

Registered pharmacy inspection report

Pharmacy Name: Boots, 2 Midanbury Broadway, Witts Hill,
SOUTHAMPTON, Hampshire, SO18 4QD

Pharmacy reference: 1031844

Type of pharmacy: Community

Date of inspection: 10/07/2019

Pharmacy context

A Boots pharmacy located on a small shopping parade in Southampton. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines at home and for patients in care homes. The pharmacy provides a supervised consumption service, flu jabs and a local delivery service.

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	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

Overall, the pharmacy's working practices are safe and effective. Team members record and review their mistakes to help reduce the risk of them happening again. The pharmacy keeps all the records that it needs to by law and it keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

The pharmacy team recorded near misses and would review them at the end of each month in a 'Patient Safety Review'. The store manager explained that this month, the team had implemented a new procedure as a result of an incident where part of a prescription was missed. The team would label prescriptions in advance, but sometimes medicines prescribed on different prescription forms for the same patient were being left out. As a result, the team now marked all prescriptions to say how many there were and in which order, such as '1 of 2' or '1 of 1', to prevent missing any prescriptions. The team also described how they were highlighting all the 'look alike, sound alike' drugs on prescription forms to ensure they were dispensing and checking them carefully.

The team received 'The Professional Standard' newsletter from their superintendent's office every month and this month's newsletter included information about ensuring they record incidents well, pregnancy prevention programmes in valproate use, safeguarding training and consultation skills.

The team used pharmacist information forms (PIFs) to communicate messages about the patient's medicines to the pharmacist. Such information included whether the medicine was new to the patient, something had changed since the last time they received it, whether the patient had any allergies or whether the patient was eligible for further services, such as an MUR. The form also had a blank box to write any further information that the dispenser thought the pharmacist should be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Multi-compartment compliance aids were prepared on a back bench in the dispensary to reduce distractions. The team used stackable containers to hold dispensed drugs to prevent mixing up different prescriptions and an audit trail was observed being used by the members of the pharmacy team where they would sign a quadrant stamp to identify who dispensed, clinically checked, accuracy checked and handed out a prescription. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. The team also signed the bag labels to highlight who had handed out the medicines to the patient.

All the SOPs had the roles and responsibilities of the staff set out and on questioning, the team members were all clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. The SOPs had all been signed by the team. A certificate of public liability and indemnity insurance from XL Insurance Co. Ltd. was held electronically on the company's intranet and was valid until the end of July 2019.

There was a complaints procedure in place and this was detailed in the practice leaflet displayed in the retail area of the pharmacy. The leaflet also had the contact details for the company's head office,

Patient Advice and Liaison Service and the Independent Complaint Advocacy Service. The results of the previous Community Pharmacy Patient Questionnaire (CPPQ) were displayed on the nhs.uk website and were seen to be positive.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of a random CD was checked for record accuracy and was seen to be correct. The CD stock was balance checked every week by the pharmacist.

The responsible pharmacist record was seen to be complete and the correct responsible pharmacist notice was displayed where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription and emergency supply records were seen to be completed electronically with all the required information recorded. The specials records were all seen to be complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential waste paper was collected in blue confidential waste bins which were removed by the company for destruction. Information governance (IG) practice was reviewed annually in the pharmacy against the requirements.

The pharmacist had completed the level 2 Centre for Pharmacy Postgraduate Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults e-Learning program on the company training website which all the members of staff had completed, and they were all Dementia Friends. The team explained that they were all confident of signs to look out for which may indicate safeguarding issues in both children and adults and they had displayed a Safeguarding poster in the dispensary with contact details for the Boots head office safeguarding leads.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

On the day of inspection, there was one pharmacist and three dispensers, one of whom was the store manager. The staff were seen to be working well together and supporting one another.

The staff completed online training modules on the company's intranet. The modules consisted of compulsory modules and assessments covering topics from all aspects of the pharmacy, including medical conditions, health and safety, law and ethics and over-the-counter products. There was also a library of training modules available for staff to choose and complete voluntarily if they felt their knowledge in an area needed improvement. The team explained that they would be provided with time during the working day to complete training and they would also receive 'The Tutor' training packs to ensure they were kept up to date with relevant healthcare information.

