

Registered pharmacy inspection report

Pharmacy Name: Boots, 64-65 High Street, TAUNTON, Somerset, TA1 3PT

Pharmacy reference: 1036354

Type of pharmacy: Community

Date of inspection: 19/11/2019

Pharmacy context

The pharmacy is located in the town centre of Taunton. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS), a minor ailments scheme and the supply of emergency hormonal contraception. It also runs a travel clinic and offers vaccinations against flu, chickenpox and meningitis B. The pharmacy supplies medicines in multi compartment devices for people to use in their own homes. It also supplies medicines to the residents of care homes. It delivers medicines to people's homes.

Overall inspection outcome

✓ Standards met

Required Action: None

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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	4.1	Good practice	The pharmacy offers a wide range of services and the pharmacy team deliver these in an organised and safe way.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages its risks appropriately. It reviews its practices to make them safer and more effective. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback provided. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the law. And it keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had good processes in place to monitor and reduce risks. In addition to the main dispensary, there were two further dispensaries upstairs, dedicated for the preparation of multi-compartment compliance aids and medicines for the residents of care homes. Near misses were routinely recorded on a paper log and contained details of the error. Each dispensary had its own near miss log in place. Dispensing incidents were recorded on the pharmacy incident and error reporting system (PIERs). When errors were identified, they were discussed as a team to identify the potential contributing factors. Shelf-edge alerts had been placed at the locations of selected drugs, including amitriptyline and amlodipine, as part of the company's 'look-alike, sound-alike' (LASA) campaign. Laminated signs were displayed on computer terminals listing the fourteen drugs highlighted as high risk by the superintendent's office. All staff were briefed to say the name of LASA drugs out loud when picking to try and reduce errors. The pharmacy had recently added LASA alerts to the locations of rosuvastatin and rivaroxaban following company-wide incidents. The team used the 'Pharmacist Information Forms' (PIFs) that were attached to all prescriptions to alert the pharmacist to these drugs and the strength dispensed, along with any other clinically relevant information.

Monthly patient safety reports were completed by team members in each dispensary and contained a review of all near misses and dispensing incidents and led to the generation of action plans to reduce errors. The action plans generated through the patient safety report were shared with all team members through individual briefings. Learnings were shared between staff working in each dispensary. The most recent action plans had included actions to support the development of a new staff member, to take extra care when dispensing multi-compartment compliance aids to prevent 'jumpers' and to use the accuracy checking tool provided by the company. The pharmacy team received and reviewed the monthly professional standard document supplied by the company's head office.

Standard operating procedures (SOPs) were in place to cover all activities carried out in the pharmacy. They were up to date and were regularly reviewed. They had been adopted by the regular responsible pharmacist (RP). Team members had signed the SOPs to show that they had read and understood them. Roles and responsibilities of the pharmacy team members were detailed in the RP SOPs. A pharmacy advisor could describe the activities that could not be undertaken in the absence of the RP.

The RP described how, before implementing a new service, he would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. He would review staffing levels to ensure provision of the service could be maintained and would check that he and his staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey, and by handing customers cards inviting them to complete an online survey. 78.9% of respondents to the most recent CPPQ survey had rated the pharmacy as very good or excellent. A complaints procedure was available in the practice leaflet which was displayed in the retail area. Following feedback that prescriptions were not always ready for people when they were due, the pharmacy team had reviewed the dispensing process. He said that the team members now prioritised prescriptions ordered through the managed repeat service. And that prescriptions were prepared at least one day in advance. The pharmacy had recently introduced an express lane for people who had received a text message to alert them that their prescription was ready for collection. The RP felt that this had improved waiting times and had gone some way to reduce queues.

Professional indemnity and public liability insurances were provided by the XL Insurance Company SE with an expiry of 31 July 2020.

RP records were maintained in a log and the correct RP certificate was displayed. Records of emergency supplies and private prescriptions were held on the PMR system and were in order. Records of the supply of unlicensed specials medicines were not seen. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly. A random stock balance check of Oxeltra 5mg tablets was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 e-Learning provided by the company. Local contacts for the escalation of concerns were displayed on the wall of the dispensary. Staff were aware of the signs requiring referral to other agencies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, there were two additional pharmacists, an accredited checking pharmacy technician (ACPT), and 13 pharmacy advisors spread over the three dispensaries and medicines counter. The team had a good rapport and usually felt they could manage the workload with no undue stress and pressure. But they did report that recently the pressure had increased due to team members leaving. The manager was currently recruiting to fill the vacancies. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from other local stores.

