

Registered pharmacy inspection report

Pharmacy Name: Boots, 8a Market Street, DARWEN, Lancashire, BB3 1AZ

Pharmacy reference: 1033368

Type of pharmacy: Community

Date of inspection: 21/06/2024

Pharmacy context

This is a community pharmacy in the main shopping area of the town of Darwen, Lancashire. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. The pharmacy offers other services such as the NHS blood pressure check service and the NHS Pharmacy First service. The pharmacy supplies some people with their medicines dispensed into multi-compartment compliance packs, designed to help people remember to take their medicines. And it delivers some medicines to people's homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	Team members recognise the importance of recording and reflecting on any mistakes made during the dispensing process. They learn from trends or patterns in the records to improve the safety of the services they offer.
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

The pharmacy's team members have access to a comprehensive set of written procedures to help them manage the services provided to people. They are suitably trained to support the safeguarding of vulnerable adults and children. The pharmacy keeps people's sensitive information secure. Team members recognise the importance of recording and reflecting on any mistakes made during the dispensing process. They look to identify trends or patterns in the records and implement changes to the way they work to manage risks.

Inspector's evidence

The pharmacy had a comprehensive set of digital standard operating procedures (SOPs) available for its team to use. The SOPs provided the team members with information to help them complete various tasks. For example, managing controlled drugs (CDs). The SOPs were updated every two years to ensure they accurately reflected the pharmacy's services. Team members read the SOPs when they were introduced and updated. They signed a document to confirm they had read and understood each SOP that was relevant to their role. The pharmacy's manager had overall oversight of this process and was alerted by the pharmacy's senior management team if a team member had not completed the reading of an SOP. Team members completed a short assessment after they read an SOP to test their understanding.

The team used a digital system to record mistakes made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses. Each team member understood how to use the system to record details of a near miss. Team members recorded the time and date a near miss happened, and a description of any contributing factors. They described how they were always encouraged by the responsible pharmacist (RP) and the pharmacy's manager to ensure they recorded details of every near miss. This helped the team make sure they were able to identify any trends or patterns to help reduce risk. The pharmacy had nominated a team member the role of 'Patient Safety Champion' (PSC). At the end of each month, the PSC analysed the near misses and discussed the findings with the team through a patient safety review meeting. Team members considered ways they could improve and implemented some action points for them to complete. The team scanned barcodes of medicines during the dispensing process. A warning was displayed if a team member had scanned the incorrect medicine in relation to the requirements of the prescription. This process helped reduce the risk of mistakes being made. Some packs of medicines did not have a barcode and so mistakes were not identified before the final checking process. To help mitigate the risk, team members discussed the importance of making all team members aware if a certain medicine did not have a barcode to scan, and to take additional care when dispensing these medicines.

The team used the same system to report and record dispensing incidents that had reached people. The team followed a process to investigate the incident to help establish any contributing factors that may have caused the error and implement an action plan to reduce the risk of a similar mistake recurring. The pharmacy advertised its feedback and complaints procedure to people that used the pharmacy. Team members supplied people who used its services with cards which contained a QR code. People were encouraged to scan the QR code to access an online feedback questionnaire. The questionnaire asked questions about people's experience of using the pharmacy's services.

The pharmacy had current professional indemnity insurance. It displayed an RP notice which could be easily seen from the retail area. The notice displayed the correct details of the RP on duty. A sample of the RP record inspected was completed correctly. The pharmacy kept complete records of supplies against private prescriptions. The pharmacy retained complete CD registers. And of the sample checked, the team kept them in line with legal requirements. The team checked that the physical quantities of CDs matched the balance recorded in the register each week. The inspector checked the balance of a randomly selected CD which was found to be correct. The pharmacy kept complete records of CDs returned to the pharmacy for destruction.