The team explained that they were aware of how to raise concerns and to whom. There was a whistleblowing policy in place and this was also detailed in a poster in the staff area of the pharmacy. The team also completed an annual satisfaction survey where they were able to provide feedback about their day to day roles, the company and any areas of improvement they'd like to see.

There were targets in place for services, but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. But the dispensary is a bit dated which detracts from the overall appearance. Pharmacy team members use a private room for sensitive conversations with people. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was located on the ground floor the building and included a retail area, a medicines counter, consultation room, office, stock room and staff bathroom. The pharmacy was well presented from the public view. The retail area and medicines counter were well defined away from the dispensary. The dispensary was dated in appearance with older fixtures and fittings. Some of the fronts of the drawers in the dispensary had fallen off and the mats were worn. The pharmacy was clean and tidy, and the team explained they would clean the pharmacy every Saturday between themselves when it was a bit quieter.

The consultation room allowed for confidential conversations, was locked when not in use and included a table, seating, a clean sink and storage. There was also sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines, and alcohol hand gel was available. Medicines were stored on the shelves and in the drawers in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out.

The ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. The lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Staff members provide the pharmacy services safely. But additional blood test information for high-risk medicines is not always recorded which means it may be difficult for the pharmacy to show that some of those supplies are safe. The pharmacy sources and stores medicines appropriately.

Inspector's evidence

Pharmacy services were displayed in the shop window and on posters around the pharmacy area. The pharmacy had Healthy Living status and the team had a health promotion area which they would update to reflect national health promotion campaigns. Current information on the health promotion board in the pharmacy included information about mental wellbeing. There was step-free access into the pharmacy via an electric assisted door and seating for patients or customers waiting for services. There was also an induction loop available should a patient require its use.

The team used a detailed system to prepare multi-compartment compliance aids for patients in their own homes and logged the compliance aid activities on posters in the dispensary. The trays were prepared with descriptions of the medicines inside and the patient information leaflets (PILs) were supplied with the compliance aids each month. Each patient had a file where the team recorded their medicines, when they were taken, any known allergies, any discharge information from the hospitals and contact details. The dispenser described how the team would obtain discharge notices from the local hospitals from PharmOutcomes and use these to double check with the GPs that the prescriptions being provided were up to date.

Patients on warfarin would have a laminated 'warfarin card' attached to their prescriptions to highlight the need for the team to ask them for INR levels, blood test dates and warfarin dosage. However, the pharmacist explained that they would not always record this on the patient notes in the PMR. The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing for all patients who may become pregnant on valproates. And the pharmacist explained that all patients on valproates were made aware of the possible risks. The pharmacy obtained medicinal stock from Alliance, Boots, Phoenix and dressings from NWOS. Specials were ordered from BCM Specials. Invoices were seen to demonstrate this.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen being used for the disposal of medicines returned by patients. There was also a bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed of in these bins.

Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were maintained. The staff used 'caution short dated stock' stickers when stock was short-dated. Opened stock bottles examined during the inspection were seen to include the date of opening on them and the fridges were in good working order and the stock inside was stored in an orderly manner.

The pharmacy team was aware of the European Falsified Medicines Directive (FMD) but they were not currently compliant. Boots head office was currently in the process of rolling equipment and software out to their pharmacies.

MHRA alerts came to the pharmacy electronically through the company's intranet and they were actioned appropriately. Recently, the team had dealt with a recall for phenobarbital injections. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml, 50ml and 10ml measures. Some were marked with blue paint to show they should only be used with CDs. Amber medicines bottles were seen to be capped when stored and there were counting triangles as well as capsule counters. Electrical equipment appeared to be in good working order and was PAT checked annually.

Up-to-date reference sources were available such as a BNF, a BNF for Children and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. Hazardous waste bins were also available as well as lists of which drugs were hazardous.

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.