

Registered pharmacy inspection report

Pharmacy Name: Boots, Upper Holway Road, TAUNTON, Somerset,
TA1 2QA

Pharmacy reference: 1036366

Type of pharmacy: Community

Date of inspection: 28/11/2019

Pharmacy context

The pharmacy is located next to a GP practice in Taunton. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. 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), flu vaccinations, a minor ailments service and the supply of emergency hormonal contraception. It also offers services for substance misusers and supplies medicines in multi-compartment compliance aids to people 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
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 regularly reviews its practices to make them safer and more effective. The pharmacy team identifies and manages risks in the pharmacy appropriately. Team members record their errors and learn from them to stop them happening again. They are clear about their roles and responsibilities and 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. Team members know how to protect the safety of vulnerable people and act quickly to do so when needed.

Inspector's evidence

The pharmacy had good processes in place to monitor and reduce risks. Near misses were routinely recorded on a paper log and contained details of the error. Some entries contained a reflection on the cause and the learning points. 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 which 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. The most recent action plan had focussed on ensuring that all team members were fully aware of the processes involved in using the off-site dispensing process, DSP, which the pharmacy had started sending a small number of prescriptions to several months ago. 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 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 manager described how, before implementing a new service, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her 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. 98% 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. As described above, the pharmacy had recently started sending prescriptions to the off-site dispensing facility to improve efficiency and reduce waiting times.

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. The RP had signed out pre-emptively. The incorrect RP certificate was displayed at the start of the inspection. This was quickly rectified when pointed out by the inspector. 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 retained. But the certificates of conformity did not always contain the details of what had been supplied and when. Controlled drug (CD) registers were maintained as required by law. But not all entries of the receipt of CDs contained the address of the supplier. Balance checks were completed weekly. A random stock balance check of Oxynorm 5mg capsules 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, who are well trained. Team members keep their skills and knowledge up to date by completing regular learning. Team members feel able to suggest and make changes to improve their services. And 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 was an additional pharmacist and five pharmacy advisors, one of whom was the store manager. Two pharmacy advisors were in the process of completing a pharmacy technician training course. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. The previous pharmacist and manager had both left the previous week. The team had coped well with the change and were working hard to keep up to date with dispensing. 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. Resources accessed included the 30-minute tutors 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 RP, both 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 she found the targets set challenging but manageable. She was able to use her professional judgement to make decisions. She 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 located in next to GP practice in Taunton. There was a spacious, well-presented retail area which led to a healthcare counter and a large, open dispensary. To the rear of the pharmacy was a separate space that was dedicated to the preparation of multi-compartment compliance aids. There was also a small space used to store excess stock and online orders, and a staff room.

The dispensary was well organised and there was plenty of bench space. Stock was stored neatly on pull-out shelves. The fixtures and fittings were well maintained. The waiting area had two chairs, and there was plenty of space for additional people to wait.

The pharmacy had a consultation room that was clearly advertised. It was of an adequate size and was soundproofed to allow conversations to take place in private. It was locked when not in use.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage 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. It generally makes a record of this additional advice to demonstrate that it has been given. The pharmacy offers a range of additional services and the pharmacy team deliver 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 delivers medicines to people safely and keeps appropriate records of this. 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 accessed from the retail area. It was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. 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, she 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. Records of signposting referrals and notable consultations were kept on an anonymised PMR.

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 pharmacy had also created laminates to highlight common LASA drugs. The RP described that she 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 5 people. The RP described how she 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 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 for most services. 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 had stickers, information booklets and cards to highlight the risks of pregnancy to women receiving prescriptions for valproate.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 40 people based in the community. The pharmacy had a proforma to decide if a compliance aid was the most appropriate solution for a person requesting it. 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. Two compliance aids had been prepared in advance by the manager who had left the previous week. They were unlabelled. The pharmacy advisor who was currently preparing packs said that she did not feel comfortable to finish someone else's work and would prepare them from scratch.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every 3 months. A spot check did reveal a medicine that had passed its expiry date. No other date expired stock or mixed batches were found. Prescriptions containing owings 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 updated PMR system, due to be installed in three months' time, had the capability to be FMD compliant. The pharmacy's SOPs were being updated to reflect the changes FMD would bring to the pharmacy's processes.

CDs were stored in accordance with legal requirements in two 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. The pharmacy did not have a hazardous waste bin to safely dispose of cytotoxic and cytostatic medicines.

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 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. Some were dirty and required cleaning. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible.

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 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.