

Registered pharmacy inspection report

Pharmacy Name: Boots, 18-20 The Broadway, Plymstock,
PLYMOUTH, Devon, PL9 7AU

Pharmacy reference: 1030815

Type of pharmacy: Community

Date of inspection: 28/01/2020

Pharmacy context

The pharmacy is located in Plymstock, Plymouth. It sells over-the-counter medicines and dispenses NHS and private prescriptions. It supplies medicines to the residents of a large number of care homes. The pharmacy 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 Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS), flu vaccinations and services for substance misusers.

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	4.1	Good practice	The pharmacy responds quickly to external changes, such as the closure of a GP practice, to ensure people are still able to receive their medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies its risks appropriately. Team members usually record their errors and review them as a team to identify the cause of errors. This allows the pharmacy team to make the necessary changes to stop mistakes from happening again. The pharmacy has adequate written procedures in place for the work it does. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services. The pharmacy keeps the records required by law. And 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 appropriate processes in place to monitor and reduce its risks. The pharmacy had two separate dispensaries, one of which was closed to the public and was used to prepare medicines for the residents of care homes. Each dispensary had a paper near miss log. Errors were routinely recorded on the log and contained details of the error and a brief reflection on the cause and the learning points. Dispensing incidents were recorded on the pharmacy incident and error reporting system (PIERs). When errors were identified, they were discussed as a team to identify the potential contributing factors. The team then made the necessary changes to prevent a reoccurrence of the error.

Shelf-edge alerts had been placed at the locations of selected drugs as part of the company's 'look-alike, sound-alike' (LASA) campaign. Laminated signs were displayed on computer terminals listing the drugs highlighted as high risk by the superintendent's office. All staff were briefed to say the name of LASA drugs out loud when picking to try and reduce errors. The team used the 'Pharmacist Information Forms' (PIFs) that were attached to all prescriptions to alert the pharmacist to LASA drugs and the strength dispensed, along with any other clinically relevant information.

Monthly patient safety reports were completed by team members which contained a review of all near misses and dispensing incidents and led to the generation of action plans to reduce errors. The action plans generated through the patient safety report were shared with all team members through individual briefings. The pharmacy team received and reviewed the monthly professional standard document supplied by the company's head office.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the pharmacy team. Team member's understanding of the SOPs was assessed by observation and through written quizzes. The SOPs were signed by the appropriate staff. A pharmacy technician could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 93% of respondents to the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. The pharmacy responded to feedback that people were often unaware that there was a consultation room available by proactively offering its use to people asking for advice. A complaints procedure was in place and was displayed in the customer charter leaflet. Professional indemnity and public liability insurances were provided by the XL Insurance Company SE with an expiry

of 31 July 2020.

Records of the responsible pharmacist were maintained appropriately, although the RP had signed out pre-emptively. The correct RP certificate was displayed. Controlled drug (CD) registers were maintained appropriately. Balance checks were completed weekly. 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 in order. Emergency supplies were also recorded in the on the PMR and contained the nature of the emergency. Specials records were maintained and certificates of conformity were stored with all required details completed.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was 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 patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed and a record of access was made on the patient medication record (PMR).

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technicians had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. A safeguarding policy was in place and signed by staff and local contacts were available. Staff were aware of signs of concerns requiring escalation. Local contacts for referrals were stored in the pharmacy duty folder and also on the wall of the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members feel confident to suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, and accuracy checking pharmacy technician (ACPT), two pharmacy technicians and six NVQ2 level pharmacy advisors. The RP was a member of the relief team but worked in the pharmacy on a regular basis. The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. Pharmacy team members had clearly defined roles and accountabilities and tasks were allocated to individuals daily. They worked regular days and hours. Absences were usually covered by rearranging shifts or by part-time staff increasing their hours. In an emergency, the pharmacy could get additional support from nearby stores.

Team members completed training packages on the company eLearning system. They had also recently been given access to the 'Virtual Outcomes' online training portal. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of the team. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Pharmacists, pharmacy technicians and managers were set yearly development plans and had six-monthly performance reviews. The whole team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The team felt confident to raise concerns and give feedback to the manager and the area manager, who they found to be receptive to ideas and suggestions. A dispenser reported that they were able to make suggestions for change to improve efficiency and safety. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place.

The RP said the targets set were manageable. The RP felt able to use his professional judgement to make decisions and described that all services undertaken were clinically appropriate.

