

Registered pharmacy inspection report

Pharmacy Name: Boots, 11-19 Lower Parliament Street, Victoria Centre, NOTTINGHAM, Nottinghamshire, NG1 3QS

Pharmacy reference: 1035748

Type of pharmacy: Community

Date of inspection: 26/04/2019

Pharmacy context

This community pharmacy is located within a large shopping centre in Nottingham. It dispenses NHS prescriptions and provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations. The pharmacy offers a private vaccination service which provides vaccinations for a wide range of conditions.

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

The pharmacy generally manages risks well. It encourages its team members to learn from mistakes and to make improvements to its services. The pharmacy keeps the records that it needs to and generally makes sure that these are accurate. It manages confidential information appropriately and its team members know how to protect vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) available. A sample of SOPs were checked and had been signed by the pharmacy's team members according to their role. The team members wore name badges which stated their job title. The name and registration number of the responsible pharmacist was displayed so that it was visible from the retail area.

A dispenser was the 'patient safety champion' for the pharmacy. This involved ensuring that monthly newsletters were read and signed by the team. And making sure that the team focussed on particular SOPs. The team recently had been focussing on the prescription transfer SOP to make sure the names and addresses of people were checked when their medicines were supplied.

The pharmacy team kept records of near misses on a template. Records were kept at two different checking areas and were collated by the patient safety champion. Team members said that monthly reviews took place so that the team could learn from mistakes. The most recent review had not been completed because the patient safety champion had been absent. This may have indicated that the rest of the team were not fully engaged with this process. Previous reviews were available and included examples of reducing the risk of errors. An example included making sure that opened boxes of medicines were clearly marked. The team provided additional examples of separating medicines that sounded similar or looked similar. Team members said that they asked for help when needed and tried to prevent distractions.

The pharmacy completed annual surveys to get feedback from people who visited the pharmacy. The results of the latest survey were generally positive. Some respondents were not fully satisfied that the pharmacy did everything they could so people could have sensitive conversations without being heard. The pharmacy's team members said that there were two consultation rooms in the premises which could be used for offering private consultations.

The pharmacy's practice leaflet provided information about making complaints or providing feedback about the pharmacy. The pharmacy had SOPs for managing people's complaints. Team members said that they would escalate concerns to the responsible pharmacist or pharmacy manager to be resolved. The pharmacy's head office organised liability and indemnity insurance arrangements for the pharmacy.

Controlled drugs records were appropriately maintained and running balances were recorded and checked weekly. Several controlled drugs were chosen at random and were found to match the recorded balances.

The pharmacy's private prescription records generally appeared to be maintained appropriately. Three

recent private prescriptions were chosen at random to be checked. One of these records did not include the correct prescription date. Several records of patient-requested emergency supplies did not include a reason for the supply or the nature of the emergency. This may have made it more difficult for the team to find this information if needed. The entries were highlighted to the pharmacy manager to correct. Other records of responsible pharmacist logs and unlicensed specials were found to be kept and maintained adequately.

The pharmacy's team members had completed information governance training through the company's e-Learning platform. They said that this training was repeated annually. A statement that the pharmacy complied with the Data Protection Act and NHS Code of Confidentiality was found in the practice leaflet. Confidential waste was segregated by team members who said that this was regularly collected and destroyed. The pharmacy's team members had their own NHS Smartcards which they used to access electronic prescriptions.

Team members had completed training on protecting vulnerable adults and children. This training had been provided on the e-Learning platform and was repeated annually. Team members said that they would escalate their concerns to a pharmacist. Pharmacists said that they would report their concerns to the pharmacy's head office and would seek additional guidance. During the inspection, a pharmacist was observed caring for a person who had collapsed in the retail area and calling an ambulance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough, suitably qualified staff to safely offer its services and efficiently manage its workload. It provides ongoing training to try and keep its team up to date. The pharmacy's team members receive feedback, so they can better perform their roles.

Inspector's evidence

During the inspection, there were three pharmacists, one pre-registration pharmacist, five pharmacy advisors and three medicines counter assistants present. The pharmacy advisors completed appropriate training to work in the dispensary and medicines counter. The staffing level during the inspection appeared adequate to manage the pharmacy's workload. People visiting the pharmacy were generally served efficiently. The pharmacy team prioritised waiting prescriptions to make sure they were completed in a timely manner.

The pharmacy manager said that staff rotas were planned around one month in advance to maintain the pharmacy's staffing level. The manager said that overtime and additional relief staff could be used to cover absences.

The pharmacy manager showed a sample of certificates which indicated that team members completed appropriate qualifications for their role. The pre-registration pharmacist described training days that were organised by the company to prepare for the registration exam.