Team members completed mandatory learning on the protection of people's confidentiality and data protection. The team placed confidential waste into a separate container to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. Team members completed mandatory learning on the safeguarding of vulnerable adults and children. The pharmacy had a formal procedure to support team members in reporting any concerns identified. They described hypothetical scenarios that they would report. The contact details of the local safeguarding teams were displayed on a notice in the dispensary. The pharmacy was a designated Safe Space location. There were notices in the pharmacy's consultation room that advertised the service. Team members had completed training to understand their roles and responsibilities in providing the service.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a team with the appropriate skills and experience to manage the workload safely and effectively. It takes a structured approach to supporting team members to update their knowledge and skills regularly. Team members are encouraged to provide feedback on the pharmacy's processes to help improve service delivery.

Inspector's evidence

The RP was the pharmacy's full-time pharmacist. During the inspection they were being supported by a company employed relief pharmacist, the pharmacy's manager, who was also a qualified dispenser, a full-time accuracy checking technician (ACT), a part-time dispenser, and two full-time qualified dispensers. The pharmacy also employed a full-time trainee pharmacist, three part-time trainee dispensers and a deliver driver. These team members were not present during the inspection. Other employees had store-based roles and were not involved in providing pharmacy services. The pharmacy typically had a second pharmacist working on Fridays as this was the pharmacy's busiest day of the week. Throughout the inspection, team members were observed working efficiently. Team members were supporting each other in completing various tasks. They could cover each other's absences by working additional hours if required, however team members explained this was not common as they felt they had enough team members to efficiently manage the workload.

The pharmacy provided each team member with access to its structured training programme to support them in updating their learning and development needs. The programme consisted of mandatory modules for team members to complete, as well as learning following the implementation of a new or reviewed SOP. Team members could choose a module to complete voluntarily following the identification of a learning need. They were provided protected time to complete their training. This helped team members completed their training without any distractions. Team members engaged in an annual appraisal process. This was in the form of a one-to-one meeting with the pharmacy's manager. Team members discussed their performance and any training needs.

Team members attended regular team meetings and topics included patient safety as part of a monthly patient safety review, workload, and other company news. The pharmacy received a monthly professional standards newsletter which contained details of dispensing incidents that had happened at other Boots pharmacies across the UK. Team members discussed these incidents and considered ways they could reduce the risk of similar incidents happening within the pharmacy. For example, they separated medicines that had similar names or packaging to reduce the risk of the incorrect medicine being dispensed. They signed the newsletter to confirm they had read and understood its contents. The pharmacy had a whistleblowing policy and team members were aware of how they could provide feedback or raise a concern. The team had recently been asked to discontinue the use of some laminated prompt cards which were designed to remind team members to complete an additional task when handing out dispensed medicines to people. For example, to retrieve an additional medicine that was held in the fridge or CD cabinet. The prompt was now visible electronically when team members scanned the barcode on the prescription bag. Team members had raised concerns with the pharmacy's senior management team that the new process was more time consuming and resulted in people having to wait longer to collect their medicines. The team was set some targets to achieve. These were based on NHS prescription items and services. Team members explained the targets were generally

achievable and they did not feel under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises is well maintained and suitable for the services provided. The pharmacy has the facilities for people to have private conversations with team members.

Inspector's evidence

The pharmacy was modern, professional in appearance, well maintained and kept clean and hygienic. A window next to an entrance door was broken. This had been reported to the company maintenance team. The area surrounding the window had been appropriately cordoned to prevent public access. It had a large retail space which held a large variety of toiletries, cosmetics, and other miscellaneous items. The dispensary was located to the side of the retail counter. The dispensary was relatively small but was kept organised throughout the inspection with baskets containing prescriptions and medicines awaiting a final check stored in an orderly manner. There was a separate area used by the RP to complete the final check of prescriptions. This helped reduce the risk of mistakes being made within the dispensing process. There was ample space to store the pharmacy's medicines. The dispensary floor was kept clear of obstruction. There was a small, soundproofed, consultation room. The room was kept tidy, well organised, and professional in appearance. There was a small office on the ground-floor where the pharmacy kept files and paperwork. On the ground floor there was large storeroom. The room was well organised. There was a segregated area of the storeroom which was used to dispense multi-compartment compliance packs.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was generally bright throughout the premises. However, an area which was used to store bags of dispensed medicines was not well lit. This was discussed with a team member.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of services that are made easily accessible to people. The pharmacy team ensures these services are managed safely. The pharmacy stores and secures its medicines appropriately and team members completed regular checks to ensure the medicines are fit for purpose before being supplied to people.

