

Registered pharmacy inspection report

Pharmacy Name: Boots, 254 Hoylake Road, Moreton, WIRRAL,
Merseyside, CH46 6AF

Pharmacy reference: 1034779

Type of pharmacy: Community

Date of inspection: 07/08/2024

Pharmacy context

The pharmacy is situated amongst other retail shops in Moreton, Wirral. The pharmacy premises are easily accessible for people and have adequate space in the retail area. It has a consultation room available for private conversations with its team members. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medication in multi-compartment compliance packs to 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	The pharmacy records, reviews, and shares adverse dispensing incidents with the pharmacy team members, to identify learning points which are then incorporated into day to day practice to help manage future risk.
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 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 reduce the risk of the same sort of mistakes from happening again. The pharmacy largely keeps the records required by law.

Inspector's evidence

An audit stamp was used on prescriptions to record who had clinically checked, dispensed, accuracy checked and handed out. There were up to date standard operating procedures (SOPs) for the services provided, with online records demonstrating the team had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe his duties.

Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were reported online on a near miss log. The near misses were discussed with the pharmacy team member at the time. A member of the pharmacy team had been nominated as patient safety champion and together with the pharmacist pharmacy manager, they reviewed the near miss log to identify learning points, which were then shared with the team. The near miss log was last reviewed in July 2024. A dispenser explained that because of a recent near miss incident with hydroxyzine and hydralazine, dispensary stock of these medicines had been separated.

The correct responsible pharmacist (RP) notice was displayed. A complaints procedure was in place and copies of a practice leaflet with details of how people were able to raise concerns were displayed in the retail area. A member of the pharmacy team explained that he aimed to resolve complaints in the pharmacy at the time they arose, although he would refer the person to the pharmacist or head office if they felt it was unresolved.

The pharmacy had up-to-date professional indemnity insurance in place. The private prescription record, emergency supply record, responsible pharmacist (RP) record and the controlled drug (CD) registers were in order. Records of CD running balances were kept and these were audited regularly. A balance check for a random CD was carried out and found to be correct. Patient returned CDs were recorded and disposed of appropriately. The unlicensed specials record had the patient and prescriber details missing from some records. This meant auditing would be more difficult. However, the pharmacist and dispensers provided assurance that the missing information would be added.

Confidential waste was being stored in a designated bin and was collected by an authorised carrier. Confidential information was kept out of sight of the public. The pharmacy team 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, outlining how the pharmacy intended to use people's information. Members of the pharmacy team had completed level 1 safeguarding training, and the pharmacist had completed level 3 safeguarding

training. The contact numbers required for raising safeguarding concerns were present.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative. And the team has access to ongoing training.

Inspector's evidence

There was a locum pharmacist, a trainee pharmacist, and two dispensers on duty. Members of the pharmacy team appeared to manage the workload adequately and worked well together. They used e-learning to ensure their skills and knowledge was up to date. A member of the team explained they were expected to complete training on an ongoing basis, and he had recently completed online SOP training. They felt that the pharmacist manager was supportive with learning and were happy to answer any questions. Team members were allowed time to complete training when the workload permitted.

Members of the pharmacy team had received informal appraisals with the pharmacist manager in the last six months and said that they had found these useful. They were regularly given feedback. For example, they were told about near miss errors or any outstanding training. Staff were aware of the whistleblowing policy and knew how to report concerns if needed. Details outlining the policy were available for reference.

A dispenser was covering the medicines counter and was clear about his role. He knew what questions to ask when speaking to patients and when to refer the patient to a pharmacist. For example, if a patient had been commenced on a new medicine, he would ask the pharmacist to intervene and provide counselling. The pharmacist explained that there were no professional service targets in place in his role as locum.

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 member of the pharmacy team explained that dispensary benches, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

Any maintenance problems were added to a maintenance log and reported to head office. Team facilities included a microwave, kettle and fridge, separate ladies and gents WCs with wash hand basins 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 people, and they are well managed, so people receive their medicines safely. The pharmacy team makes extra checks when supplying higher-risk medicines, to make sure they are being used properly. It sources and stores medicines appropriately and carries out checks to help make sure that they are kept 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 selection of healthcare leaflets and posters in the retail area. Members of the pharmacy team were clear about what services were offered and where to signpost for services the pharmacy did not provide. For example, travel vaccinations. The opening hours and a list of the pharmacy's services were displayed in the window.

The workflow 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 dispensing labels to provide an audit trail. Plastic containers were used to separate prescriptions during dispensing, to reduce the risk of medicines becoming mixed up.

Schedule 2 CDs awaiting collection had a laminated CD label attached to the prescription. A dispenser explained that this was to act as a prompt to add the CD before handing out. Schedule 3 and 4 CDs had a CD expiry date sticker attached to the prescription, as a reminder to check that the prescription was still valid when the medicines were collected. A pharmacist information form (PIF) was attached to some assembled prescriptions to highlight important information to the pharmacist such as a change in dose.

The patient medication record (PMR) system highlighted high risk medicines, including, warfarin, lithium, methotrexate, and valproate containing medicines, to act as a prompt to team members, to request up-to-date blood test results upon prescription collection. Laminated cards for warfarin, methotrexate and lithium were kept with assembled prescriptions in the prescription retrieval system so that the pharmacist could provide appropriate counselling when handing out the prescription. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were available.

A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance pack service was provided. The service was organised with an audit trail for mid-cycle changes to medication. Disposable equipment was used. Patient information leaflets for the medicines supplied were provided to people routinely with each supply of medication. Hospital discharge prescription summaries were kept for the pharmacist to refer to. The assembled compliance aids packs currently awaiting collection had individual medicine descriptions and patient information leaflets included.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily and CDs were stored appropriately. Patient returned CDs were destroyed using

denaturing kits. A CD key log was available. There was a clean fridge for medicines, equipped with a thermometer, and the temperature was checked and recorded daily. 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 container. 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 to make sure it is safe.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information, for example, Medicines Complete. A copy of the BNF and BNFC were present. 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 May 2024.

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 were used to hold private conversations with people 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.