

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 10 - 11 Market Place, FROME, Somerset,  
BA11 1AB

**Pharmacy reference:** 1036318

**Type of pharmacy:** Community

**Date of inspection:** 29/01/2020

## Pharmacy context

This is a community pharmacy located on the high street in the town of Frome in Somerset. It serves its local population which is mostly elderly. The pharmacy opens seven days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, offers flu vaccination services and supplies medicines in multi-compartment medicine devices for people to use living in their own homes.

## 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>	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
<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 has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. But errors could be recorded and analysed more consistently so that learning opportunities are not missed. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. A separate near miss log was held for incidents that occurred when dispensing multi-compartment compliance packs. Examples of near miss error logs were seen from previous months displayed in the dispensary. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine were highlighted on the dispensary shelving and separated accordingly.

Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Every month, a Patient Safety Review was carried out by the pharmacist and trends are looked for as well as changes that need to occur to reduce the incidence of errors occurring. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. The pharmacy assistant manager indicated that previous patient safety reviews, such as the one completed in December 2019, had been brief due to a scarcity of near miss recording. The pharmacy team reported that this was because the pharmacy had lacked a consistency in pharmacist provision over the last few months.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback on an annual basis using Community Pharmacy Patient Questionnaires (CPPQs).

A certificate of public liability and indemnity insurance was held electronically on the company's intranet and was valid and in date. Records of controlled drugs (CD) and patient returned controlled drugs were seen to be retained. The address that a CD was received from was often omitted from the records. A sample of a random CD was checked for record accuracy and was found to be correct. Controlled drug balances were checked weekly.

The responsible pharmacist record was seen as being retained and the responsible pharmacist notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the 2 to 8 degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. Short dated stock was marked for with stickers. The private prescription records were retained and were seen to be in order. The emergency supply records often omitted the reasons for supply when the supply was made at the request of a patient. The specials records were retained but some entries omitted the patient's and prescriber's name and address.

Confidential waste was collected in confidential waste bins and this was removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team were required to complete an e-learning programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff were required to complete. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Staff could not readily locate local contact details to raise safeguarding concerns or ask for advice about them. The pharmacy team agreed to address this. The pharmacy team gave an example of having referred a patient to the GP because they had become confused whilst using a multi-compartment compliance pack.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There was one pharmacist, two dispensing assistants and one medicines counter assistant present during the inspection. The staff were observed to be working well together and providing support to one another when required. There were sufficient staff to provide the services offered during the inspection.

Staff performance was monitored and reviewed formally annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff reported that they completed training online and had regular updates to their knowledge and understanding of products and services. Staff reported that they generally received time to complete their required training. The pharmacy team reported that a new patient medical record system known as 'Columbus' had just been implemented and so staff were being trained on this. A dispensing assistant reported that she regularly read third party materials, such as pharmacy magazines, to help keep her knowledge up to date.

A dispensing assistant reported that the pharmacy team would hold patient safety meetings monthly and advise staff on the learning from the patient safety reviews. Professional standards documents were released by head office regularly and were read by staff.

Staff explained that they felt comfortable to raise any concerns they had with the pharmacy manager or their area manager. Staff were aware of the whistleblowing procedure on questioning. There were targets in place but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy was equipped with modern fixtures and fittings and was clean, tidy was presented in a professional manner. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. There was water damage to some ceiling tiles in the dispensary due to a previous leak.

Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The pharmacy had a consultation room which was kept locked when not in use. The consultation room had a glass door which was equipped with a curtain to maintain people's privacy when the room was in use. The pharmacy team explained that they talked quietly in this room to reduce the risk of people overhearing conversations. Patient confidential information was stored securely.

The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

### Inspector's evidence

Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. Services were displayed on leaflets and posters around the pharmacy. A hearing loop was available for patients with hearing difficulties. Large label printing was available for patients with sight difficulties.

The pharmacy team dispensed multi-compartment compliance packs for 88 patients in their own homes. These were dispensed in a room located on a floor above the main dispensary reduce distractions to staff. Audit trails were kept to show where each compliance pack was in the dispensing process. One multi-compartment compliance pack was examined and an audit trail to demonstrate who dispensed and checked the compliance pack was complete. Descriptions were routinely provided for the medicines contained within the compliance pack. Staff reported that patient information leaflets were supplied on a regular basis.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. There was also a poster in the dispensary detailing these changes. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they are aware of these and query if they were taking effective contraception.

Pharmacist information forms (PIFs) were used to highlight services that staff had identified may be beneficial to patients. A text message was sent to patients to advise them when their medication was ready for collection. The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via Alliance specials. Invoices from these wholesalers were seen.

Destruction kits for the destruction of controlled drugs were available. Doop bins were available and being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was not available for use at the time of the inspection. Estradiol 10mcg pessaries and Lucette tablets were found in the regular doop bin and the pharmacy team removed these during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were appropriately marked. The pharmacy team were made aware of the

European Falsified Medicines Directive (FMD). Boots head office was currently in the process rolling out the scanning hardware and software out to the pharmacy.

The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically through the company's intranet and the pharmacist explained that these were actioned appropriately. Records were kept to demonstrate this.



## Principle 5 - Equipment and facilities Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect people's privacy.




### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up to date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources. There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Dooop bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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

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