The pharmacy team reported that they were allocated protected time to learn during working hours, although lots of team members said that they preferred to complete their learning at home. Resources accessed included 'CPD tutor' booklets supplied by the company, e-Learning and CPPE packages and revised SOPs. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

Team members felt able to raise concerns and give feedback to the store manager and the regular pharmacists, all of whom they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that he found the targets set challenging but manageable. He was able to use his professional judgement to make decisions. He would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was in the town centre of Taunton. There was a large retail area spanning two floors which stocked a large range of health and beauty products. The healthcare counter and main dispensary were on the ground floor. The second and third dispensaries were located on the second floor. One was dedicated for the preparation of multi compartment devices supplied to people living in their own homes and the second for the supply of medicines to residents of care homes. These dispensaries were closed to the public. There was also a room reserved for accuracy checking prescriptions prepared in these dispensaries. Also, on the second floor were a large stock room, several offices and staff facilities.

A consultation room was available on the shop floor. It was locked when not in use. Its position meant that conversations could not be overheard from outside. There was also a second room which could be used as a consultation room if needed but was only used for conversations rather than provide additional services as it did not have a sink or a computer. It was currently being used to store excess seasonal retail stock.

The main dispensary was of an adequate size and was tidy and well organised. Stock was stored neatly on shelves and in pull out drawers. The second and third dispensaries were well-equipped and well maintained, as were the other areas of the store including the staff room, stock room and the offices.

Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The benches were clear of clutter. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy supplies medicines in multi-compartment compliance aids to a large number of people in a safe, efficient and organised way. It has a dedicated team which safely provides medicines to the residents of care homes. The pharmacy offers a wide range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and an automatic door. The consultation room was available to the side of the dispensary. It was wheelchair accessible. There was a second room on the far side of the shop which could be used as an additional consultation room if needed. But it was currently being used to store excess retail stock. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. Team members spoke a range of languages including Portuguese and Italian. A team member had recently been able to assist a person from Brazil in accessing appropriate care by speaking to him in his own language. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy and the RP was accredited to provide all of the promoted services. The RP described how if a patient requested a service not offered by the pharmacy, he would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Coloured laminates were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with laminates. The RP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Laminates were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the patient medication record (PMR). Substance misuse services were provided for approximately 25 people. The RP described how he would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including a travel clinic, flu vaccinations and the supply of emergency hormonal contraception. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declaration of

competence for all pharmacists administering flu vaccinations were seen. The pharmacy ensured the smooth running of the services by offering an online booking service. They blocked out times when they anticipated being very busy, or when they knew that there may not be an accredited pharmacist available. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy did not have stickers, information booklets and cards to highlight the risks of pregnancy to women receiving prescriptions for valproate. The RP looked into ordering some during the inspection.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 470 people based in the community. As described in principle one, there was a separate dispensary used to prepare these packs which allowed the team to fully concentrate on their work. The workload was well organised and planned. The pharmacy was currently operating at capacity and was not accepting new requests for compliance aids. The pharmacy had a proforma to decide if a compliance aid was the most appropriate solution for a person requesting it. The pharmacy could offer reminder charts or medication administration records as an alternative. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process. Once compliance aids were completed, they were transferred to a separate room for accuracy checking. The ACPT said that being in a room on her own to check allowed her to concentrate fully on her work and helped to reduce the risk of errors being missed.

The pharmacy also supplied medicines to the residents of around 100 care homes. The pharmacy supplied medicines administration record (MAR) sheets for each resident. Care homes had been given a folder containing all available patient information leaflets (PILs). And the pharmacy supplied monthly updates of any PILs that had changed. The majority of the care homes were supplied with patient packs. Two care homes received medicines in multi-compartment compliance aids. The care home partner employed by the pharmacy regularly visited care homes that had over 20 residents to give advice, support and training. A dedicated care services pharmacist also carried out advice visits regularly and provided additional support as needed.

In each dispensary, the shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and a rolling 12-week cycle meant that each item of stock was checked at least every three months. Spot checks revealed no date expired stock or mixed batches. There were several boxes of dispensed medication which had been uncollected and returned to the shelves. These did not always bear the batch number or expiry date. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from Alliance Specials. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering

device on each medicine was intact during the dispensing process. But they were not verifying nor decommissioning stock at the time of the inspection. The company was in the process of rolling out a new PMR system which had the capability to be FMD compliant. The pharmacy's SOPs were being updated by the support office to reflect the changes FMD would bring to the pharmacy's processes.

CDs were stored in accordance with legal requirements in approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridges were clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable , and this was found to be adequate.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers and telephones are used in a way that protects people's private information.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridges, was in good working order and PAT test stickers were visible. The dispensary sinks were clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with opaque fronts with no details visible to people waiting.

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.