



Registered pharmacy inspection report

Pharmacy Name: Boots, 15 Hornby Road, Caton, LANCASTER,
Lancashire, LA2 9QW

Pharmacy reference: 1033387

Type of pharmacy: Community

Date of inspection: 12/09/2022

Pharmacy context

This is a community pharmacy situated in the rural village of Caton, near Lancaster. There is a satellite GP surgery next door. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the 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	Good practice	1.1	Good practice	Standard operating procedures are regularly updated. And members of the pharmacy team are assessed to make sure they understand what is expected of them.
		1.2	Good practice	Members of the pharmacy team review things that go wrong to identify learning. And they take action to help stop similar mistakes happening again.
		1.7	Good practice	Members of the team receive regular training so that they know how to protect people's information. And audits are carried out to make sure the pharmacy's procedures are being followed.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team complete regular e-learning to help keep their knowledge up to date.
		2.4	Good practice	Regular appraisals help encourage discussions between the manager and members of the team. And this helps people to improve and learn.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Good practice	4.2	Good practice	The pharmacy routinely highlights high-risk medicines so that the team can make sure people are using them safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

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 discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs). These were regularly updated, and some sections of the SOPs had been switched to new electronic versions. As SOPs were updated the new versions were sent to the pharmacy team to read. And members of the team were assessed after reading each SOP to check their understanding. A daily checklist was completed to check compliance with a number of professional requirements, including fridge temperature records, expiry date checks, weekly controlled drug (CD) balance checks, and display of responsible pharmacist (RP) notice. The pharmacy manager completed an audit every three months to monitor compliance with various operational and professional requirements. On the last 3 occasions the pharmacy had passed the audit.

The pharmacy had systems in place to identify and manage risk, including records of dispensing errors and their learning outcomes. Near miss incidents were electronically recorded. The pharmacist highlighted mistakes to team members at the point of accuracy check and asked them to rectify their own errors. The records were reviewed each month by the pharmacy manager and there were recorded examples of learning which had been identified. For example, members of the team had been asked to double check the quantity of medication by marking the box as a reminder. The company also circulated a professional standards bulletin to share learning between pharmacies. Amongst other topics they covered common errors and professional matters. Members of the pharmacy team were required to sign the bulletin to confirm they had read it.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. Staff wore standard uniforms and had badges identifying their names and roles.

The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were referred to the pharmacy manager to be followed up. Members of the pharmacy team also gave people 'share your thoughts' cards, which included a link for an online survey. These were handed out with dispensed medicines and there was an incentive for people to complete the survey by being entered into a monthly prize draw. The pharmacy team said any reviews were shared by the pharmacy manager. All of the recent comments they had received had been positive.

A current certificate of professional indemnity insurance was seen. Records for the RP, private prescriptions and emergency supplies appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed annual IG training and had confidentiality agreements in their contracts. When questioned, a dispenser was able to explain how confidential information was segregated to be removed by a waste carrier. As part of the quarterly store audit, aspects of data protection procedures were checked to ensure they were being followed. Details about how patient information was handled by the pharmacy were on display in the retail area. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Good practice

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date. And they get regular feedback from their manager to help them improve.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy manager, who was a trained dispenser, and three dispensers. All members of the pharmacy team were appropriately trained. The normal staffing level was a pharmacist, the pharmacy manager, and one to two dispensers. The volume of work appeared to be managed. Staffing levels were maintained by and a staggered holiday system. Relief staff from local pharmacy branches could be requested if necessary.

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. Staff were allowed learning time to complete training.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist had only been working in the pharmacy for around six weeks. She said she felt well supported, and that she was able to exercise her own professional judgement. A dispenser said she received a good level of support from the pharmacist and pharmacy manager.

Appraisals were conducted on a monthly basis by the pharmacy manager. A dispenser described these as a good opportunity to discuss her development needs. The pharmacy team held weekly huddles about issues that had arisen, including when there were errors or complaints. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. The pharmacist said some targets were set for professional services, but she did not feel under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. Members of the pharmacy team had access to a kitchenette area and WC facilities.

A consultation room was available and kept locked when not in use. There was a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✓ Good practice

Summary findings

The pharmacy's services are easy to access. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy provides services safely, and 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 via a power assisted door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics. The pharmacy had a delivery service. An electronic record was kept as an audit trail for delivered medicines.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Prescriptions were marked with a quadrant stamp was initialled to show 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 PMR and kept with the prescription until handout. Owing slips were used if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. The patient medical record (PMR) recorded the location of people's medicines. Prescription forms were retained, and laminates were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted, and patients were referred to the pharmacist for counselling. Members of the team were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she would speak to patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked each week on a 12-week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. 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 segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge equipped with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last 3 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. An audit trail was kept about the action taken, when and by whom.

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

The staff had access to the internet for general information. This included access to the 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. The pharmacy also had counting triangles for counting loose tablets including 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 the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients 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.