

Registered pharmacy inspection report

Pharmacy Name: Boots, 123 Sibson Road, Birstall, LEICESTER,
Leicestershire, LE4 4ND

Pharmacy reference: 1034153

Type of pharmacy: Community

Date of inspection: 25/07/2022

Pharmacy context

The pharmacy is located on the main road alongside a row of shops. The pharmacy team members dispense NHS and private prescriptions and sell a range of over-the-counter medicines. They provide a range of NHS services such as New Medicines Service (NMS), Flu vaccinations and the Hypertension case-finding Service.

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	N/A	N/A	N/A
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 team members appropriately manage the risks associated with providing the pharmacy's services. They understand their role in helping to protect vulnerable people and they suitably protect people's private information. They are clear about their roles and responsibilities. And they record and discuss mistakes they make to learn from them and improve the safety of the pharmacy's services.

Inspector's evidence

The pharmacy had infection measures to help reduce the transmission of Covid-19, this included clear screens at the counter, masks and hand sanitisers around the pharmacy for staff and people using the pharmacy. The pharmacy had a set of standard operating procedures (SOP) in the dispensary which were subject to regular review. All current members of the team had signed the SOPs to confirm they had read and understood them. They also had an online portal called 'My Hub Online'. And the company were in the process of transferring new SOPs to the online portal. All members of the team were up to date with their training.

Roles and responsibilities of the team members were identified in the SOPs. They wore uniforms and were easily identifiable with name badges, although a member of the team didn't have one. When asked, the team members could confidently explain what they could and couldn't do in the absence of a responsible pharmacist (RP). The RP notice was visible in the dispensary and identified the pharmacist on duty.

The pharmacy team members highlighted and recorded mistakes made during the dispensing process. This included mistakes which had been identified before the medicine had been handed to a person (near misses). And those where a mistake had happened, and the medicine had been handed to a person (dispensing error). The pharmacy had documented evidence of regular near misses recorded up until February 2022 after which they moved to an online reporting tool. Since the pharmacy moved to the online reporting tool, it was noted the number of documented near misses had reduced. The pharmacy manager discussed learning points from errors and how to prevent them from happening again with individual members of the team. The team recently investigated why incorrect quantities of medication had been dispensed on several occasions. They put extra measures in place such as circling odd quantities on the prescription and highlighting it on dispensing labels. Each month, the pharmacy manager discussed the professional standard reports received from head office individually with each team member. This was to learn from any significant incidents that had occurred nationally. The report was also put in the pharmacy for team members to view and refer to at any time during the month. The team members had marked medicines that looked alike or had similar names and separated them to help prevent the wrong medicine from being selected.

There was a company complaints procedure which enabled people to raise concerns about the pharmacy. Information about this was included in the pharmacy practice leaflet displayed. There was also information displayed inviting people to provide feedback about the pharmacy. The feedback had an 92% response rate, but the manager had not yet analysed the data. However, the manager did share both positive and negative feedback received with individual team members. The pharmacy team members could not give examples of changes made in response to people's feedback.

The pharmacy had up-to date professional indemnity insurance. The pharmacy team maintained

appropriate records including controlled drugs (CD) register, RP records and private prescription records. The pharmacy kept running balances in all the CD registers, and these were audited against the physical stock on a regular basis. The inspector checked the running balances against the physical stock at random for three products and they were all found to be correct. Records about private prescriptions and emergency supplies were held electronically in date order. The pharmacy retained unlicensed specials invoices and the certificate of conformity. These included details of the prescriber and the patient who had been supplied.

The pharmacy had information governance policies and the pharmacy team members understood the principles of data protection and confidentiality. The pharmacy stored confidential information securely and separated confidential waste prior to collection and disposal by a licensed contractor. Level 2 safeguarding training was completed by the pharmacist in 2020 and in 2019 by the pharmacy technician. The team members had completed company safeguarding training. Details for local support agencies were available so concerns could be reported promptly. The pharmacy team members knew how to report concerns and were aware of safe space initiatives such as 'Ask ANI'. A consultation room was available and pharmacy team members were aware this was an option which could be offered to people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy suitably trains its team members for the roles they undertake. And it supports them to complete ongoing learning and development during working hours. Pharmacy team members work well together as a team and they support a culture of honesty and openness.

Inspector's evidence

The pharmacy team consisted of; a non-pharmacist pharmacy manager (who is also a pharmacy technician), the responsible pharmacist who worked full time at the pharmacy, two trained dispensers, one trainee dispensers and two pharmacy students. The team coped with their workload during the inspection and worked well together. There was no counter assistant, so dispensers also helped to serve on the counter. The pharmacist felt there was not an issue as the workload was manageable. The pharmacy manager had a staff rota to make sure there was at least two members of staff working during the day with the RP.

The team members had records of training they had completed. They were provided with a variety of e-learning modules by the company and completed refresher training each year on mandatory topics. The store manager proactively checked and was alerted when anyone had outstanding modules to complete. The pharmacy team were given opportunity to complete training during working hours. The RP had records of training to be able to deliver flu vaccination, pneumonia vaccines, cystitis treatment via PGD, community pharmacist consultation service and the NHS Hypertension case-finding service.

