

Registered pharmacy inspection report

Pharmacy Name: Boots, 335-337 Whitegate Drive, Marton,
BLACKPOOL, Lancashire, FY3 9JR

Pharmacy reference: 1033263

Type of pharmacy: Community

Date of inspection: 22/07/2024

Pharmacy context

This is a community pharmacy situated on a main road south of Blackpool city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them 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	Members of the pharmacy team make records when things go wrong and routinely review them. This helps the team to identify learning to improve the services they provide and reduce the chances of similar mistakes happening again.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team complete regular training using a structured e-learning programme. This helps members of the team to learn new skills and develop their knowledge.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and routinely review the records. This helps the team to identify learning, improve their work, and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was an electronic set of standard operating procedures (SOPs) which were routinely updated by the pharmacy's head office. Electronic records showed team members had acknowledged their understanding of the SOPs. A daily checklist was completed to review compliance with a number of professional requirements, including fridge temperature records, expiry date checks, weekly controlled drug (CD) balance checks, and display of the responsible pharmacist (RP) notice. The pharmacy manager completed a monthly audit, part of which related to pharmacy professional standards. The audit was used to identify learning to avoid processes going amiss. On the last audit, there were no improvements identified.

Dispensing errors were recorded on electronic software. The records contained details of the investigation and any learning which had been identified. Near miss incidents were recorded. Each month a member of the team completed a patient safety report to look for underlying trends and potential learning opportunities. In the latest report, the team had discussed the need to follow the correct process when using the semi-automated dispensing software, by scanning each individual box for prescriptions with multiple packs. The company circulated a professional standard bulletin to share learning between pharmacies, and the latest copy was on display for team members to read and sign. Amongst other topics, it covered common errors and professional matters. The team discussed the bulletin as part of their weekly team meeting.

The roles and responsibilities for members of the team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Members of the team wore standard uniforms and had badges identifying their names and roles. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure which was explained in a leaflet. Any complaints were recorded and followed up by the pharmacy manager. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions, and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked frequently. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available, and the pharmacy team completed IG training. When questioned, a dispenser described how confidential waste was separated into confidential waste bags for destruction. Information was provided in a pharmacy leaflet explaining how people's information was stored and handled by the pharmacy. Safeguarding procedures were available in a

folder in the dispensary and included the local contact details for the safeguarding team. Members of the pharmacy team had completed safeguarding training, whilst the pharmacist had completed level two safeguarding training. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload. They are appropriately trained, or undergo suitable training, for the jobs they do. Members of the pharmacy team complete regular training packages using a structured e-learning programme. This helps members of the team to learn new skills and develop their knowledge.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy manager, who was also a trained dispenser, a pharmacy technician, and two dispensers, one of whom was in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. Staffing levels were maintained by a staggered holiday system and relief team members.

The pharmacy provided the team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. For example, team members had recently completed training about communication methods during interactions with people who visit the pharmacy. Training records were kept showing that ongoing training was up to date.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. Members of the team felt a good level of support from the pharmacist and the rest of the team and felt able to ask for additional help if they felt they needed it. Appraisals were conducted quarterly by the pharmacy manager. There were weekly team huddles to discuss performance, and issues that had arisen, including when there were errors or complaints. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. There were targets set for professional services, such as the NHS new medicine service. The locum pharmacist did not feel under pressure to achieve these targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with members of the team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled using air conditioning units, and lighting was sufficient. Members of the team had access to a kitchenette and WC facilities.

A consultation room was available. It appeared clutter free with a desk, seating, and adequate lighting. The entrance to the consultation room was clearly signposted and indicated if the room was available or not.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level via a power-assisted door. There was wheelchair access to the consultation room. A sign and various posters in the retail area gave information about the services offered and information was also available on the pharmacy's website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

For medicines dispensed in the pharmacy, team members initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. A stamp was used and initialled to provide an audit trail showing who was responsible for each stage of the dispensing process, including dispensing, clinical check, accuracy check and handout. Any information, which the team thought the pharmacist may need when checking the prescription, was printed from the patient medication record (PMR) software and kept with the prescription until handout. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Some prescriptions were dispensed using a semi-automated assembly process within the pharmacy. Information from prescriptions were entered on to the PMR. Once all the prescriptions had been processed, the pharmacist clinically checked the prescriptions. If the medication was new, or if details had been altered on the PMR, the pharmacist accuracy checked the data to help make sure it was correct. The PMR allocated prescriptions into different workloads and those part of the semi-automated process received stock from the wholesaler in a single tote box, which was identified by a barcode. The team scanned the barcode, and then scanned each medicine box into the PMR software to generate a dispensing label which was affixed to the medicine box. The system informed team members which specific numbered basket to place the medicine into. Each numbered basket was allocated to a single person. After all the medicines had been placed into the numbered baskets, the team selected a basket on the system for another barcode check to be completed to help make sure it was all correct and the medicine was placed into a bag when this was completed. If there was an error at any point, the entire basket was referred to the pharmacist for an accuracy check.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system using an electronic recording system. Prescription forms were retained, and laminates were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen to confirm people's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted with the expiry date to remind team members to check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium, and methotrexate) were also highlighted, and patients were counselled on their latest results. Team members were aware of the risks associated with the use of valproate-containing medicines during pregnancy, and the need to supply in full packs. Educational material was supplied alongside the medicines. Members of the team said the pharmacist

had spoken to people who were at risk to make sure they were aware of the pregnancy prevention programme. And details of counselling were recorded on their electronic record.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack, the pharmacy completed a suitability assessment. A record sheet was kept for each person, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge information was sought and retained for future reference. Compliance packs were labelled with medication descriptions, and patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of dispensary medicines were checked once every three months. Members of the team signed a date checking matrix as a record of what had been checked. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature were being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office and MHRA. Details of the action which had been taken by the team was electronically recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc, and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter, and a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required.

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.