General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 11-12 Bowen Square, DAVENTRY, Northamptonshire, NN11 4DR

Pharmacy reference: 1035407

Type of pharmacy: Community

Date of inspection: 28/04/2022

Pharmacy context

This community pharmacy is situated in a shopping centre in the middle of the town. Most of the activity is dispensing NHS prescriptions and selling and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides includes substance misuse services, advanced services such as the hypertension service and the discharge medicine service. The pharmacy also delivers medicines to people's homes. The inspection was undertaken during the Covid-19 pandemic.

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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. The pharmacy manages people's personal information safely. The pharmacy has some good procedures to learn from the mistakes it records. But because it doesn't record all of its mistakes it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which had been read and signed by staff. Staff understood and followed SOPs, for example the 'dispensed by' and 'checked by' boxes on the medicine label were signed; weekly controlled drug (CD) running balances checks were completed and patients were asked for their address when a script was handed out.

During dispensing the team mainly used the pharmacist's information form (PIF). The dispensed prescriptions seen with PIF forms had information to highlight key risks to the pharmacist such as new medicines, change of dose or strength. Most of the dispensed prescriptions seen had a PIF attached, but some did not. The pharmacy also used prompt cards. Cards said if there was a CD or fridge line, to refer to the pharmacist or that it was a medicine for a child. In addition, the pharmacy used prompt cards for high-risk medicines such as lithium, methotrexate, and warfarin. These cards had questions the person handing out the medicine should ask written on the back. Dispensed scripts were seen with prompt cards attached which were appropriate.

The pharmacy had processes for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time. The aim was to record the near misses electronically, but the pharmacist said that the team didn't always manage to do so. The pharmacy technician completed a monthly patient safety review. The March review was on display for the team to read. The February review had highlighted actions for the team. The pharmacy technician explained there had been improvements in the areas highlighted such as the ordering of repeat prescriptions. The pharmacy also completed a weekly clinical governance check. This ensured the pharmacy was reviewing risks such as SOPs and legal records were up to date; medicines were stored appropriately, and incidents were reviewed.

The trainee pharmacist explained how he would sell an over-the-counter medicine safely. He knew the right questions to ask and could explain the appropriate advice that should be given. The pharmacy technician knew that scripts had a 6-month expiry and that most CDs had a 28-day validity. The pharmacy kept dispensed CDs in clear bags so that they could be easily checked on supply. They had a sticker that showed the date by which the medicine needed to be supplied so that it was easy to check that they were still valid.

The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log, the CD registers, and the private prescription records. There were weekly audits of CD running balances. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. The pharmacy recorded patient-returned CDs. The pharmacy recorded private prescriptions electronically. The pharmacy displayed who

the RP in charge of the pharmacy was. The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential paperwork was stored and destroyed securely. Professional indemnity insurance was in place. The pharmacy team understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members manage the workload within the pharmacy well. They are suitably trained for the roles they undertake. The pharmacy gives its team members the support they need in their development. And they can raise concerns if needed.

Inspector's evidence

During the inspection the pharmacy team managed the day-to-day workload well. They worked together as a team, giving each other advice and support, and moving across the functions as necessary to provide an effective service. There was one pharmacist, two pharmacy technicians, one qualified dispenser and a trainee dispenser who had completed her counter assistant qualification and one qualified dispenser. There was also a trainee pharmacist. The trainee pharmacist said that he felt supported by the pharmacist and had protected training time. The dispenser said that she had an annual appraisal and had the opportunity to raise concerns or make suggestions. During the inspection the team discussed an issue around a dispensing label and came to a decision as a team.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made changes to help keep its team members and people using the pharmacy safe during the pandemic.

Inspector's evidence

The pharmacy had a spacious sized retail area and a dispensary which was a reasonable size for the services provided. There were separate areas for the assembly and checking of medicines. There was adequate heating and lighting with hot and cold water available. A small size basically fitted out consultation room was available for patients to have a private conversation with pharmacy staff.

The pharmacy had processes in place to support safe working during the Covid-19 pandemic. There was a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. There was hand sanitiser available. The pharmacy was cleaned regularly. The team routinely wore face masks. Unauthorised access to the pharmacy was prevented during working hours and when closed with an alarm.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers healthcare services which are suitably managed and are accessible to people. The pharmacy team showed care and concern for the people using its services. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. It takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had automatic doors with flat access which provided good access for wheelchairs and those with a physical disability. Staff had uniforms and most had name badges so that they could be clearly identified. The pharmacist was easily accessible and engaged with people visiting the pharmacy. The whole pharmacy team showed a people focus and were heard engaging with people, looking to answer questions and resolve problems they had. The pharmacist understood the signposting process and used local knowledge to direct people to local health services. The pharmacy delivered medications to some people. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist gave a range of advice to people using the pharmacies services. This included advice when they had a new medicine or if their dose changed. For people who took warfarin the pharmacy team were heard checking that they had a recent blood test and that their INR levels were appropriate and that people taking methotrexate had regular blood tests. They didn't routinely make a record of their interventions. The team had communication books to ensure that information received was shared across the team.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label and a quad stamp on the prescription to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community who needed help managing their medicines. It had processes to make sure people got their medicines in a timely manner. The compliance packs seen recorded the colour and shape of the medicines. Patient information leaflets (PILs) were sent each time the medicine was supplied.

Medicines were stored tidily on shelves in their original containers. The pharmacy had records of regular date-checking of medicines. A quick check of a small number of stock medicines didn't find any that were out of date. Opened bottles of liquid medications were marked with the date of opening. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist could explain the action she took for drug alerts, records were signed and dated to create a clear audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances had recently been tested to make sure they were safe.

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.