

Registered pharmacy inspection report

Pharmacy Name: Boots, Cold Overton Road, OAKHAM,
Leicestershire, LE15 6NT

Pharmacy reference: 1034229

Type of pharmacy: Community

Date of inspection: 25/04/2019

Pharmacy context

This is a community pharmacy located within a medical centre. It dispenses NHS prescriptions and provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations. Most of the prescriptions it receives are from the adjacent GP surgery.

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	2.5	Good practice	The pharmacy encourages its team members to regularly provide feedback and discuss issues to maintain good standards.
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 manages its risks well. Its team members record and review their mistakes to make improvements to the pharmacy's services. The pharmacy keeps the records that it needs to and generally makes sure that these are accurate. The pharmacy manages its confidential waste well and its team members know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. The SOPs covered the pharmacy's advertised services. Several SOPs were chosen at random and were found to have been recently reviewed and signed by team members according to their role. Team members wore name badges which stated their job title. The name and registration of the responsible pharmacist was displayed on a notice that was visible from the pharmacy counter.

One of the pharmacy's team members was the 'patient safety champion' for the pharmacy. The role of the patient safety champion was to promote and share learning and guidance that was sent by the company's head office each month. Team members said that there had been a recent focus on checking the correct formulation of medicines was selected and ensuring that stock rotation had been completed adequately. The team highlighted 'look alike' and 'sound alike' (LASA) medicines.

The pharmacy team recorded near misses on a template. Recent records included contributing factors and some actions to reduce the likelihood of recurrence. Records were summarised in a monthly report. The team said that recording and reviewing their mistakes had led to a reduction in errors.

The pharmacy completed annual patient surveys and were in the process of carrying out the current survey. The results of the previous survey were generally positive. The pharmacy team said that people also provided verbal feedback and could provide feedback through surveys run by the company. The pharmacy's practice leaflet outlined the complaints process. A SOP was available for managing complaints. Team members said that they would escalate formal complaints to the pharmacist.

The pharmacy's head office arranged appropriate indemnity and liability insurance. Controlled drugs (CD) records were appropriately maintained and running balances were recorded and checked weekly. Several CDs were chosen at random and were found to match the recorded quantities.

Four recent records of private prescription were chosen at random. Two of these did not include the correct prescriber details. This may have made it more difficult for the team to find out this information if needed. Some recent records of emergency supplies people had requested did not include the reason for the supply or the nature of the emergency. This could have made it harder for the pharmacy to show why medicines were supplied if there was a query. Other records of CDs people had returned, responsible pharmacist logs and unlicensed specials were found to be kept and maintained adequately.

All team members had completed information governance training. They said that this training was completed on the company's e-Learning platform and was repeated every three months. A statement that the pharmacy complied with the Data Protection Act and NHS Code of Confidentiality was found in the pharmacy's practice leaflet. Confidential waste was segregated by the team so that it could be

collected and destroyed. The pharmacy's team members had their own NHS Smartcards which they used for accessing electronic prescriptions.

Team members had completed training on protecting vulnerable adults and children. This training had also been completed through the e-Learning platform. Some team members had completed additional training through the Centre for Pharmacy Postgraduate Education (CPPE). Team members said that there had not been any previous incidents and said they would escalate any concerns to the pharmacist. Telephone numbers of local safeguarding organisations were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely manage its services. It makes sure that its team members are suitably qualified for their roles. And provides regular training to try and keep them up to date. The pharmacy encourages its team members to regularly provide feedback and discuss issues to maintain good standards.

Inspector's evidence

At the time of the inspection there were two pharmacists, one pre-registration pharmacist, four pharmacy advisors and one trainee dispenser present. The pharmacy advisors completed suitable training for working in the dispensary and pharmacy counter. The staffing level at the time of the inspection appeared appropriate to comfortably manage the workload.

Team members said that their weekly hours were generally the same. They said that absences were generally planned and could be covered with overtime. The responsible pharmacist said that staff from other local branches were also used.

Team members said that the pharmacy's head office tracked the completion of relevant qualifications. This was to make sure that they had completed appropriate training for their roles. Ongoing training was provided via the company's e-Learning platform. Team members said that recent modules had been completed on data protection and health and safety. They said that the completion of this training was tracked to make sure it was completed.

The team received a monthly newsletter which updated it on learning points from across the company. This included new processes, changes to legislation and case studies. Team members said that they were provided with monthly modules which focussed on seasonal ailments and over-the-counter medicines. They said that the completion of this training was not monitored.

