

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 206 Boaler Street, LIVERPOOL, Merseyside,  
L6 6AE

**Pharmacy reference:** 1034434

**Type of pharmacy:** Community

**Date of inspection:** 04/09/2019

## Pharmacy context

The pharmacy is situated amongst other retail shops in a residential area of Liverpool, Merseyside. The pharmacy premises are easily accessible for people, with an automated entrance door and adequate space in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. The pharmacy supplies some people's medicines in multi-compartment compliance aids.

## 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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	All members of staff receive Information Governance training when their employment begins, then get regular refresher training and assessment to provide assurance that they understand their responsibilities.
<b>2. Staff</b>	Good practice	2.2	Good practice	Members of the pharmacy team have protected time to learn while they are at work.
		2.4	Good practice	The store manager supports the pharmacy team to identify and address their learning and development needs.
<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 the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again.

### Inspector's evidence

An audit stamp was routinely being used on prescriptions to record who clinically checked, dispensed, accuracy checked and handed out. A list of look alike sound alike (LASA) medicines were displayed on each of the computer terminals, dispensing stations and checking area. A dispenser explained that the list of LASA medicines had been identified across the organisation as being at an increased risk of a near miss or dispensing error. For example, amitriptyline and amlodipine, quetiapine and quinine, atenolol and allopurinol.

There were up to date standard operating procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was able to clearly describe her duties.

Dispensing incidents were reported on the 'piers' computer system and learning points were included. Near misses were reported on a near miss log. The near misses were discussed with the pharmacy team member at the time. A dispenser had been nominated as patient safety champion and together with the pharmacist she reviewed the near miss log each month to identify learning points, which were then shared with staff. The staff provided several examples of stock medicines being highlighted to act as a prompt for them during the dispensing process, due to previous near miss errors, including, atorvastatin and simvastatin.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. The store manager explained that she aimed to resolve complaints in the pharmacy at the time they arose, although she would refer the customer to head office if they felt it was unresolved.

A customer satisfaction survey was carried out annually. The store manager said because of some negative feedback received from a patient regarding the state of the separate designated area for substance misuse patients, this area had been painted and thoroughly cleaned to provide a more professional image to patients.

The company had appropriate professional indemnity insurance in place. The private prescription record, unlicensed specials record, responsible pharmacist (RP) record and the CD registers were in order. Records of CD running balances were kept and these were audited regularly. Patient returned CDs were recorded and disposed of appropriately. The emergency supply record had the reason for supply missing from some entries.

Confidential waste was being collected in a designated bin to be collected by an authorised carrier. Confidential information was kept out of sight of the public. The staff had completed information

governance training on e-learning when they commenced their employment and received refresher training annually. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A pharmacy fair data processing notice was displayed in the retail area.

The pharmacist said that staff had completed level 1 safeguarding training on e-Learning and the store manager provided a copy of staff training records to demonstrate this. The contact numbers required for raising safeguarding concerns were available for staff to refer to. The pharmacist had completed the in-house safeguarding training and level 2 safeguarding training.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are well trained and work effectively together. They are comfortable about providing feedback to their manager and receive feedback about their own performance. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

### Inspector's evidence

There was a pharmacist, store manager and two dispensers on duty. The staff were busy providing pharmacy services and appeared to manage the workload adequately. The store manager had completed a staff re-profiling exercise in the last month. She said this was to ensure that there were enough suitably trained staff to cope with the workload.

The staff used the intranet e-Learning to ensure their training was up to date. A dispenser said they were expected to complete training on an ongoing basis and demonstrated he had completed a training module on security recently by logging into his e-learning account. The staff in the dispensary said the store manager was supportive with learning and she was happy to answer any questions. A dispenser said the store manager allowed staff dedicated time to complete training in work time. The store manager had created detailed training records for each staff member to provide an audit trail for courses completed or training that was outstanding.

Staff had ongoing informal performance reviews with the store manager and said that they had found these useful. Copies of previous staff performance reviews were provided. Staff were regularly given feedback. For example, they would be told about near miss errors or any outstanding training. The staff were aware of a whistleblowing policy and knew how to report concerns if needed. Details outlining the policy were available for staff to refer to.

