

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 532 Braunstone Lane, LEICESTER,  
Leicestershire, LE3 3DH

**Pharmacy reference:** 1034017

**Type of pharmacy:** Community

**Date of inspection:** 17/04/2019

## Pharmacy context

The pharmacy is in a residential area of Leicester. It dispenses around 6000 NHS items monthly. And it provides Medicine Use Reviews (MURs) and New Medicine Service (NMS) consultations. The pharmacy also supplies medicines in multi-compartment compliance packs.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy encourages its team members to keep up-to-date with regular training.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages risks well. Its team members actively share learning points with one another. And they make improvements to make the pharmacy safer and more efficient. The pharmacy keeps the legal records that it needs to and makes sure that they are mostly accurate. The pharmacy's team members know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. The SOPs were kept up to date and covered the pharmacy's advertised services. Signatures of the pharmacy's team members were seen on a sample of procedures that were chosen at random. This was to indicate that the procedures had been read and understood by the team members.

Staff wore name badges which stated their job title. The name and registration number of the responsible pharmacist was displayed on a notice that was visible to people visiting the pharmacy counter.

A pharmacy technician was the 'Patient Safety Champion' for the pharmacy. The technician said that her role involved promoting good practice and safer dispensing habits that had been identified. The pharmacy team read the company's monthly newsletter that shared case studies and other learning points. The pharmacy's team members recorded near misses on a template. They said that they generally recorded their own mistakes which allowed them to reflect on the incident. The template recorded some contributing factors for individual errors. Examples included: 'similar names' or 'rushing'. Monthly reviews took place to identify trends and learning points. The March 2019 review identified common types of errors. And included action points to address these trends. This included ensuring that all opened packets of medicines were clearly marked and re-checking work after interruptions.

The pharmacy team promoted feedback by directing people to an online feedback form. The team said that the feedback they received was generally positive. The pharmacy conducted annual contractual surveys; the results of these were generally positive. The pharmacy's practice leaflet provided contact details to people wishing to provide feedback or complaints about the pharmacy. SOPs were available for managing complaints. The team members said that complaints would be escalated to the pharmacist and head office.

The pharmacy had appropriate insurance arrangements in place for its services. Controlled drugs records were appropriately maintained and running balances were recorded and checked weekly. Two controlled drug balances were checked at random and found to match the records. A sample of recent private prescription records were chosen at random. Several of these records did not include the correct prescriber details and were highlighted to the pharmacist. The inaccurate entries made it more difficult to find out the correct information. And may have reduced the reliability of the record as a reference source. Other records of returned controlled drugs, responsible pharmacist logs and emergency supplies were found to be kept and maintained adequately.

The pharmacy team had completed information governance training. This was delivered via the company's e-learning platform. This training was repeated annually. The company monitored

completion of this training to make sure that all staff had undertaken it. A statement that the pharmacy complied with the Data Protection Act and NHS Code of Confidentiality was found in the pharmacy's practice leaflet. Team members had their own NHS smartcards to access electronic prescriptions. Confidential waste was segregated by staff members for collection and appropriate destruction.

Team members had completed training on protecting vulnerable adults and children. The contact details of local safeguarding agencies were displayed. The regular pharmacist described additional Level 2 training which he had completed. Team members said that there were no previous safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has appropriate numbers of staff to manage its workload well. It makes sure that its team members are suitably qualified and skilled for their roles. And encourages them to keep up to date with regular training. The team members receive regular feedback to help them develop and learn.

### Inspector's evidence

At the time of the inspection, there was: the responsible pharmacist (interim pharmacy manager), second pharmacist, one pharmacy technician and one pharmacy advisor present. The pharmacy advisor had completed appropriate training to work in the dispensary and pharmacy counter. The staffing level at the time of the inspection appeared adequate to manage the pharmacy's workload. The responsible pharmacist confirmed that there were no vacancies in the pharmacy. He said that weekly staff rotas were generally the same each week. He said that overtime and relief staff were used to cover absences.

A sample of certificates were seen for some team members which indicated that appropriate qualifications had been completed. The responsible pharmacist said that the company's head office maintained records of completed qualifications and training to make sure that the pharmacy's staff were appropriately skilled. Ongoing training was completed via the company's e-learning platform and clinical knowledge booklets. Team members described recent training that was completed about mental health and wellbeing. The responsible pharmacist said that team members were given time to complete training every month. Team members said that they were also provided with up-to-date knowledge via the company's monthly newsletters.

The responsible pharmacist said that he shared feedback with team members when necessary. He said that he also discussed and shared feedback that had been captured about the pharmacy by the company's head office. Formal appraisals were carried out every six months.

