

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 37 Tanglewood Way, Bussage, STROUD,  
Gloucestershire, GL6 8DE

**Pharmacy reference:** 1031595

**Type of pharmacy:** Community

**Date of inspection:** 04/12/2019

## Pharmacy context

This is a community pharmacy in the village of Bussage on the outskirts of the town of Stroud. Most people using the pharmacy are elderly but there are some young families. The pharmacy dispenses NHS and private prescriptions and sells over-the counter medicines. It also offers a collection service for items bought on-line. The pharmacy supplies some medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

## 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>	Good practice	1.1	Good practice	The working area is small but the team members manage this risk well. And, scanning technology reduces the risk of mistakes.
		1.2	Good practice	The team members learn from mistakes to prevent them from happening again.
<b>2. Staff</b>	Good practice	2.1	Good practice	The pharmacy has enough staff to manage its workload safely. The team members cover sickness and holidays to make sure that the pharmacy runs efficiently.
		2.4	Good practice	The team members are encouraged to keep their skills up to date and they do this in work time. And, those in training are well supported.
		2.5	Good practice	All the team is well supported by their manager. They feel comfortable about giving feedback to her to improve services and this is acted on.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy team members make sure that people have the information that they need to take their medicines properly. And, they intervene if they are worried.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Good practice

### Summary findings

The pharmacy's working practices are safe and effective. The working area is small but the team members manage this risk well. It is tidy and well organised. The team members learn from mistakes to prevent them from happening again. And, they use scanning technology which reduces the risk of mistakes. The pharmacy is appropriately insured to protect people if things go wrong. It keeps the up-to-date records that it must by law. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people.

### Inspector's evidence

The pharmacy team identified and managed risks. All dispensing errors and incidents were recorded, reviewed and appropriately managed. There had been a recent hand out error where a husband and wife's medicines were given out together. One person received the wrong medicines. Because of this, only one person's medicines were given out at a time. Near misses were recorded. Each member of staff had their own log to encourage learning from reflection. Learning points were identified, such as, similar packaging. The log was reviewed each month. It had been identified in October 2019 that most mistakes involved quantities. Because of this, unusual quantities were highlighted on the prescriptions. In addition, the company's new Columbus software included a scanner and this reduced the likelihood of picking errors.

The risk of picking errors with 'look alike, sound alike' drugs was identified such as propranolol and prednisolone. The superintendent's office had recently sent a laminated sheet containing some of these drugs such as quinine, quetiapine, atenolol and allopurinol. These were displayed near the computer monitors with instructions that they should be highlighted on the 'pharmacist information forms (PIFs)' that should accompany all prescriptions. The Superintendent's Office sent monthly bulletins which were read and signed by all the staff.

The dispensary was very limited in size but tidy and organised. There were labelling, assembly, waiting to be checked, waiting for stock and checking areas. Because of the limited space, the multi-compartment compliance aids were prepared first thing in the morning when it was quiet and the dispensing bench was clear. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled.

Up-to-date, signed and relevant standard operating procedures (SOPs), including SOPs for services provided under patient group directions were in place and these were continually reviewed by the superintendent pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. There was a displayed sales protocol which included local additions, such as Phenergan. A small card with the questions to ask people requesting to buy medicines was displayed on the till. Care cards were displayed on the shelves for the sale of those products which should be referred to the pharmacist. The staff were also prompted by a message on the till to refer the sale of certain items, such as Levonelle and Viagra Connect to the pharmacist. A medicine counter assistant checked the prescription medication record of anyone on prescribed medicines but requesting to buy over-the-counter medicines. She would refer anything she was uncertain of to the pharmacist. All the staff were aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches, such as Ella One and anyone requesting these would be referred to the pharmacist.

The staff knew about the complaints procedure and said that feedback on all concerns was actively encouraged. The company operated a continual feedback procedure and till receipts gave instructions on how to provide feedback and raise concerns. All feedback was collated by the company's Head Office and passed onto the store if appropriate. The pharmacy manager could also access the feedback on her phone and she did this regularly. In addition, there were cards close to the till giving customers instructions on how to provide feedback. A pharmacy specific customer satisfaction survey was also done. In the 2019 survey, 97 % of people who completed the questionnaire rated the pharmacy as excellent or very good overall. Only 0.7% of customers who completed the questionnaire gave any negative feedback. This was about having somewhere private to talk. The consultation room was well signposted on the door but this was not easily visible when people entered the pharmacy. The pharmacist said that he would look at putting up another sign that was clearly visible when people came in. He also said that the pharmacy was due for a re-fit and that one of the proposed changes was to the orientation of the consultation room.

Current public liability and indemnity insurance was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records, fridge temperature records and date checking records were all in order.

There was an information governance procedure and the staff had also completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had read the company's procedures for the safeguarding of both children and vulnerable adults. The pharmacist had also completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy team work well together. They cover sickness and holidays to make sure that the pharmacy runs efficiently. The team members are encouraged to keep their skills up to date and they do this in work time. Those in training are well supported. And, all the team is well supported by their manager. They feel comfortable about giving feedback to her to improve services and this is acted on.

### Inspector's evidence

The pharmacy was in the village of Bussage on the outskirts of the town of Stroud. They mainly dispensed NHS prescriptions with the majority of these being repeats. Few private prescriptions were dispensed. Some domiciliary patients received their medicines in compliance aids and they mainly collected these.