Messages were shared with the team during weekly briefings. Team members noted issues to discuss and suggested improvements. They said that this was often used to provide reminders to team members and to make sure tasks were satisfactorily completed. The pharmacy's team members were comfortable to raise concerns. The pharmacy team logged concerns on a template that had been provided. There were several examples of suggestions that had been made, discussed and implemented. This included improving the organisation of bags of dispensed medicines.

The team described three-monthly appraisal meetings that were carried out to provide feedback. Team members said that they were encouraged to reflect on their previous performance. They said that they had one-to-one discussions about further development. Team members said that they also received feedback on an ad-hoc basis.

The pharmacy had several targets. The responsible pharmacist said that the targets were incentivised. The responsible pharmacist said that the pharmacy received appropriate support to achieve targets and was not under undue pressure.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and tidy throughout. The layout of the premises meant that confidential information was not visible from the public areas. Workbenches were used for specific tasks to help make 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 to safeguard its premises. There was adequate heating and lighting throughout the premises. Running hot and cold water was available in the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy safely manages its services. It stores its medicines appropriately and generally makes sure that they are safe to use. Its team members identify higher-risk medicines and help people to use these safely.

Inspector's evidence

The pharmacy was accessible to wheelchairs. A practice leaflet was available in the pharmacy and provided information about available services. The pharmacy provided a private skin-scanning and mole-scanning service. People booked appointments online and visited the pharmacy for consultations. Team members completed consultations in the consultation room, so they were private. Some team members described training which they had completed to provide the service. The responses to questions were recorded on a computer and images of the skin were taken with a SIAscope. The images were sent to a specialist to be interpreted. The team members said that feedback forms were completed by people who were provided the service.

The pharmacy supplied medicines in multi-compartment compliance aids. Records of medicines and administration times were maintained. The pharmacy also kept records of changes to medicines and hospital discharge summaries. Assembled compliance aids included descriptions that allowed individual medicines to be recognised. Patient information leaflets (PILs) were supplied monthly. Assembled compliance aids included the initials of the dispenser and checker which produced an audit trail.

The pharmacy's team members said that most people ordered their prescriptions directly with their GP surgery. They said that the pharmacy generally received electronic prescriptions from the adjacent GP surgery.

Team members provided examples of licensed wholesalers that were used to obtain the pharmacy's medicines. Three fridges were used to keep refrigerated items at recommended temperatures. Records were kept to make sure that appropriate temperatures were maintained. CDs were stored appropriately.

The pharmacy had a process for checking the expiry dates of its medicines. This process was repeated every three months. The pharmacy kept records of its date checks. The most recent checks had been completed in March and April 2019.

A team member described the process for managing returned medicines safely. The team member described the process for appropriately handling returned CDs and for signposting people with needles or sharps to return. Returned medicines were disposed of in pharmaceutical waste bins for destruction. These bins were stored securely and away from other medication. A separate bin was not available for cytotoxic medicines. Team members said that they were in the process of ordering a separate bin. They said that they would ask the pharmacist to identify cytotoxic medicines. A list of these medicines was not displayed. This may have made it more difficult to efficiently process returned medicines.

The dispensers were observed using baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels included relevant warnings and were

initialled by the dispenser and checker which allowed an audit trail to be produced. Prescriptions were stamped and marked to record which team member performed clinical and accuracy checks.

When dispensed, prescriptions would be accompanied with clinical information notes to inform the pharmacist; these would include information such as dose changes, interactions or new items. Laminated notes were used to highlight: paediatric dosages, higher-risk medicines and referrals to the pharmacist. Team members were observed asking about relevant blood test results and recording this information on people's notes. This would be recorded for people who were supplied warfarin.

The pharmacy had not yet made adjustments to meet the Falsified Medicines Directive. The team said that the company was currently running a pilot so that the process could be implemented smoothly. The pharmacy carried out deliveries to people. Its team members said that recipient signatures were recorded by delivery drivers. The pharmacy's team members said that they would escalate queries to the local delivery hub. The manager processed drug recalls that were received by the pharmacy. Records were kept in the pharmacy for previous recalls that had been satisfactorily actioned. This included a recall for losartan in March 2019.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment and facilities are suitable for providing its services safely.

Inspector's evidence

The pharmacy's equipment appeared safe and fit for purpose. Maintenance issues were escalated to the pharmacy's head office. Equipment was regularly safety tested. Stickers were affixed to electronic equipment displaying the next date of testing. The sinks provided hot and cold running water and crown-marked measuring cylinders were available. Triangles were available for counting tablets, with separate triangles for cytotoxic medications.

Computer screens were turned away from the public. Computers were password protected to prevent unauthorised access to confidential information. Other patient-identifiable information was kept securely away from the visibility of the public. Up-to-date reference sources were available in the pharmacy. The pharmacy team had access to the internet.

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.