Inspector's evidence

The pharmacy was accessible through automatic doors at street level. Its opening times and the services offered were clearly advertised. The pharmacy had a facility to provide large print labels to people with a visual impairment. Team members described how they supported people with a hearing impairment access the pharmacy's services. They had access to an operating hearing loop, and they knew how to use it. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. The pharmacy had recently started providing the NHS Pharmacy First service. The pharmacy held the appropriate documentation to provide the services and all team members had undertaken training to support them in managing the service. The RP had access to supportive information including current patient group directions (PGDs), clinical pathways and the service specification to help support the safe delivery of the services.

The team used various laminated, coloured, prompt cards to help identify higher-risk medicines such as valproate. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. The RP signed the prescription once a clinical check had been completed. The ACT explained they would not complete an accuracy check until they were satisfied that a clinical check had been completed. This process helped reduce the risk of a medicine being handed to a person without a check being made to confirm its clinical suitability. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of differing colours to help segregate the workload. For example, blue baskets were used for the delivery service. Team members maintained a separate audit trail on prescription forms to identify which team member had completed specific tasks during the dispensing process. For example, the clinical check of a prescription. Team members generated a pharmacist information form (PIF) for each prescription dispensed. The PIF highlighted key information to support the clinical check of prescriptions and the accuracy check of medicines. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service and kept records of completed deliveries. Some prescriptions were sent to the company's offsite hub pharmacy to be dispensed. This process was designed to help reduce the team's dispensing workload. Team members entered data from prescriptions to be sent to the hub pharmacy onto an online system and the data was then checked for accuracy. Dispensed medicines were received by the pharmacy in blue bags. Clear audit trails were in place for each part of the process. Team members gained verbal consent from people to have their medicines dispensed at the hub pharmacy. They were able to dispense a prescription that had been sent to the hub locally when requested. For example, if a person needed their medicines urgently and could not wait for the medicines to be delivered to the pharmacy from the hub.

The pharmacy supplied several people living in their own homes with medicines dispensed in multi-

compartment compliance packs. These packs were designed to help people take their medicines at the correct times. The packs were dispensed by team members in a designated area in the storeroom to help reduce distractions from the retail area. Dispensed packs were well organised on shelves. Team members had implemented several steps to help them manage the process safely and effectively. These steps included spreading the workload evenly over four, colour-coded weeks. Prescriptions and 'master sheets' for each person that received a pack were stored in individual, clear wallets. The master sheets had a list of each medicine that was to be dispensed into the packs and times of administration. Team members annotated the master sheets with details of any changes a prescriber may have authorised. For example, if a medicine's strength was increased or decreased. The packs were supplied with patient information leaflets, and some were annotated with descriptions of the medicines inside to help people visually identify them.

The pharmacy stored pharmacy-only (P) medicines directly behind the medicines counter. The pharmacy checked the expiry date of the pharmacy's medicines every three months and kept records of the process. No out-of-date medicines were found following a check of approximately 30 randomly selected medicines. Team members highlighted medicines with short expiry dates using alert stickers. The team marked bulk, liquid medicines with details of their opening dates to ensure they remained fit to supply. One liquid medicine was identified that had not been marked. This medicine was brought to the attention of a team member who removed it from the dispensary. The pharmacy used two fridges to store medicines that required cold storage. The operating temperature ranges of both fridges were checked and recorded by a team member each day to ensure they were within the accepted range of 2 to 8 degrees Celsius. A sample of the record showed both fridges were operating within the accepted temperature range. Medicines stored in the fridges and CD cabinets were kept well organised. The pharmacy received drug alerts via email. Team members actioned the alerts as soon as possible and kept a record of the action taken to maintain an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

The pharmacy used a range of CE marked measuring cylinders for preparing liquid medicines. There was suitable equipment to support the team to manage the NHS Pharmacy First service and to measure people's blood pressure. This included an otoscope and several digital blood pressure monitors. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people could not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.