A dispenser who was covering the counter was clear about his role. He knew what questions to ask when making a sale and when to refer the patient to a pharmacist. He was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if he suspected a customer might be abusing medicines such as co-codamol which he would refer to the pharmacist for advice. Care cards had been placed on the shelves next to some P medicines to act as a prompt for staff, as they were to be referred to the pharmacist for further advice prior to the sale.

The pharmacist explained that there were some professional service targets, but he said he had not felt under any pressure to achieve these. The store manager said she was not aware of any consequences to not hitting the targets set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

### Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A dispenser said that dispensary benches, the sink and floors were cleaned regularly, and a cleaning rota was displayed. A designated entrance at the side of the premises was only used by substance misuse patients and it led to a small area within the pharmacy with a serving hatch to receive the substance misuse service.

The temperature in the pharmacy was controlled by air conditioning and heating units. Lighting was adequate. The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were added to a maintenance log and reported to head office.

Staff facilities included a microwave, toaster, kettle and fridge, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. It sources and stores medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a hearing loop in working order. There was a selection of healthcare leaflets in the retail area. Staff were clear about what services were offered and where to signpost to a service if this was not provided. For example, travel vaccinations. The opening hours and a list of services provided were displayed.

The work flow in the pharmacy was organised into separate areas, with adequate dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Plastic containers were used to separate prescriptions during dispensing, to reduce the risk of medicines becoming mixed up.

The pharmacist explained that schedule 2 CDs awaiting collection had a laminated CD label included with the prescription. He explained that this was to act as a prompt to remove it from the CD cabinet. An example of this was present for a schedule 2 CD stored in a CD cabinet. He explained that all schedule 3 and 4 CDs had a CD expiry date sticker included with the prescription and examples of these were present. A dispenser explained that a pharmacist information form (PIF) was used with all assembled prescriptions to highlight important information to the pharmacist such as a change in dose. Assembled prescriptions awaiting collection had PIFs included.

A dispenser explained that laminated cards for warfarin, methotrexate and lithium were kept with assembled prescriptions in the prescription retrieval system. He said this was to enable the pharmacist to provide the appropriate counselling when handing out the prescription.

The pharmacist and staff were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified one patient who met the risk criteria. The pharmacist spoke to the patient's GP practice and the patient was clinically reviewed. Patient information resources were available if needed, including patient cards, patient information leaflets and warning stickers.

A dispenser provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for changes to medication. Disposable equipment was used. The dispenser explained that patient information leaflets for the medicines supplied were provided to patients when they were commenced on the service, but not routinely thereafter. She said that hospital discharge prescription summaries were kept for the pharmacist to refer to. The assembled compliance aids packs awaiting collection had individual medicine descriptions included, but no patient information leaflets, so patients may not have the most up-to-date medicines information.

The pharmacist provided an example of a medicines use review (MUR) he had completed with a patient. A consent form to receive the MUR was read and signed by the patient, prior to the MUR commencing. He said the patient was prescribed diclofenac to be taken regularly and they were over the age of 55. He said that due to the risk factors associated with taking diclofenac NSAID treatment regularly he referred the patient to their GP and the GP decided to stop the diclofenac prescription.

Stock medications were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. A CD key log was available. A balance check for a random CD was carried out and found to be correct.

The pharmacist said he was aware of the Falsified Medicines Directive (FMD). An FMD pilot was being carried out across some branches in the organisation. The pharmacy currently had no process for FMD in place. Therefore, the pharmacy was not complying with legal requirements.

Different sections of stock medication in the dispensary and retail area were date checked each month and a record was kept. Short-dated medicines were highlighted with a sticker added to the medicine and the expiry date written on. No out of date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via NHS email, MHRA and head office. These were acted on by the pharmacist or pharmacy team member and a record was kept.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested for safety purposes.

### Inspector's evidence

The BNF and BNFC were available. The staff used the internet to access websites for up to date information, for example, Medicines Complete.

There was a clean fridge for medicines, equipped with a thermometer and the temperature was checked and recorded daily. Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order and had been PAT tested for safety in October 2018.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. Cordless telephones were available, and the staff said they used these to hold private conversations with patients when needed.

### 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.