Appraisals were conducted twice a year and the pharmacy had regular huddles to communicate the latest and relevant information. As it wasn't always possible to have a team meeting with everyone present, the pharmacy manager spoke to every team member individually. There was a notice board upstairs in the staff room where important messages were communicated. There was also a notice board in the dispensary which displayed professional standard reports sent from the company. The team members were happy to raise any concerns and comfortable sharing ideas with the store manager. The team members provided positive feedback about the working environment and about the store manager. The store manager equally felt supported by the area manager. The pharmacy did have targets in place, but team members did not feel they were pressured in achieving them. The RP also commented that she had a target to do a certain number of services such as the New Medicines Services (NMS), but didn't feel pressured if she didn't hit the target. The team members were aware of the whistleblowing policy and they were aware there was a confidential helpline for staff who wanted to raise concerns.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe, secure and appropriate for the pharmacy services provided. And the pharmacy has a suitable room for people to have private conversations. But there is not clear signage to show where it is.

Inspector's evidence

The pharmacy premises were clean, organised and maintained to a suitable standard. The pharmacy was accessible for wheelchair users and the passageways were generally free of clutter and obstruction. There was enough space to carry out dispensing tasks safely. The dispensary, benches and prescription storage areas were reasonably well-organised. However, there were dispensing baskets in the corner of the dispensary on the floor with dispensed medicines at the time of inspection.

The pharmacy had a private consultation room available but there was no sign to indicate where it was. The store manager printed out a sign and attached it above the door during the inspection. The room had enough space and private conversations in there couldn't be heard. There was no confidential information accessible.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and had hot and cold running water. There were toilets with a sink which provided hot and cold running water. Room temperature was controllable, and levels of ventilation and lighting were appropriate during the visit. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and delivers its services safely and effectively. It gets its medicines from reputable suppliers, and it stores them securely. Team members identify people receiving higher-risk medicines and carry out appropriate checks. And they provide these people with relevant information so they can take their medicines safely.

Inspector's evidence

The pharmacy had a clear flow of dispensing and checking. Dispensing audit trails were maintained to help identify who was involved in the dispensing, checking and handing out of prescriptions. Additional notes were added to the patient medication record (PMR) as appropriate. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy supplied medicines daily to some people as supervised and unsupervised doses. The pharmacy routinely checked for patients eligible for the hypertension case-finding service and had leaflets to share with them. But the team didn't proactively inform people about the service and so they may be missing out on helping some people improve their health.

Medicines awaiting collection was stored in drawers and patient identifiable details were not in view of people from the shop floor. The pharmacy team utilised a handheld device to scan medicines ready for collection. This helped easily identify and locate people's medicines. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines. Medicines awaiting collection were cleared on a weekly basis to help ensure people collected their medicines and to increase space.

The pharmacy team had reviewed the service where it dispensed some people's medicines in multi-compartment compliance packs. The pharmacy team undertook risk assessments with people that had their medicines in these packs. If suitable, they received their medicines in the manufacturer's original packaging with a Medicines Administration Record (MAR) chart for support. This chart was a list of all current medicines, with directions and times people should take them. The pharmacy signposted people who required their medicines in a pack to another pharmacy that offered the service. The pharmacy did not offer a medicines delivery service.

The pharmacy team used colour-coded cards to highlight higher-risk medicines, so a team member could provide extra counselling when people collected their prescription medicines. The team members were aware of the criteria of the valproate Pregnancy Prevention Programme. The RP asked people who received warfarin for their latest blood test result each time they received a prescription for warfarin. This was to check that their results were within the expected range. This was generally documented on the PMR in some cases.

The pharmacy got its medicines from licensed wholesalers and specials were obtained from specials manufacturers. Medicine stock for dispensing was generally stored in an orderly fashion in the dispensary. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. It stored out-of-date and patient-returned CDs separate from in-date stock. The pharmacy kept its CDs securely. Pharmacy team members had a robust system in place to check medicine expiry dates every week. This was separated into 13 modules where pharmacy team members picked a section and checked for any medicines that were due to expire within the next six months. A short-

dated sticker was attached to these medicines that were due to expire. Pharmacy team members monitored the minimum and maximum temperatures of the medicine's fridge daily and the records seen were within acceptable limits.

Pharmacy medicines were stored out of reach of the public and staff were aware of higher-risk over-the-counter medicines such as painkillers containing codeine. Team members asked relevant questions and referred to the RP if they had concerns. On observation during the inspection, they were only selling one packet per person and referring to the RP if they wanted more. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email and the company communication portal. The store manager printed the alerts off, signed it once actioned and then stored them in a folder. There was a clear audit trail of the alerts actioned and they were all up to date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely and to protect people's confidentiality.

Inspector's evidence

The pharmacy had a range of up-to-date references sources available and the RP explained that she used the online BNF on her phone for ease of access and for more up-to-date information. The pharmacy had equipment available to help prevent the risk of transmission of Covid-19. These included hand sanitisers, cleaning equipment, masks and plastic screens. The pharmacy had a set of clean, well-maintained measures available for measuring liquids. This included separate measures for different medicines, to help avoid cross-contamination. The pharmacy computers were password protected and access to peoples' records restricted by NHS smart card system. The computer terminals were kept in a secure area of the pharmacy away from public view. The fridge was clean and suitable for storage of medicines. The equipment was tested regularly to make sure it was safe and functional.

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.