

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 47-48 Fore Street, BUCKFASTLEIGH, Devon,  
TQ11 0AA

**Pharmacy reference:** 1030686

**Type of pharmacy:** Community

**Date of inspection:** 15/06/2022

## Pharmacy context

The pharmacy is located in Buckfastleigh, Devon. 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) and the supply of medicines to drug misusers. It also supplies medicines in multi-compartment compliance aids to people living in their own 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages its risks appropriately. Team members record their errors and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has suitable written procedures in place to help ensure that its team members work safely. The pharmacy responds appropriately when it receives feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. It 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 had 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. On the day of the inspection, due to sickness, the pharmacy did not have enough staff to offer its full opening hours. So, to reduce the risk and minimise the impact on the people using the pharmacy, it had reduced its opening hours to allow a safe service to be provided. This was well advertised on the exterior of the pharmacy.

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, which team members found easy to access. 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 accountability 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 using a paper record. They were later transferred to the company online reporting system. The manager was unable to log on to the system during the inspection but assured the inspector that all 'near misses' were recorded. She said that there were very few mistakes made due to the requirement to scan products as they were dispensed. The main mistakes were quantity errors and the team was 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 then prominently displayed in the pharmacy. A recent dispensing error had prompted the manager to display a separate alert sheet on the wall, drawing the team's attention to the incident.

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 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 also kept records of any emergency supplies it made in the register on the PMR. Records of emergency supplies contained all required details including the nature of the emergency. 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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs enough people to usually manage its workload. And it takes action to maintain safety standards when team members are absent. Team members receive time in work to complete training for their roles and keep their skills up to date. 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

During the inspection, the pharmacy team members present were a locum pharmacist and three dispensers. One dispenser had recently joined the pharmacy as the store manager. Another was a trainee dispenser who had joined the pharmacy in the last month. The regular pharmacist was on annual leave and two further dispensers and a pharmacy technician were absent due to sickness. Team members had consulted with the area manager and it had been decided to reduce the opening hours from 9am to 6pm to 10am to 4pm for the week. This was to allow the pharmacy team to catch up with dispensing prescriptions without being distracted by customers. During the inspection there were always customers in the pharmacy waiting to be served. But the pharmacy team managed the flow well. The manager said that the area manager had tried to support the pharmacy by sending a member from another branch later in the week. But that team member was not able to dispense so would only be able to work in the retail area. The pharmacy team felt that they were usually able to cope with the workload.

The pharmacy team felt well supported by the regular pharmacist 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. Team members were seen to give appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed.

The team gave each other regular ad hoc feedback and there was a 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 manager used a messaging app to receive information and updates from the area manager and other local branches of the chain. The manager felt able to make suggestions for change to improve efficiency and safety. 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 the centre of Buckfastleigh. There was a public carpark nearby. A spacious and well-presented retail area led back to the dispensary. The dispensary was small and had a wall running down the centre. Prescriptions were dispensed on one side and were checked on the other. This gave the pharmacist the required space and reduced distractions. There was larger room to the rear of the pharmacy which was used to store stock and provided additional dispensing space. This area was mainly used to prepare multi-compartment compliance aids.

The pharmacy had a consultation room which was of an adequate size. It presented a professional image. It was soundproofed to allow conversations to take place in private without others overhearing. The door to the consultation room was unlocked during the inspection, meaning people in the retail area could potentially access prescription medicines and equipment.

The dispensary was well-equipped but a little cluttered. The manager had planned to reorganise it before staffing levels were reduced by sickness.

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.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied 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 had step-free access. 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.

As described in principle one, the pharmacy was offering reduced opening hours at the time of the inspection. The NHS contracts team had been informed and the current opening hours were showing on the internet. Notices were placed on the windows and door of the pharmacy alerting people to the reduced hours. The pharmacy intended to return to its full opening hours as soon as possible.

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 2 and 3. Prescriptions for schedule 4 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. The manager and the RP explained 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. Details of significant interventions were recorded on the PMR.

The pharmacy provided substance misuse services to a small number of people. The RP described that he 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 and the supply of emergency hormonal contraception. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declarations of competence for the pharmacists offering the flu vaccination service were seen. The regular pharmacist had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy

lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) but received few referrals. It had supplied lateral flow tests to the public as part of the 'Pharmacy Collect' scheme until the service had ceased on 31 March 2022.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Appropriate conversations had been had with affected people and records were made on the PMR. 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. Notes were placed on the PMR of people at risk of becoming pregnant receiving a valproate to confirm a discussion about PPP had taken place.

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 a dispenser was 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 on shelves. It was a little disorganised and untidy. 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.

CDs were stored 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 temperature range..

Records 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 private information.

### Inspector's evidence

The pharmacy had crown-stamped measures available to measure liquids, with several 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 and PAT test stickers were visible. The dispensary sink was clean and in good working order.

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.