

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 1-2 Alexandra Terrace, Kingsthorpe,  
NORTHAMPTON, Northamptonshire, NN2 7SJ

**Pharmacy reference:** 1035456

**Type of pharmacy:** Community

**Date of inspection:** 27/11/2019

## Pharmacy context

This community pharmacy is situated in a row of shops on one of the main roads out of the town. Most of the activity is dispensing NHS prescriptions and giving advice about medicines over the counter. Other services that the pharmacy provides include substance misuse services, seasonal flu vaccinations and pneumococcal vaccinations against patient group directions, prescription deliveries to people's homes, Medicines Use Reviews (MUR) and New Medicine Service (NMS) checks.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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 identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountability. The pharmacy has processes for learning from its mistakes. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people. The pharmacy has some procedures to learn from its mistakes. But it doesn't record all its near misses. So, it could be missing opportunities to improve its services.

### Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was clearly displayed. As part of the dispensing of a prescription a pharmacist's information form, referred to as a PIF, was completed. Staff explained that the PIF was used to highlight key risks to the pharmacist such as new medicines, change of dose or strength. Most prescriptions checked had a PIF attached. There was a range of information recorded to give the pharmacist additional information when clinically checking the medicine. A member of the team explained the principle behind the look alike sound alike (LASA) process. There were laminates attached to the computers listing the medicines most likely to be picked by mistake. She explained that as part of the process the name of the medicine should be written on the PIF. When checked, some PIFs had the LASA written on the PIF but most of them did not.

The pharmacy had a set of up-to-date standard operating procedures (SOPs), signed by staff, which reflected how the pharmacy operated. Staff were observed to follow the SOPs. For example 'dispensed by' and 'checked by' boxes on the medicine label and the quad box on the prescription were signed; the PIF was completed, and controlled drugs (CDs) running balances were checked weekly. A weekly clinical governance check was carried out. This ensured the pharmacy was reviewing risks such as whether SOPs were being followed; legal records were up to date; medicines were stored appropriately, and incidents were reviewed.

The pharmacy also had a number of prompt cards which should be placed with dispensed prescriptions. The dispenser explained how they were used. Cards said if there was a CD or fridge line or to refer a person collecting a prescription to the pharmacist for counselling. In addition, there were cards for higher-risk medicines such as lithium, methotrexate or warfarin, with questions the member of staff handing out the medicine should ask the person collecting the prescription. Not all dispensed prescriptions seen had the required prompt cards attached.

The dispenser understood the questions to ask to sell a medicine safely. She could give suitable advice. She knew that most prescriptions were valid for six months and that prescriptions for CDs were valid for 28-days after the date on the prescription. She could recall most, but not all, of the CDs that were not kept in the CD cupboard. When the inspector checked the dispensed prescriptions waiting collection not all CDs were highlighted. The pharmacist said that they weren't routinely highlighting Schedule 4 CDs. This increased the risk of a CD being supplied outside of its validity. The pharmacist said they would start highlighting them.

The pharmacy had a colour-coded system for all prescriptions waiting collection. Each week the team texted all the people who hadn't collected their medicines. If they hadn't collected after two months the staff then took the medicine off the shelf and returned the prescription back to the NHS spine. The

pharmacy kept dispensed CDs and insulin in clear bags to allow the medicines to be easily checked before they were supplied.

The pharmacy kept records of near misses, errors and incidents. Near misses were discussed with the member of staff responsible at the time they were found. A record was then made in the near miss log. At the end of the month a patient safety review was carried out by the pharmacist. The review looked at a range of causes for the near miss including the type of error and the time of day. The review had highlighted that the relief pharmacist wasn't consistently recording near misses in the near miss log. The pharmacist said she had spoken to the pharmacist to remind them. The pharmacy received a monthly letter from the superintendent highlighting changes in procedures and learning points across the stores. A note of the latest training on the monthly newsletter was recorded on the monthly patient safety review.

The pharmacy provided a seasonal flu vaccination (NHS and private) and pneumococcal vaccination service through patient group directions (PGDs). The PGDs were in date and training records were available. An audit trail was created using 'dispensed by' and 'checked by' boxes and the use of the quad box on the prescription. The final check was carried out by the RP.

The latest patient satisfaction survey from March 2019 was on the NHS UK website. 88% of people who had completed the survey had rated the pharmacy as excellent or very good. There was a complaints procedure in place. There was a pharmacy leaflet available which gave a range of external organisations that people could contact. There were contact details for Boots customer care service on the back of till receipts.

Public liability and professional indemnity insurance were in place. Records to support the safe and effective delivery of pharmacy services were maintained. These included the RP record book, private prescription records and the CD register. CD running balances were checked regularly. A random check of the recorded running balance of a CD reconciled with the actual stock. Dispensed CDs in the cupboard waiting collection were all in date and had a label which showed the date by which the medicine needed to be supplied. Out-of-date and patient-returned CDs were clearly marked and separated. There was a record of patient returns which included Schedule 3 CDs.