Team members said that they were updated through monthly newsletters that were produced by the company's head office. They said that they also received training in relation to new over-the-counter medicines, like Viagra Connect.

The company's e-Learning platform provided training on a variety of topics, including: information governance, data protection and safeguarding. Team members said that the completion of this training was mandatory and was monitored to make sure it was completed.

Team members said that the company provided modules every eight weeks. Some of these focussed on over-the-counter medicines and seasonal ailments. Some team members said that they did not always have time to complete these modules.

A pharmacist described the feedback and appraisal process in place. Appraisals took place quarterly and were an opportunity to discuss previous performance and to provide feedback to the manager. The pharmacist said that the pharmacists took opportunities to provide feedback to other staff when needed. There were targets in place for the pharmacy team to achieve. A pharmacist said that there was no undue pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean and ensures that it is suitable to provide healthcare.

Inspector's evidence

The pharmacy was clean and tidy throughout. The layout of the premises meant that confidential information was not visible from the public areas. Workbenches were used for specific tasks which allowed an efficient workflow.

Two consultation rooms were available on the premises and both were suitable for private consultations and counselling. The pharmacy had appropriate security arrangements in place. There was adequate heating and lighting throughout the premises. Running hot and cold water was available in the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services well. Its team members keep its services organised and make sure that these are provided safely. The pharmacy sources its medicines from reputable suppliers and stores them appropriately. Its team members identify higher-risk medicines. They generally provide people with appropriate advice, so their medicines can be used safely.

Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for wheelchairs. Practice leaflets were openly available and advertised the available services at the pharmacy. The pharmacy's team members said that an increasing number of people ordered their prescriptions directly with local GP surgeries. The pharmacy kept records of prescriptions which they ordered from GP surgeries.

Controlled drugs were stored appropriately during the inspection. Expired controlled drugs were separated to prevent them becoming mixed up with other stock. The pharmacy had a regular process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. This process would take place quarterly; records were maintained of this process which displayed the date of checking. The latest record was dated in April 2019. A sample of medications was chosen at random and found to match the recorded running balance.

The team marked the date on opened bottles of liquid medicines to help ensure they were fit for purpose when they were used again. Expired stock and patient-returned medication were disposed of in pharmaceutical waste bins for destruction. These bins were stored securely and away from other medication. A separate bin was available for cytotoxic medicines. The dispensers said that pharmacists would review returned medicines to identify any controlled drugs or cytotoxic medicines.

The dispensers were observed using trays, tubs and baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. Prescriptions were stamped and marked to record which staff member performed clinical and accuracy checks.

When dispensed, prescriptions were accompanied with clinical information notes to inform the pharmacist; this included information about dose changes, interactions or new items. The notes were used to highlight 'look alike' and 'sound alike' (LASA) medicines and were signed by the pharmacist for additional checks. Higher-risk medicines were also identified and highlighted with laminated notes. This was used for methotrexate and warfarin. Relevant blood test results were seen on medication records for people who were supplied warfarin. Laminated notes were also used to highlight controlled drugs and fridge items.

The pharmacy's team members were not fully aware of updated guidance about pregnancy prevention to be given to the at-risk group of people who were supplied sodium valproate. The inspector provided information to the pharmacists about the guidance and the patient information resources available.

The pharmacy carried out deliveries of medicines to people. Its team members said that they would telephone people to arrange deliveries. They said that this provided an opportunity to provide any relevant advice. The team said that delivery drivers recorded the signature of recipients. This allowed an audit trail to be completed. Queries about deliveries would be escalated to the local delivery manager.

The pharmacy had not yet made adjustments to meet the requirements of the Falsified Medicines Directive. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines. The pharmacy's head office was in the process of trialling a solution to meet these requirements. The pharmacy team described the process for receiving and actioning recalls of medicines. The pharmacy had appropriately actioned a recent recall for losartan.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable equipment and facilities for offering its services. Its team members make sure that its equipment is fit for purpose.

Inspector's evidence

The pharmacy's equipment appeared safe and fit for purpose. The team members escalated maintenance issues to the head office. Equipment was regularly PAT tested; stickers were affixed to electronic equipment displaying the next date of testing. The sinks provided hot and cold running water and crown-marked measuring cylinders were available. Triangles were available for counting tablets, with separate triangles for cytotoxic medications.

Computers and labelling printers were used in the pharmacy. Computer screens were positioned so they were not visible to people using the pharmacy. Computers were password protected to prevent unauthorised access to confidential information. Other patient-identifiable information was kept securely away from the visibility of the public. Up-to-date reference sources were available in paper and online formats.

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.