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 operates a hatch system which allows people to access its services late at night when the shop is closed.

Inspector's evidence

The pharmacy was located in a pedestrianised precinct in Plymstock. A large retail area led to the healthcare counter and a galley style dispensary with a small area to the rear not visible to customers. Upstairs there was a separate large room dedicated to care home services. Amongst other offices on the first floor was a small room used by the ACPT to check prescriptions.

The main dispensary was well organised. Stock was arranged neatly in pull out drawers. Additional stock was held in drawers on shelves in the rear of the dispensary. Fixtures and fittings were well maintained. A consultation room was installed which was locked when not in use and presented a professional image. No patient information was visible. The second dispensary was of an appropriate size and was secured from unauthorised access. It was well equipped with plenty of bench space for dispensing.

A hatch was installed to allow the pharmacy to serve people when the shop was closed in the evenings. It was secured during opening hours. Staff described that they maintained confidentiality by asking other people to stand back or speaking quietly when providing advice to people through the hatch.

The pharmacy was generally clean and well maintained. Some damage to paintwork caused by a historical leak had been reported to the maintenance department. The temperature was controlled by an air-conditioning unit, which the staff were unable to adjust. On the day of the inspection the pharmacy was very cold.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. It responds quickly to external changes, such as the closure of a GP practice, to ensure people are still able to receive their medicines. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. 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 an automatic door. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing-loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The RP described how if a patient requested a service not offered by the pharmacy at the time, he would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the patient medication record (PMR).

A local surgery had unexpectedly closed in November 2019 leaving people registered with it unable to get prescriptions. In response to this, the local Clinical Commissioning Group had quickly commissioned a local service allowing the pharmacy to make emergency supplies of all medicines to people who had been registered with the surgery. The pharmacy accessed summary care records to confirm the current prescription, made the supplies and then completed the relevant paperwork. This had ensured that people still had access to their medicines in a timely manner before they could register with a new surgery.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. A separate dispensary was dedicated for the dispensing of medicines for the residents of care homes. The labels of dispensed items were initialled when dispensed and checked.

Laminated cards 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 stickers. People receiving high-risk medicines such as warfarin, lithium and methotrexate received additional checks and advice to ensure they were being used safely. Details of these checks were recorded on the PMR. Stickers 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. Substance misuse services were provided for around 10 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 flu vaccinations and a minor ailments scheme when an accredited pharmacist was on duty. The pharmacy ensured the smooth running of the services by offering an online booking service. They would block out times when they anticipated being very busy, or when they knew that there may not be an accredited pharmacist available. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The RP had completed training on injection techniques, 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. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics. The pharmacy had received referrals from NHS111 for the CPCS. The manager explained that pharmacy team members regularly checked the NHS email account and contacted people referred to the service as quickly as possible.

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). The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy also had the information booklets and cards to give to eligible women.

The pharmacy dispensed medicines in patient packs to a large number of care homes. The dispensing process was safe and efficient. Team members explained that the care homes ordered the medicines required for each resident. A dispenser then reconciled the prescriptions received with the order place and chased any missing prescriptions. A member of the care services team was a key contact for each care home. She regularly visited the care homes to provide advice and assistance as needed. A care services pharmacist also completed regular audits at each care home.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken regularly and records were kept in each dispensary. Spot checks revealed no date-expired medicines or mixed batches. But several bottles of uncollected dispensed medicines had been returned to stock which did not bear an expiry date or batch number. Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they were not verifying nor decommissioning stock at the time of the inspection. The updated PMR system had the capability to be FMD compliant. The pharmacy's SOPs were being updated by the Professional Standards Office to reflect the changes FMD would bring to the pharmacy's processes.

Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from Alliance Specials. Invoices were seen to this effect. Records of recalls and alerts were stored appropriately and were annotated with the outcome and the date actioned.

The fridges in each dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed in the presence of a witness with both signatures recorded.

Logs were kept of deliveries made to people in their own homes and in care homes. Signatures were obtained electronically. Confidentiality was maintained when obtaining signatures. Team members

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. A hazardous waste bin was available. Personal details were removed from returned medicines to protect people's confidentiality.

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 well-maintained. Computers are used in a way that protects people's private information.

Inspector's evidence

Crown-stamped measures were available for liquids to be measured. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked 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.