The pharmacy had targets in place for its services. The responsible pharmacist said that he did not feel any undue pressure to achieve targets. He said that he felt supported by his area manager and was able to raise queries and concerns if necessary.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable for its advertised services.

### Inspector's evidence

The pharmacy's premises were clean and tidy throughout. The layout of the premises was such that confidential information was not visible from the public areas.

Workbenches were segregated for the use of specific tasks to enable an efficient workflow. A consultation room was available on the premises, which was suitable for private consultations and counselling. The pharmacy had appropriate security arrangements in place. There was adequate heating and lighting throughout the premises. Hot and cold water were also available.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services safely. It sources its medicines from reputable suppliers and makes sure these are safe to use. The pharmacy's team members identify and give advice to people taking high-risk medicines to make sure these are taken safely.

### Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for wheelchairs. The pharmacy's practice leaflet was openly available and advertised its available services.

The pharmacy's team members said that most people ordered their prescriptions directly with the surgery. The pharmacy ordered some prescriptions for vulnerable people. The pharmacy also supplied medicines in multi-compartment compliance packs to people. The workload was distributed across four weeks. Prescriptions were ordered in advance to allow enough time for assembly and checking of the packs. Records of medicines and administration times were maintained for the team to refer to. Assembled packs included descriptions of medicines so they could be recognised. The team said that patient information leaflets were supplied to people. One assembled pack did not include the leaflets which may have restricted accessibility to up-to-date knowledge about the included medicines. Another set of packs were checked and found to include the patient information leaflets.

A sample of invoices showed that medicines and medical devices were obtained from licenced wholesalers. Stocked medicines were organised and stored appropriately. Stock requiring refrigeration was stored at appropriate temperatures. One fridge was used for storing these medicines. Records were maintained to ensure temperatures were within the required ranges.

Controlled drugs which required safe custody were stored appropriately. Expired and returned controlled drugs were segregated to prevent mixing up with stock for patient use. Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags which provided the opportunity for additional accuracy checks when being collected by the patient.

The pharmacy had a regular process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. Records were maintained of this process which displayed the date of checking. Recent records of checks had been made for April 2019. A sample of medications on the shelf was chosen at random and was found to be within date. Stickers were used to highlight medicines that were approaching their expiry date. Opened bottles of liquids were marked with the opening date to make sure they remained safe to use.

Out-of-date stock and patient returned medication were disposed of in pharmaceutical waste bins for destruction; these bins were stored securely and away from other medication. A separate bin was available for cytotoxic medicines. The team members were unsure how to identify cytotoxic medicines and said that they would ask the pharmacist. This practice may delay the efficiency and effectiveness of disposing of these items.

The dispensers were observed using tubs and containers to ensure assembled medicines remained organised. Computer generated labels included relevant warnings and were initialled by the dispenser

and checker which allowed an audit trail to be produced. When dispensed, prescriptions were accompanied with notes to inform the pharmacist of relevant clinical information. This included information about dose changes, interactions or new items. One note highlighted a “lookalike soundalike” (LASA) medicine for additional checks. The pharmacy had guidance materials available about pregnancy prevention for people in the at-risk group who were supplied sodium valproate. Team members described the advice that would be provided.

Laminated notes were used to highlight higher-risk medicines. These were available for lithium, warfarin and methotrexate. Records of blood test results were seen for a person who had been supplied warfarin. Stickers and laminates were also in use for dispensed medications that contained cold chain or controlled drug items requiring safe custody. Controlled drug stickers noted the last legal date of collection to alert staff when handing out these medications. The pharmacy carried out deliveries of medicines to people. Records of deliveries were maintained. The team said that recipient signatures were recorded for deliveries.

The pharmacy had not yet made adjustments to meet the Falsified Medicines Directive. SOPs had not been updated. Equipment for scanning barcodes was not in place. This may have reduced the ability of the pharmacy to verify the authenticity of medicines.

The head office had a system of sending messages to the pharmacy when drug alerts or recalls of medicines or medical devices were necessary. There was a record of previous alerts which had been completed. This included a recent recall for Chloramphenicol that was received in April 2019.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy's equipment and facilities are suitable for its services. They are appropriately maintained.

### Inspector's evidence

The pharmacy's equipment appeared safe and fit for purpose. The team described how to report maintenance issues. The sinks provided hot and cold water and crown-marked measuring cylinders were available. Triangles were available for counting tablets.

Computers and labelling printers were used in the pharmacy. Information produced by this equipment was not visible to the public. Computers were password-protected to prevent unauthorised access to confidential information. Other confidential information was kept securely away from the visibility of the public. Up-to-date reference sources were available in paper and online formats.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.