

Registered pharmacy inspection report

Pharmacy Name: Boots, 212 Uppingham Road, LEICESTER,
Leicestershire, LE5 0QG

Pharmacy reference: 1034162

Type of pharmacy: Community

Date of inspection: 09/04/2019

Pharmacy context

The pharmacy is situated on a busy road on the outskirts of Leicester City. The pharmacy provides the standard NHS contractual services. The pharmacy dispenses NHS and private prescriptions, supplies medicines in multi-compartment compliance aids, and sells over-the counter medicines.

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	The pharmacy has good processes for learning from mistakes and uses these to improve the safety and quality of the services it provides.
		1.3	Good practice	The pharmacy team members have defined roles and accountability. They share the responsibility for making sure that the services they provide are safe.
2. Staff	Standards met	2.4	Good practice	The staff have regular performance reviews and access training activities so they can continue to learn and develop their skills.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	People receive the advice and support they need to help them use their medicines safely. The team targets its advice to reflect the needs of the local population.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages most of the risks associated with the provision of its services. It has good processes in place for learning from mistakes and uses these to improve the safety and quality of the services it provides. The pharmacy team members have defined roles and accountability, They share the responsibility for making sure that the services they provide are safe. The pharmacy adequately manages people's personal information. It asks its customers for their views and knows how to protect vulnerable people.

Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was clearly displayed. As part of the dispensing of a prescription a pharmacist's information form, referred to as a PIF was completed. Staff explained that the PIF was used to highlight key risks to the pharmacist such as new medicines, change of dose or strength. Prescriptions checked had PIF attached and had a range of information recorded to allow the team to give appropriate advice to people collecting medicines.

The pharmacy had an up-to-date set of standard operating procedures (SOPs), signed by staff, which reflected how the pharmacy operated. Staff were observed to follow the SOPs with dispensed and checked by boxes on the medicine label and the quad box on the prescription signed; the PIF was completed and controlled drugs (CDs) running balance were checked weekly.

The pharmacy team were aware of the principle behind the look alike sound alike (LASA) process. There was a poster on the dispensary wall. Staff were following the process by writing the name of the medicine on the PIF. The pharmacist explained that local regular errors could be added. She was considering adding gabapentin and pregabalin.

A weekly clinical governance check was carried out. This ensured the pharmacy was reviewing risks such as whether SOPs were being followed; legal records were up to date; medicines were stored appropriately and incidents were reviewed.

The pharmacy also had a number of prompt cards which were placed with dispensed prescriptions. The pharmacy technician explained how they were used. Cards said if there was a CD or fridge line or to refer a person collecting a prescription to the pharmacist for counselling. In addition, there were cards for higher risk medicines such as lithium, methotrexate or warfarin, with questions the person handing out the medicine should ask on the back. Dispensed prescriptions seen had the required prompt cards attached.

The counter assistant could give a good explanation of how to sell a medicine safely. She explained the two protocols that Boots use depending on whether a medicine is asked for by name or by symptom. She had a good product knowledge and could give suitable advice. She knew that CDs had a 28 day validity but was not sure of all the CDs that were not kept in the CD cupboard. When the inspector checked the dispensed prescriptions waiting collection some but not all CDs were highlighted and had prompt cards. The pharmacist said that she would make sure the process was followed more rigorously.

The pharmacy had a colour-coded system for all prescriptions waiting collection. Each week the team

texted all the people who hadn't collected their medicines for a week or more. If they hadn't collected after five weeks the staff tried to call them and then took the medicine off the shelf and returned the prescription back to the NHS spine. The pharmacist said that this was a process that worked well and few prescriptions were returned.

The pharmacy kept dispensed CDs and insulin in clear bags to allow the medicines to be easily checked before they were supplied. The pharmacy kept records of near misses and errors and incidents. Near misses were discussed at the time they were found with the member of staff responsible. The member of staff then made a record in the near miss log. At the end of the month a patient safety review was carried out by the pharmacy technician. March's review was a comprehensive document. It had highlighted an increasing number of near misses and reminded staff about their own accuracy check. They had been told to re-read the accuracy checking tool; staff asked had done so. For the first time near misses had been recorded by the time of day. The pharmacist said this had been a useful exercise and had shown that most near misses occurred just before lunch. Staff had been told about this and they were considering what actions they could take.

The pharmacy received a letter from the superintendent highlighting changes in procedures and learning points across the stores. The latest letter had been signed by staff to show they had read it. An audit trail was created using dispensed by and checked by boxes and the use of the quad box on the prescription. The final check was carried out by the RP.

There was a complaints procedure in place. The dispensary assistant said that if somebody complained she would try to deal with it or refer to the pharmacist. If the person was dissatisfied she would direct them to customer complaints whose number was on the back of the till receipt. There was a pharmacy leaflet available which gave a range of external organisations that people could contact.

The latest patient satisfaction survey which had finished in March 2019 was on the website NHS UK. 99% of people had rated the pharmacy as excellent or very good. The pharmacist said that informal feedback was generally positive. But a number of people had asked for a ramp to get into the store and didn't like the waiting area. She said that she was going to request a ramp again.

Public liability and professional indemnity insurance was in place. Records to support the safe and effective delivery of pharmacy services were maintained. These included the RP record book, private prescription records and the controlled drug register.

CD running balances were checked on a weekly basis. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. Dispensed CDs in the cupboard were supposed to have a label which showed the supply by date but two out of three didn't.

