

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 131-135 Cambridge Road, SOUTHPORT,  
Merseyside, PR9 9SD

**Pharmacy reference:** 1034658

**Type of pharmacy:** Community

**Date of inspection:** 20/05/2019

## Pharmacy context

This is a community pharmacy situated at a major crossroad in the residential area of Churchtown in Southport, near a medical centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over the counter medicines. It also provides a range of services including seasonal flu vaccinations, pneumonia vaccinations and emergency hormonal contraception. A number of people receive their medicines inside 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	Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chance of the same mistake happening again.
		1.4	Good practice	The pharmacy team seeks feedback from people via an online form and uses it to improve the services it provides.
		1.7	Good practice	Staff are given regular training about the safe handling and storage of data, so that they know how to keep private information safe.
<b>2. Staff</b>	Standards met	2.2	Good practice	Members of the pharmacy team complete learning modules to help them keep their knowledge up to date.
<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 team follows written procedures to help make sure it provides services safely and effectively. Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chance of the same mistake happening again. The pharmacy seeks feedback from people via an online form and uses it to improve the services it provides. The pharmacy keeps the records it needs to by law. People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.

### Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were regularly updated by the company. Members of the pharmacy team had signed to say they had read and accepted 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 responsible pharmacist (RP) notice.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the supply of medicines belonging to two different people which were dispensed together and stored in a single bag. The pharmacist investigated the error and an action was taken to help reduce the chance of a similar mistake by asking the staff to check for similar names whilst dispensing prescriptions.

Near miss errors were recorded on a paper log and were reviewed monthly by the pharmacist and pharmacy technician. But not all of the information was recorded on the log, such as the time of day. So underlying factors may not always be identified during the review. Following the review, the pharmacy team would take action to help prevent similar mistakes e.g. segregating stock with common picking errors such as brinzolamide and bimatoprost eye drops.

The company shared learning between pharmacies via a written bulletin. Amongst other topics they covered common errors. The pharmacy team would read the information when it was received and sign it. Action was taken to prevent a similar error occurring in the pharmacy e.g. asking staff to write 'look alike sound alike' medicines on a pharmacist information form (PIF) as an alert during dispensing.

The company had identified a number of common errors that had occurred in other branches and the medicines involved had been designated as 'safer 6' drugs. Warning stickers were attached to the shelves where these medicines were stored to highlight the risks.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The dispenser was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed

prominently.

The pharmacy had a complaints procedure and it was described in the practice leaflet. It advised customers how to make direct contact with the pharmacy or with the company's head office. Complaints were recorded and sent to the head office to be followed up.

The pharmacy had a 'share your thoughts' card which they actively handed out to patients, with an incentive for completed reviews to be entered into a monthly prize draw. Patients would complete the review online and the feedback was sent to the pharmacy instantly. The pharmacist said feedback would be shared with the staff by the next working day. Recent feedback received by the pharmacy team was about the delay in prescriptions being ready. The pharmacist said she found this was because some of the local surgeries had begun to text the patient to inform them their prescription had been sent to the pharmacy. The pharmacy team had taken action by displaying signs and informing patients about the timescale to collect their prescription.

A current certificate of professional indemnity insurance was provided prior to the inspection. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. The balance of two random CDs were checked and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team received annual IG training and had confidentiality agreements in their contracts. When questioned, the dispenser was able to correctly identify what information was considered confidential and how it was segregated into confidential waste bins to be suitably destroyed by the company. A copy of the company's privacy notice was on display in the retail area.

Safeguarding procedures were included in the SOPs and the pharmacy team had safeguarding training. The pharmacist said she had completed level 2 safeguarding training. Contact details of the local safeguarding board were on display in the dispensary. The dispenser said she would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are normally enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. The pharmacy team complete learning modules to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician and four dispensers. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and two to three dispensary staff.

The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could also be requested but staff said they were not always provided. The previous manager had left their position in January 2019 and the position was currently vacant. Staff were providing extra hours to cover this whilst the company tried to recruit for the role. The pharmacy team said the workload was generally manageable, but sometimes they fell behind with the work due to staff absences.

The company provided the pharmacy team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training.

The dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse Sudafed sales she felt were inappropriate and refer people to the pharmacist if needed.

The pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy team and the company.

The dispenser said she received a good level of support from the pharmacist and felt able to ask for further help if it was needed.

Staff were aware of the whistleblowing policy and the dispenser said she would be comfortable escalating any concerns to the head office.

The pharmacist said she was targeted on services such as MURs and NMS. If the target was not attained she was required to provide a reason, but she said this did not affect her judgement in the delivery of these services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to allow private conversations.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by the position of the counter.

The temperature was controlled in the pharmacy by the use of air conditioning units. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, 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 them to help make sure that they are provided safely. The pharmacy gets its medicines from appropriate sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

### Inspector's evidence

Access to the pharmacy was level via an automatic door and was suitable for wheelchair users. The consultation room was wheelchair friendly and a portable hearing loop was available.

A poster and pharmacy practice leaflets gave information about the services offered. There was also information available on the company's website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder.

The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

There were local restrictions in the area which prevented the pharmacy from ordering prescriptions on behalf of people.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic system. The driver used an electronic device to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a separate signature was obtained to confirm receipt.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up.

A quadrant 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 may be needed by the pharmacist for checking the prescription was written onto a pharmacist information form (PIF) and kept with the prescription until handout. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using a numerical retrieval 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; so that staff can provide counselling and check the supply remained suitable.

The staff were aware of the risks associated with the use of Valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she had completed an audit and counselled relevant patients to make them aware of the pregnancy prevention programme. Counselling was recorded on the patient's PMR.

Some medicines were dispensed in multi-compartment compliance aids. A record sheet was kept for all compliance aid patients; containing details of current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a special's manufacturer.

The pharmacy was not yet meeting the safety features of the Falsified Medicines Directive (FMD), which is now a legal requirement. The company had informed the pharmacy team that they were in the process of obtaining the scanning equipment, in order to perform part of the safety feature checks.

Stock was date checked on a 12 week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. 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.

There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily and records indicate they had been within the required range for the last three months.

Patient returned medication was disposed of in designated bins for storing waste medicines located away from the dispensary.

Drug alerts were received electronically by email and alerts were actioned electronically before being printed and filed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has access to the equipment they need for the services they provide.

### Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in November 2018.

There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for CDs. 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.

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 the staff 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. Substance misuse clients were directed to the use of the consultation room to provide privacy.

### 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.