Computer terminals were positioned so that they couldn't be seen by people in the retail area. Access to the electronic patient medication record (PMR) was password protected. Confidential waste was bagged and sent away for secure destruction. There was an information governance protocol in place. The pharmacy team was aware of the safeguarding procedure; the pharmacist had completed the CPPE training. Local contact details were available if the pharmacy needed to raise any safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members are suitably trained for the roles they undertake. Team members work well together and adequately manage the workload. They are able to share ideas to improve how the pharmacy operates. And they can raise concerns if needed. The team members receive support in keeping their skills and knowledge up to date.

### Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. During the inspection the pharmacy had a pharmacist; one qualified dispenser and one pharmacy apprentice.

During the inspection the team worked well together. Staff said that the manager was easy to speak to. The pharmacist said that the team had annual appraisals; each had a personal development plan with their own focus. Staff were involved in improving the service for example changing the amount of time dispensed medicines were kept on the shelves to reflect the needs of the local community.

There was a range of training for all staff on the e-Learning site. The pharmacist briefed staff on the monthly 30-minute tutors in the team meetings. The pharmacy apprentice had three and a half hours a week protected training time and regular reviews from her tutor. Although targets for services were set the pharmacist said they didn't compromise customer service or her professional integrity.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy protects personal information.

### Inspector's evidence

The pharmacy was maintained to a reasonable standard throughout. The dispensary was a reasonable size for the services provided. The dispensary was clean and tidy; there was a sink with hot and cold water. There were separate areas for the assembly and checking of medicines. The pharmacy had air conditioning to provide an appropriate temperature for the storage of medicines; lighting was sufficient and was provided by overhead strip lights. A small consultation room was available and used to ensure that people could have more confidential conversations with pharmacy staff where appropriate and on request. But the room wasn't soundproof which meant it might be possible to hear the conversations in the public area. Computer screens were set back from and faced away from the counter. Access to the PMR was password protected. Unauthorised access to the pharmacy was prevented during working hours and when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. The pharmacist is helpful and supportive to people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. The pharmacy takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy was situated in a row of shops. The pharmacy had automatic double doors to provide easy access for wheelchairs and those with mobility problems. Opening times were displayed in the pharmacy and in the pharmacy leaflet. Staff had uniforms and a name badges so that they could be clearly identified. The pharmacist had an understanding of signposting and knew how to direct people to local health services.

Work was prioritised based on whether the prescription was for a person who was waiting or coming back. The pharmacy used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of medicines.

During the inspection the pharmacist was easily available for people visiting the pharmacy. The pharmacist said that she gave advice to people using the pharmacy on a range of matters. This included dose changes, antibiotics, new medicines or devices. She spoke to people taking higher-risk medicines such as methotrexate, lithium and warfarin. She aimed to record people's INR levels. PMRs seen had some INRs recorded but they were not made routinely. She said that the pharmacy had two people in the at-risk group taking sodium valproate. She said that she had spoken to the surgery because one person wasn't collecting regularly. The pharmacist was aware of the advice that she should give and gave information each time the medicine was supplied. She printed out leaflets because she was waiting for the manufacturer to send some. The pharmacy was a Healthy Living Pharmacy. The current display was on "Help us Help You". The pharmacy routinely changed the display to link in with Public Health England campaigns. There was a range of healthcare leaflets available.

Medicines were stored on shelves tidily and in original containers. Date checking was carried out on a three-month rotation; stickers were used to highlight short-dated medicines. Out-of-date medicines were put in yellow waste bins. Bottles that didn't have a specific use-by date once open had stickers which showed the date of opening.

Each person who received their medicine in a compliance pack had an individual record which listed their medicines and when they should be taken. A new record was made each time there was a change. This made the records clear and easy to read. Prescriptions were checked with the record and any differences were checked with the surgery before a supply was made. The pharmacy contacted the surgery to confirm the change. The medicine administration chart (MAR) charts mainly recorded the shape and colour of the medicine to allow easy identification. The compliance pack checked had five medicines; two didn't have a description. Patient information leaflets (PILs) were sent monthly.

CDs were stored safely. The pharmacy delivered medicines to people. The person who received the medicine signed for the medicine to create an audit trail. Only recognised wholesalers were used for the supply of medicines. The pharmacist was aware of the Falsified Medicines Directive but was waiting

for equipment and training to implement the process. The pharmacy team was aware of the procedure for drug alerts. A record was created and signed to provide a complete audit trail.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that it offers. It adequately maintains its equipment and facilities.

### Inspector's evidence

The pharmacy used crown marked measures for measuring liquids; separate measures were used for CDs. The pharmacy also had tablet and capsule counters. The pharmacy had a range of up-to-date reference sources. Electrical appliance testing was next due in March 2020. Confidential patient information was stored securely. The fridge stored medicines correctly within the range of 2 and 8 degrees Celsius. CDs were stored securely.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.