Computer terminals were positioned so that they couldn't be seen by people in the retail area. Access to the electronic patient medication record (PMR) was password protected. People's confidential information was stored securely; confidential waste was bagged and sent away for secure destruction. The pharmacy team were aware of the safeguarding procedure; the pharmacist had completed the CPPE training. Local contact details were available if the pharmacy needed to raise any safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy well. Team members work effectively together. The staff have regular performance reviews and access training activities so they can continue to learn and develop their skills.

Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. During inspection the pharmacy had two pharmacists; one pharmacy technician, one counter assistant and two trainee pharmacy technicians one of which was on an apprenticeship scheme. Staff said that they had appraisals every three months and had an input into the process. Staff said that the manager was easy to speak to.

The apprentice pharmacy technician was on a course with Buttercups. She had one day a week protected training time and some external training days. The last course she had been on was the healthy living champion. The trainee pharmacy technician said that he had asked to start the pharmacy technician course. He didn't get protected training time but the manager gave him time to study when the pharmacy was quiet.

Staff were involved in improving the service. Staff took responsibility for recording their own near misses. Staff were up to date with changes such as electronic prescriptions for CDs and the changes in requirements for gabapentin and pregabalin.

There was a range of training for all staff on the e-Learning site; recent training had been on the new Boots digital health care system. There were also monthly 30 minute tutors. The last topic had been on pain killers. Tests checked that staff had understood the training. Although targets for services were set the pharmacist said they didn't compromise customer service or her professional integrity.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. It protects people's confidentiality. The premises are secure from unauthorised access when open and when closed.

Inspector's evidence

The dispensary was an adequate size for the number of prescriptions dispensed. There was an adequate dispensing bench available for the assembly of medicines. There were also additional separate areas for the assembly of multi-compartment compliance aids and for paperwork. The dispensary was clean and tidy; there was a sink with hot and cold water.

The pharmacy had air conditioning to provide an appropriate temperature for the storage of medicines; lighting was sufficient. A good size soundproof consultation room was available to ensure that people could have confidential conversations with pharmacy staff.

Computer screens were set back from and face away from the counter. Access to electronic patient records (PMR) was password protected. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. People receive the advice and support they need to help them use their medicine safely. The team targets its advice to reflect the needs of the local population. The pharmacy obtains its medicines and medical devices from reputable sources. It generally stores them safely. And it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was in a row of shops. There was a large step which made access more difficult for wheelchairs or disabled customers. There was a bell at the entrance for people to ring if they required help. A mobile ramp was available but this was rarely used. There were signs advertising the opening hours and services provided.

Work was prioritised based on whether the prescription was for a patient who was waiting or coming back or part of the repeat collection service. The pharmacy used a dispensing audit trail which included the use of dispensed by and checked by boxes and a quad stamp on the prescription to show who had been involved in dispensing the prescription. The pharmacy used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of medicines.

Pharmacy staff were seen selling medicines or referring to the pharmacist appropriately. The pharmacist said that she gave advice to people on a range of matters including change in doses or new medicines. She focused on checking that people on new inhalers knew how to use them and patients with diabetes knew how to use their insulin. She gave advice to people on higher risk medicines such as methotrexate and lithium. Most people taking warfarin had moved onto other medicines such as rivaroxaban and she made sure they were given advice on the risks to look out for. The pharmacy had carried out an audit and had one patient in the at-risk group on sodium valproate. The pharmacist had spoken to her and knew the advice to give. The team had access to all the information in the purple folder.

The pharmacist understood signposting. She had a very good local knowledge and highlighted signposting people to the new sexual health clinic in the city centre and the local diabetes centre. She was targeting advice on healthy living such as alcohol consumption and obesity.

Records showed that medicines requiring cold storage were kept in a fridge between 2 and 8 degrees Celsius. The current temperature of the fridge was within range. Medicines were stored on shelves tidily and in original containers. Date checking was carried out on a three month rotation; short-dated stickers were used. Out-of-date medicines were put in yellow waste bins. Bottles that didn't have a specific use by date once open did not have an opening date recorded. Staff said they would use these up to the original expiry date. This could increase the risk of an ineffective or unsafe medicine being supplied. The pharmacist said that she would destroy any medicine that had been open for more than six months and would discuss this with staff.

Each person who received their medicine in a compliance aid had an individual record which listed their medicines and when they should be taken. Prescriptions were checked with the record and any

differences were raised with the surgery. The SOP said that the record should be changed each time a medicine was changed but this was not always followed. This might make charts more confusing. The medicine administration chart (MAR) charts recorded the shape and colour of the medicine to allow easy identification. Patient information leaflets (PILs) were provided to people each month.

CDs were stored safely and CD key and access to the CD cabinet managed appropriately. The pharmacy delivered medicines to people. The person who received the medicine signed for the medicine. The pharmacy only had records for CD deliveries but records for other medicines would be available from the hub if required.

Only recognised wholesalers are used for the supply of medicines. The pharmacy had not yet implemented the Falsified Medicines Directive requirements and wasn't aware of when it would be implemented in the store. The pharmacy team were aware of the procedure for drug alerts. A record was created and signed to provide a complete audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers. It adequately maintains the equipment and facilities that it uses.

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids; separate measures were used for CDs. The pharmacy also had tablet and capsule counters. The pharmacy had a range of up to date reference sources. Electrical appliance testing was next due in December 2019. Confidential patient information was stored securely. Confidential waste paper was collected in a confidential waste bag and taken away for destruction.

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.