

Registered pharmacy inspection report

Pharmacy Name: Boots, 311 Wigan Road, BOLTON, Lancashire, BL3 5QU

Pharmacy reference: 1033195

Type of pharmacy: Community

Date of inspection: 10/01/2023

Pharmacy context

This community pharmacy is located on a main road in a residential area. Most people who use the pharmacy are from the local area and the pharmacy offers a home delivery service. The pharmacy mainly dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It supplies some medicines in multi-compartment compliance aid packs to help people take their medicines at the right time.

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	1.2	Good practice	The pharmacy team records and analyses adverse dispensing incidents to identify learning points which it incorporates into day-to-day practice to help manage future risks. And the pharmacy completes regular checks and audits to make sure it is operating safely.
		1.4	Good practice	The pharmacy gives people the opportunity to provide feedback and raise concerns. It uses feedback to improve its services and working practices.
		1.8	Good practice	The pharmacy team has a clear understanding of safeguarding issues and procedures. It acts appropriately when concerns are raised and reports these to the relevant agencies.
2. Staff	Good practice	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their roles and the pharmacy proactively supports them to address their ongoing learning and development needs.
		2.4	Good practice	Team work is effective and openness, honesty and learning are embedded throughout the organisation.
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

The pharmacy effectively manages the risks associated with its services to ensure it keeps people safe. Members of the pharmacy team work to professional standards and they are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and act to help stop the same sort of mistakes from happening again. The pharmacy asks its customers for their views and feedback and uses this to improve its services and working practices. Pharmacy team members have a clear understanding of how to protect vulnerable people, and provide advice and support when safeguarding concerns are raised. The pharmacy completes all the records that it needs to by law and the team follows written procedures to make sure they keep people's private information safe

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided which were accessible to all members of the pharmacy team. Team members confirmed electronically that they had read and accepted them and completed an assessment to test their understanding of each SOP. The pharmacy manager could view a dashboard which showed which members of the pharmacy team had read which SOPs and who had any outstanding. She confirmed that all team members were up to date. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Dispensing incidents and near misses were recorded, reviewed, and appropriately managed via monthly patient safety reviews. The pharmacy team reported dispensing incidents on an electronic reporting system which could be viewed by the pharmacist superintendent's (SI) office and learning points were included. Near misses were also reported on this system. These were reviewed weekly by the pharmacy manager and ways to minimise errors were discussed with the pharmacy team. There was a notice board in the dispensary where learnings from patient safety reviews were displayed. The patient medication record (PMR) system included a safety feature whereby the bar codes on medicines were scanned, and if the incorrect medicine or strength was selected, the dispenser was alerted. The pharmacy manager explained that quantity errors were the main form of error, so they had introduced some additional checks to help avoid these. If a sealed original pack wasn't used, then the dispenser double-checked the quantity and wrote the quantity with their initials inside the box. If the medicine was a CD then two dispensers would check the quantity before the pharmacist's final accuracy check. A list of the common look-alike and sound-alike drugs 'LASAs' was on display at the labelling terminals, and a note added to the pharmacist's information forms (PIFs) when a LASA was to be dispensed, so the pharmacy team took extra care when dispensing and checking the medicine. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out. A 'Professional Standards Bulletin' was received from head office each month which staff read and signed. It was displayed until the next one was received then it was filed for future reference. It included case studies with points for reflection and suggested ways to minimise errors.

A pharmacist's log was completed daily and weekly by the RP. The fridge temperature, RP notice, CD key security and records were checked as part of this. A weekly clinical governance checklist was carried

out by the pharmacy manager which included a check on the pharmacy log, confidential information, and staffing levels. Action taken was recorded. For example, the date of the weekly CD balance check. Store self-audits were completed quarterly by the pharmacy manager and included some pharmacy audits. For example, compliance with SOPs, clinical governance requirements and professional standards. These audits were subject to random spot checks by head office. The pharmacy offered NHS and private flu vaccinations. There were notices displayed in the consultation room explaining the symptoms and treatment of fainting, seizures and anaphylaxis and the process to follow in the event of a needle-stick injury or accidental exposure to blood. This helped the team to manage the risks associated with the flu vaccination service.

