

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 11-13 Cornhill, BURY ST. EDMUNDS, Suffolk,  
IP33 1BX

**Pharmacy reference:** 1037132

**Type of pharmacy:** Community

**Date of inspection:** 10/06/2019

## Pharmacy context

The pharmacy is in the centre of the market town of Bury St Edmunds in Suffolk and serves a wide cross-section of the community. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy provides supervised administration and instalment supplies for substance misuse treatment. The pharmacy assembles medication in multi-compartment compliance packs for people who need help managing their medicines who live at home and for some people living in residential homes. It has a popular delivery service. It offers a range of sexual health services including contraception under the C-Card scheme, chlamydia treatment and emergency hormonal contraception. And it administers flu vaccinations and other vaccinations including travel, chicken pox and meningitis b patient group directions.

## 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	1.2	Good practice	The pharmacy makes regular checks to confirm that the team is following its procedures correctly. It regularly reviews its mistakes and can show how the team has learnt and improved from these events.
<b>2. Staff</b>	Good practice	2.2	Good practice	Pharmacy team members receive good support to keep their knowledge and skills up to date.
		2.5	Good practice	The pharmacy team members proactively share ideas and identify any concerns to improve how the pharmacy runs.
<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 safe and effective working practices. It manages risk well by doing regular reviews and it keeps people's private information safe. It regularly asks people for their views. It keeps the records required by law to ensure that medicines are supplied safely and legally.

### Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed weekly as part of the patient safety review to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The most recent trend included different forms of medicines and there had been a focus on addressing this. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to reduce future risk.

A team member said that people were complimentary about seeing the same team members consistently and that they didn't have to wait too long for medicines. People were encouraged to take part in satisfaction surveys. The complaints procedure was published in the practice leaflet.

The pharmacy had current professional indemnity insurance in place and this was organised centrally.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were correctly completed. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents, and other pharmacy services. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. These included: the electronic private prescription register (for private prescriptions and emergency supplies), records for the supplies of unlicensed medicines, patient group direction (PGD) documents and the RP record. The CD registers were appropriately maintained. CD balance checks were done each week. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. Team members had all completed training on the General Data Protection Regulation.

The pharmacy had safeguarding procedures in place and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details for the local safeguarding team.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and get regular appraisals to identify any opportunities for development or learning.

### Inspector's evidence

There were two regular full-time store-based pharmacists with additional relief pharmacist cover on four days a week when required. There were three full-time Accuracy Checking Technicians and two full-time trainees as well as eight full-time and five part-time dispensers. There were two trainee pharmacy advisors (one part-time and one full-time).

Dispensary team members were all counter trained to provide a skill-mix in the pharmacy. Despite the high volume of dispensing, the pharmacy was well organised and up to date with prescriptions and routine tasks.

Team members undertook regular, ongoing learning using the '30-minute tutors' and an e-learning platform to keep their knowledge and skills up to date. They used the 'Pharmacy Unscripted' online tool to access operating procedures, reference tools, training and feedback. There was protected training time in the pharmacy and opportunities for additional self-directed learning. The pharmacists and technicians were aware of the requirements for annual professional revalidation.

There were annual appraisals with quarterly reviews for all team members which looked at areas where they were performing well and areas for improvement or opportunities to develop. This included a clinically based review.

Team members were encouraged to make suggestions and changes to improve systems and efficiency. Following feedback about prescriptions being delayed when collecting from a surgery, the team introduced a system to proactively chase the prescription before the people presented to collect them. They were actively consulted where a potential risk was identified. They had also introduced a local process to proactively download prescriptions for people in the residential care homes.

Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement. They were used to drive positive care for people.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. There is a dedicated suite of rooms to assemble multi-compartment compliance packs.

### Inspector's evidence

The pharmacy had tiled floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy team used three front facing work stations and a rear dispensary for larger prescriptions.

There was a suite of rooms in the upper floor of the building for the assembly of compliance packs. There were good levels of lighting throughout and the pharmacy used air-conditioning to keep medicines at the right temperature. There was a clean, bright and well-maintained consultation room with handwashing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The room was kept locked when not in use. The pharmacy premises were kept secure.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy gets its medicines from reputable suppliers and stores them properly. It makes sure that compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And they take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use.

### Inspector's evidence

The pharmacy was accessed via several different entrances including an automatic double door at street level. There were wide aisles and a lowered counter to assist wheelchair users. There was a portable hearing loop to assist people with hearing aids and large print labels were generated on request for people with sight impairment. The pharmacy team members had trained as Dementia Friends.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. The pharmacy team was aware of the Falsified Medicines Directive and the company were delivering a programme to ensure the pharmacy achieved compliance.

The pharmacy reviewed people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. Results were recorded on the PMR where appropriate. There were coloured laminated cards which reminded the team about the questions to ask. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy staff had conducted an audit of all the people they supplied with valproate containing medication. The pharmacy had the published support materials to issue to people to help them take their medicines safely.

The pharmacist used a regularly updated online tool to identify appropriate vaccinations and malaria prophylaxis for each person who used the travel health service.

The pharmacy kept medicines requiring cold storage in three pharmaceutical fridges. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy used a label on each CD prescription to help ensure that medicines were not issued after the prescription had expired.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. These were disposable, tamper-evident packs which had descriptions of the medication added to the labelling. The packs were routinely supplied with patient information leaflets. Team members described the process they followed to ensure that any mid-cycle changes to the packs were rechecked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and allow effective team communication. The GP requested when patients should receive their medication in multi-

compartment compliance packs.

The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a record book with an audit trail to show the medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needle-stick injury avoidance. Patient-returned medicines were clearly segregated into designated bins and disposed of appropriately. Drug alerts were received electronically and printed out in the pharmacy. The sheets were endorsed with any actions taken and maintained in a file in the pharmacy.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for its services and makes sure that it is looked after properly. It uses its equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate.

The pharmacy had several heat-sealers for compliance packs and these were maintained under a service contract.

There was a range of infection control materials such as gloves, alcohol gel and surface wipes. Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested.

There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using blue bags for secure disposal offsite.

### 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.