. This ensured the person received the information they needed about the prescription. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available. Notes were made on the PMR when counselling had taken place. The SOP for handing out medicines had been amended by head office during the pandemic as there had been an increase in hand out errors, which had been attributed to people

wearing face coverings. The team were seen to be following the new process and explained that the new processes, such as the new PMR system, had reduced errors dramatically. The new PMR system had integrated processes that supported the smooth running of the pharmacy. This included automatically texting the person when their prescription was ready, prescription claiming and automated PIF's. The RP said that this gave the team more time to spend talking to people and offering pharmacy services.

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Head office had recently requested that the pharmacy team members speak to all of the people who received their medication in multi-compartment compliance packs to review whether they still required them to be supplied in this way. They had been given a proforma to complete for each person and they were able to suggest some alternative solutions. The team had completed this exercise and found that very few of the people that had previously had compliance packs still required them. And that people that were supported by carers would prefer original pack dispensing, plus a medication administration record (MAR) chart. Two people had gone to other pharmacies as they wanted to continue with compliance packs but had already returned to the pharmacy and had asked for original packs and MAR charts. The team explained that they thought that there would have been a more negative reaction from the patients, family members or carers, but this was not the case. They also said that they now

realise how labour intensive the compliance pack process was, and the time released by this enabled them to be more 'patient facing'.

The dispensary was date checked every three-months and records were kept for date checking. A short-dated item list was kept and medicines due to expire in the next six months were recorded. The list was checked in advance and short dated medication was removed from the shelf to ensure they were not supplied. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. A range of licenced wholesalers was used. Split liquid medicines were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was informed of drug alerts by head office using the company intranet. There was a log to demonstrate that the alerts section of the intranet had been checked twice a day.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Out of date CDs were clearly marked and were separated from normal stock. There was a medical fridge used to hold cold-chain stock and assembled medicines. Assembled medicines were placed in clear bags for easy identification. The medicines in the fridge were stored in an organised manner. Fridge temperature records were kept and records showed that the pharmacy fridge was working within the required temperature range of 2° and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the pharmacy team uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.