'Patient Guide' leaflets were available which gave details of the complaints procedure and encouraged the public to give suggestions or feedback on the pharmacy services. 'How did we do' cards were on display and attached to every prescription encouraging people to provide feedback which the pharmacy manager could view. Feedback was usually very positive and people using the pharmacy often asked to speak to the pharmacy manager by name. Any complaints went through head office and the pharmacy manager would help to resolve the situation with the area manager's involvement and support if necessary. The pharmacy manager described some changes which had been made because of a complaint where a person was unhappy with the price charged for a private prescription. The pharmacy team now always gave the price before completing a private prescription, so the person had the choice to take the prescription elsewhere.

Professional indemnity insurance was in place. Private prescription and emergency supply records, the RP record, and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. A CD balance was checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

All the pharmacy team had completed 'e-learning' training on information governance (IG) including confidentiality. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. Information on consent and confidentiality for members of the public to read was in the 'Patient Guide' leaflet. And it contained information on how the pharmacy processed data and how to view the pharmacy's privacy statement. Confidential waste was collected in a designated place then placed in bags which were sealed before being sent to head office for disposal. A dispenser correctly described the difference between confidential and general waste. The delivery driver confirmed that he had completed IG training and he understood what it meant to maintain patient confidentiality.

Team members including the delivery driver had completed training on safeguarding appropriate to their role. The delivery driver said he had referred several concerns about vulnerable people to the pharmacist, and they had provided support and referring the person to their GP when necessary. The pharmacy was registered as a 'Safe Space', for victims of domestic abuse, and there was a poster on display highlighting this with useful contact details. The pharmacy manager described how she had safeguarded a vulnerable person suffering abuse. She provided immediate care to the person and had liaised with the safeguarding team for Bolton. The pharmacy manager was given advice by a Boots pharmacist support and quality manager (PSQP) and had received support from head office throughout the process. The pharmacy had a chaperone policy, and this was highlighted to people.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy's team members are well trained, and they work effectively together. They are enthusiastic and knowledgeable. The pharmacy encourages team members to keep their skills up to date and supports their development. They are comfortable providing feedback to their manager and they receive feedback about their own performance. The pharmacy's staffing rotas enable it to have good handover arrangements and effective communication. The pharmacy enables the team members to act on their own initiative and use their professional judgement to benefit people who use the pharmacy's services.

Inspector's evidence

The pharmacy manager was working as the RP. There were also two NVQ2 qualified dispensers (or equivalent) and a delivery driver on duty at the time of the inspection. One of the dispensers was on an NVQ3 training course. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. Planned absences were organised so that not more than one person was away at a time. Staff absences were covered by re-arranging the staff rota or transferring staff from neighbouring branches. The pharmacy had a trainee pharmacist, although they were on a training day at the time of the inspection. Regular relief pharmacists covered the pharmacy manager's days off and provided additional pharmacist cover one day each fortnight. This ensured consistency in pharmacist cover and enabled effective communication between the pharmacists.

Team members carrying out the services had completed appropriate training and appeared confident and competent in their roles. They used the e-learning system to ensure their training was up to date and undertook assessments to check their learning. Mandatory training was completed on this system, such as health and safety, fire and manual handling, and the team were also able to access a wide range of professional training resources. The team had completed monthly training packages on seasonal topics and had recently completed a package on colds and flu, which included a new product 'Dual Defence' nasal spray.

Team members, including the regular relief pharmacists, were given six monthly formal reviews by the pharmacy manager, where their development and performance plans were discussed. Team meetings were held weekly where a variety of issues were discussed, and concerns could be raised. And the team had informal chats twice daily to review and allocate their tasks for the day. A dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager about any concerns she might have. She said she was encouraged to make suggestions or criticisms and the pharmacy had a whistleblowing policy.

The pharmacists were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. The pharmacy manager had referred a person, who was addicted to codeine to their GP, and they were now being supported. Targets were set for services such as the flu vaccination service and were important in the organisation. The pharmacy manager said the team used an appointment diary to help manage the workload, so they didn't over

commit to additional services when their workload was high. She said staff worked well as a team and they all contributed to the targets, so nobody felt under pressure. And their focus was always on patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations.