The current staffing profile was one full-time pharmacist (with two pharmacists one day each week), one full-time NVQ2 qualified dispenser, the manager and also a NVQ3 trainee technician, five part-time NVQ2 qualified dispensers and one part-time medicine counter assistant. The staff were flexible and covered both planned and unplanned absences. Planned leave was booked well in advance and only one member of staff could be off at one time.

The staff clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There were formal annual appraisals and a six-monthly review. The manager had raised with the area manager, about a year ago, about doing the NVQ3 technician training. She had been enrolled on the course in the summer.

The staff were encouraged with learning and development and completed compulsory e-Learning and the company's 'The tutor in practice'. Different books were available for different roles. The manager had a dedicated training rota. Staff were allocated 30 minutes each week for learning. Staff enrolled on accredited courses, such as the technician course, were allocated a further one hour each week for learning. The pharmacist said that all learning was documented on his Continuing Professional development (CPD) record.

There were daily 'huddles' and all the staff said that they felt able to raise any issues and these would be acted on as appropriate. They had recently raised an issue with the stock following the implementation of the 'Columbus' system. Because of this, there had been an overhaul of the storage facilities and stock had been re-organised to ensure that best use of the small space was made.

The pharmacist said that he was set targets for advanced NHS services, such as for Medicines Use Reviews (MURs). But, he said that he only did clinically appropriate reviews and did not feel unduly pressured by the targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy looks professional. It is small but tidy and organised. The pharmacy signposts its consultation room well on the door. But, this is not clearly visible when people come into the pharmacy. So, they may not be aware that there is somewhere private for them to talk.

### Inspector's evidence

The pharmacy was well laid out and presented a professional image. It was very small but the team made the best use of the available space. The dispensing areas were tidy and organised. The dispensing benches were uncluttered and the floors were mainly clear. The premises were clean and well maintained.

The consultation room was well signposted on the door but this was not clearly visible when people entered the pharmacy (see under principle 1). It contained a computer, a sink and two fabric-covered chairs. The latter may be difficult to keep clean. The door opened outwards so access by the emergency services, if necessary, should not be hampered. The pharmacy offered a flu vaccination service. Conversations in the consultation room could not be overheard. The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. Most items for sale were healthcare related.

## Principle 4 - Services ✓ Standards met

### Summary findings

All people can access the services the pharmacy offers. The services are effectively managed to make sure that they are provided safely. The pharmacy team members make sure that people have the information that they need to take their medicines properly. They intervene if they are worried. The pharmacy gets its medicines from appropriate sources. The medicines are stored and disposed of safely. The team members make sure that people only get medicines or devices that are safe.

### Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room with a push-button opening front door. There was access to an electronic translation application on the pharmacy's iPad for use by non-English speakers. The pharmacy staff could print large labels for sight-impaired patients. A hearing loop was available for hearing-impaired people.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS), emergency hormonal contraception (EHC), the new Community Pharmacy Consultation Service (CPCS) and seasonal flu vaccinations. The latter was also provided under a private scheme. The services were well displayed and the staff were aware of the services offered.

The pharmacist had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. He had also completed suitable training for the provision of the free NHS EHC service. A company malaria prophylaxis service was offered against private prescriptions. The pharmacist checked the current guidelines to ensure that the medicine prescribed was appropriate.

The pharmacy had no supervised substance misuse patients.

Some domiciliary patients had their medicines assembled into compliance aids. These were mainly collected. The compliance aids were assembled every day in the early morning when the dispensing bench was clear. There was a clear audit trail of the entire dispensing process. The pharmacy was currently doing Disability Discrimination Act (DDA) (1995) assessments for all its patients. Changes or other issues were recorded but there was no clear, concise audit trail of these for easy reference by the pharmacist. The pharmacist said that he would implement these. The assembled compliance aids were stored tidily on shelves above the dispensing bench.

The pharmacist said that he routinely counselled patients prescribed high risk drugs such as warfarin and lithium. INR levels were recorded. The pharmacist was clearly well known to his patients and was seen to counsel all 'walk-in' patients. He also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out. A text service was offered whereby a message was sent to patients letting them know that their prescriptions or items that were owed to them were ready to collect. The staff seen were all aware of the new sodium valproate guidelines. They currently had no female patients who were prescribed sodium valproate and could become pregnant.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted

to the pharmacist on the PIFs. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Suitable patients were encouraged to use the company's managed repeat prescription service so that all regular prescribed items ran in line to reduce wastage, to optimise the use of medicines and to identify any non-adherence issues. Patients were asked to check, when they collected their medicines, if they still needed everything that they had ordered the previous month. Any patients not wanting an item were referred to the pharmacist. Potential non-adherence issues were also identified at the labelling or ordering stage.

The pharmacist said that the patients who came to the pharmacy were generally well informed about their medicines. He gave advice during MURs, such as, to patients who were prescribed alendronic acid about the benefits of weight-bearing exercise.

Medicines and medical devices were obtained from Alliance Healthcare and AAH. Specials were obtained through Alliance Specials. Invoices for all these suppliers were available. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were no patient-returned CDs or out-of-date CDs. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. Date checking procedures were in place with signatures recording who had undertaken the task. Designated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances and a list of such substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 28 November 2019 about Emerade pens. They had nine 500mcg, one 300mcg and one 150mcg. These had been appropriately quarantined prior to return to the wholesaler.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment for the services it provides, And, the team members make sure it is clean and fit-for-purpose.

### Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 - 500ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances and a capsule counter. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 78 and the 2018/2019 Children's BNF. There was access to the internet and to Medicines Complete.

The fridges was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

### 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.