General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 24-26 Liverpool Road, Crosby, LIVERPOOL, Merseyside, L23 5SF

Pharmacy reference: 1034527

Type of pharmacy: Community

Date of inspection: 29/04/2024

Pharmacy context

This is a community pharmacy situated on a high-street in the town centre of Crosby, Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, the NHS Pharmacy First service and emergency hormonal contraception.

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 follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning. But near miss reviews do not produce demonstrable outcomes, which would help to show what the team is doing to help learn from their mistakes.

Inspector's evidence

There was an electronic set of standard operating procedures (SOPs) which were routinely updated by the pharmacy's head office. Electronic records showed team members had acknowledged their understanding of the SOPs. A daily checklist was completed to check compliance with a number of professional requirements, including fridge temperature records, expiry date checks, weekly controlled drug (CD) balance checks, and display of responsible pharmacist (RP) notice.

The pharmacy had a process in place to record, investigate, and identify learning from dispensing errors. Near miss incidents were recorded on electronic software. The pharmacy manager reviewed the records each month to look for common trends and learning opportunities. But some of the recorded learning was vague and did not contain demonstrable outcomes, such as reminding members of the team to take extra care whilst dispensing. And the same action points had been repeated each month since January. So, it was not clear how effective the reviews were in identifying subsequent learning. To help reduce quantity-based errors, the team had been reminded to ensure any open boxes were marked with a pen on all sides. The company circulated a professional standard bulletin to share learning between pharmacies. Amongst other topics they covered common errors and professional matters. The team discussed the bulletin as part of their weekly team meeting.

The roles and responsibilities for members of the team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Members of the team wore standard uniforms and had badges identifying their names and roles. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure which was explained in a leaflet. Any complaints were recorded and followed up by the pharmacy manager. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions, and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked frequently. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available, and the pharmacy team completed IG training. When questioned, a dispenser was able to describe how confidential waste was separated into confidential waste bins for destruction. A notice in the retail area provided information about how people's information was stored and handled by the pharmacy. Safeguarding procedures were included in the SOPs. Members of the pharmacy team had completed safeguarding training, whilst the

pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available in the pharmacy duty folder. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, a trainee pharmacy technician, two dispensers, one of whom was also the pharmacy's manager, and two healthcare assistants. All members of the pharmacy team were appropriately trained or on accredited training programmes. There was also a retail advisor, who would refer all pharmacy-related queries to a trained member of the team. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system and relief team members.

The pharmacy provided the team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. For example, team members had recently completed training about the NHS Pharmacy First scheme. Training records were kept showing that ongoing training was up to date.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The relief pharmacist felt able to exercise her professional judgement and this was respected by the members of the team. The dispenser felt a good level of support from the pharmacist, and able to ask for additional help if they felt they needed it. Appraisals were conducted quarterly by the pharmacy manager. There were weekly team huddles to discuss performance, and issues that had arisen, including when there were errors or complaints. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. There were targets set for professional services, such as NMS. The pharmacist felt a business pressure to achieve targets but would not let them impact on her professional judgement and safe operation of the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled using air conditioning units, and lighting was sufficient. Members of the team had access to a kitchenette and WC facilities.

A consultation room was available and kept locked when not in use. It appeared clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level via a double door, with power-assisted opening. There was wheelchair access to the consultation room. A sign and various posters in the retail area gave information about the services offered and information was also available on the pharmacy's website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

For medicines dispensed in the pharmacy, team members initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. A stamp was used and initialled to provide an audit trail showing who was responsible for each stage of the dispensing process, including dispensing, clinical check, accuracy check and handout. Any information which the team thought the pharmacist may need when checking the prescription was printed from the patient medication record (PMR) software and kept with the prescription until handout. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Some prescriptions were dispensed by an automated hub as part of the company's dispensing support pharmacy programme. Prescriptions were initially processed on the PMR. Once all the prescriptions had been processed, the pharmacist would clinically check the prescriptions. If the medication was new, or if details had been altered on the PMR, the pharmacist was required to check the accuracy of the data. Following the pharmacist's checks, the PMR securely uploaded the data to the hub for the medicines to be dispensed. If a person required the medicines sooner, the pharmacy had a protocol which enabled the prescription to be dispensed in the pharmacy. Dispensed medicines were received back from the hub within 48 hours. They were delivered in sealed totes that clearly identified that they contained dispensed medicines. These did not need to be accuracy checked by the pharmacy unless they opened the bag, in which case the responsibility for the final accuracy check fell to the pharmacy rather than the hub. When the dispensed medicines were received in branch, they were matched up with the prescription forms, and any other items which required to be dispensed locally.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system using an electronic recording system. Prescription forms were retained, and laminates were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium, and methotrexate) were also highlighted, and patients were counselled on their latest results. Team members were aware of the risks associated with the use of valproate-containing medicines during pregnancy. Educational material was available to hand out when the

medicines were supplied. Members of the team said they had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. But records of counselling of high-risk medicines and valproate were not kept. So, there may be a lack of continuity in patient care in the event of a query or a concern.

The pharmacy had a delivery service, and records of deliveries were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of dispensary medicines were checked once every three months. Members of the team signed a date checking matrix as a record of what had been checked. Short, dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office and MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc, and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter, and a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was required.

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.