

Registered pharmacy inspection report

Pharmacy Name: Boots, 8 Church Street &, 24 La Grange Arcade, ST. HELENS, Merseyside, WA10 1BD

Pharmacy reference: 1034700

Type of pharmacy: Community

Date of inspection: 07/02/2020

Pharmacy context

This is a community pharmacy situated in the town centre of St Helens in 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, pneumococcal vaccines, and a minor ailment service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
		1.4	Good practice	The pharmacy team routinely asks people to give feedback about its work and makes changes to improve the services it provides.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team complete regular training to help them keep their knowledge up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	Members of the pharmacy team carry out additional checks when higher risk medicines are supplied to ensure they are appropriate.
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 routinely ask people to give feedback and use this to help them improve. And they record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were routinely updated by the head office. 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 display of responsible pharmacist (RP) notice.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the supply of a medicine which had the incorrect dosage instructions on the dispensing label compared to what was on the prescription. The pharmacist had investigated the error and discussed her findings with the pharmacy team. Near miss incidents were recorded on a paper log. The pharmacist explained that she reviewed the records each month to help identify any common trends and discussed her findings with the pharmacy team. She gave examples of action which had been taken to help prevent similar mistakes. For example, asking staff to write the quantity on tablet boxes whilst dispensing as a reminder to count the amount inside. The company circulated a professional standard bulletin to share learning between pharmacies. Amongst other topics they covered common errors and professional matters. Members of the pharmacy team were required to sign the bulletin to confirm they had read it.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was 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 RP had their notice displayed prominently. The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were recorded to be followed up by the manager or head office. The pharmacy had 'share your thoughts' cards, which included a link for an online survey. These were handed out with dispensed medicines and there was an incentive for people to complete the survey by being entered into a monthly prize draw. Feedback from the survey was sent to the pharmacy instantly. The manager said she received the feedback and shared it with the staff. Recent feedback contained comments about not having enough privacy during conversations. The pharmacy team said they now actively offered use of the consultation room or moved to a more private area.

A current certificate of professional indemnity insurance was seen. 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. 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. The pharmacy team had completed annual IG training and each member had a signed confidentiality agreement. When questioned, a dispenser was able to describe how confidential waste was segregated to be removed and destroyed by the head office. A privacy notice was on display and described how people's data was handled and stored.

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

Principle 2 - Staffing ✓ Good practice

Summary findings

There are enough staff 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. They get regular feedback from their manager to help them improve.

Inspector's evidence

The pharmacy team included a pharmacist, and three dispensers. The store manager was trained as a dispenser, and the assistant manager was training to become a dispenser, and both could help with the work if needed. Members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and two to three dispensers. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system. Relief staff from nearby branches could also be requested when required.

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. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol 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 store manager. The dispenser said she received a good level of support from the pharmacist and store manager, and she felt able to ask for further help if she needed it. Appraisals were conducted every 6-months by the store manager. A dispenser said she felt that the appraisal process was a good chance to identify any development and felt able to speak about any of her own concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the store manager or head office. A poster was displayed in the dispensary which encouraged staff to raise any concerns. There were targets set for services such as MURs, NMS and Flu. The pharmacist said she did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable 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 and access to it was restricted by the position of the counter. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a canteen and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was 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. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy provides services safely, and additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

There was level access to the pharmacy which was suitable for wheelchair users. There was also wheelchair access to the consultation room. A poster and pharmacy practice leaflets gave information about the services offered and information was also available on the 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 elsewhere using a signposting folder. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery management system. Electronic devices were used 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 signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The company used a PMR system which required each medicine to be scanned at the time of labelling. This performed an additional check to confirm the barcode matched the prescription, which helped to avoid errors. A quadrant stamp was used and initialled to provide an audit trail showing who was responsible for each stage of the dispensing process. For example, dispensing, clinical check, accuracy check and handout. Any information which may be needed by the pharmacist for checking the prescription was written onto a sheet 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 kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers 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. The pharmacist said she would also highlight high-risk medicines (such as warfarin, lithium and methotrexate) and counsel patients about their latest blood test results. 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 would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, and this would be recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started

on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their 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.

The pharmacy provided a flu vaccination service using a patient group directive (PGD). A current PGD was available to view and the pharmacist confirmed she had the necessary training to provide the service. Records of vaccinations were kept, and the patient's GP surgery was informed that they had been vaccinated.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. 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.

Controlled drugs were stored appropriately in the CD cabinets, with clear segregation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been within the required range. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received on an electronic system from the head office. Details about the action which had been taken in response any alerts, when and by whom, were recorded electronically.

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

The staff had access to the internet for general information. This included access to the BNF, BNFC and drug tariff resources. According to the stickers attached, electrical equipment had last been PAT tested in November 2019. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. 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 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.

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.