Inspector's evidence

The pharmacy premises, including the shop front and fascia were reasonably clean and in a good state of repair. The retail area was free from obstructions and professional in appearance. The temperature and lighting were adequately controlled. Maintenance problems were reported to the maintenance team at head office. An estimated response time was provided which was appropriate to the nature of the issue. There was a separate stockroom on the first floor where excess stock was stored. Staff facilities included a tea-room with a kitchen area and a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. Hand sanitizer gel was available. The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door and in the window of the pharmacy. This room was used when carrying out services such as flu vaccinations and when people needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are well managed, so people receive appropriate care. The pharmacy team members are helpful and give healthcare advice and support to people in the community. The pharmacy sources, stores, and supplies medicines safely. And it carries out checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

There was a step up to the front door of the pharmacy. A portable ramp could be used to assist entry, but staff said they would always be ready to serve people at the door if they found this more convenient. A list of the main services provided was displayed in the window of the pharmacy along with the opening hours. Some additional services were advertised inside the pharmacy such as the flu vaccination service, but the pharmacy also provided testing and treatment for cystitis and emergency hormone contraception (EHC) under patient group directions (PGDs) but these services were not advertised, so people might not realise they were offered. The pharmacy displayed a range of healthcare leaflets and information on healthy living. Team members were clear what services were offered and where to signpost people to a service not offered, such as a free NHS smoking cessation service. Some of the team members were multilingual staff, speaking Urdu, Gujarati, and Arabic, which assisted some of the non-English speaking members of the community. There was a home delivery service with associated audit trail. Each delivery was recorded. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The delivery driver described the delivery process which was in line with the SOP.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat, and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Tubs were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. PIFs and laminated care labels were used to highlight that a fridge line, CD, or new medicine had been prescribed or if any other counselling was required. For example, valproate, warfarin, and methotrexate prescriptions. Counselling points were printed on the back of the relevant care cards to remind team members of the important points. The team were aware of the valproate pregnancy prevention programme. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. A previous audit had identified one person in the at-risk group. The pharmacy manager had regular discussions with this person to ensure they had an ongoing pregnancy prevention plan. Another valproate audit was planned.

There was a colour coded retrieval system so people not collecting their medication after a month could be easily identified and contacted. The pharmacy provided a text service where people were informed when their prescription was ready, if they had an uncollected prescription or if the pharmacy wanted them to contact the pharmacy. The pharmacy had good working relationships with the local GP practices and other local pharmacies. This helped to reduce the impact of medicine shortages, and the GPs cooperated by recommending an alternative medicine if none of the other local pharmacies could source the original medicine.

Multi-compartment compliance aid packs were well organised. A communication book was used to record communications with patients, carers and GPs, and any changes to medication. A dispensing audit trail was completed, and medicine descriptions were included on the labels to enable identification of the individual medicines. Packaging leaflets were included, so people could easily access all the required information about their medicines. Disposable equipment was used. A review had been carried out by the pharmacist for all people receiving their medication in compliance-aid packs. And a review was completed for any new people requesting compliance-aid packs, to assess whether it was the most appropriate options for the person's needs, or if other adjustments might be more suitable. These reviews were recorded on a designated template and people could be re-assessed if their needs changed. The team had identified that for some people medicine administration record (MAR) charts and original packs were more helpful, and for other people, supplying their medicines in special easy to open bottles was preferable. Pill popper devices were supplied to people who struggled to remove their medicines from the foil strips. This helped people to maintain their independence.

A dispenser explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines, such as a codeine containing product.

CDs were stored in two CD cabinets which were securely fixed to the floor. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were clearly segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented on a matrix indicating that the team were up to date. Short-dated stock was highlighted. Expired medicines were segregated and placed in designated bins. Alerts and recalls were received from head office via the intranet. These were read and acted on by the pharmacist or member of the pharmacy team. The action taken was recorded and then filed for future reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacists could access the internet for the most up-to-date reference sources. For example, the electronic medicines British National Formulary (BNF) and BNF for children. There was a clean medical fridge for storing medicines. The minimum and maximum temperatures were being recorded daily and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested. Any problems with equipment were reported to the maintenance help desk or re-ordered. There was a selection of clean liquid measures with British Standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy also had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.