

Registered pharmacy inspection report

Pharmacy Name: Boots, 22A Bertie Road, KENILWORTH,
Warwickshire, CV8 1JP

Pharmacy reference: 1037760

Type of pharmacy: Community

Date of inspection: 16/01/2020

Pharmacy context

This is a community pharmacy located next door to a GP surgery in Kenilworth, Warwickshire. The pharmacy dispenses NHS and private prescriptions. It sells a few over-the-counter medicines and delivers medicines. It also offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations.

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

Overall, the pharmacy manages risks suitably. The team understands how to protect the welfare of vulnerable people. The pharmacy protects people's private information appropriately. It largely maintains its records in accordance with the law. And, members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. But they don't always record enough detail, which could make it harder for them to spot patterns and help prevent the same things happening again. And they may not have enough information available if problems or queries arise in the future.

Inspector's evidence

A steady stream of people used the pharmacy's services during the inspection, and this was managed appropriately. The pharmacy was small but organised and its workspaces were kept clear of clutter. Team members explained that, due to the size of the premises, one member of staff served people one at a time whilst other members of the team concentrated on completing other routine tasks. Doing so also helped to minimise the risk of hand-out errors and better protected people's confidentiality. This meant that queues built but people using the pharmacy's services appeared content with this situation. The responsible pharmacist (RP) checked prescriptions for accuracy from a designated area. Staff described prioritising people waiting for prescriptions; they provided appropriate waiting times and used laminated cards to help highlight relevant information, such as higher-risk medicines. They also scanned prescriptions into the system and processed one prescription at a time. The company's pharmacist information forms (PIFs) were routinely attached to prescriptions. This helped identify relevant information during the clinical and accuracy-check as well as when handing out prescriptions.

Staff routinely recorded their near misses which were then collectively reviewed every month. The company's Patient Safety Review was used to assist with this process. The team had noticed trends with prescriptions being misfiled; this had been highlighted and was being monitored. Staff also described mistakes with quantities and to help rectify this, they wrote the quantity of the medicine onto the packaging and circled this. This helped inform the RP that staff had physically checked the amount of the medicine being dispensed. However, staff had consistently left the comments section in the near miss log blank. Adding additional information may have helped them to identify the cause of their mistakes and improve their ability to learn from these events. Incidents were handled in line with the company's standard operating procedure (SOP), details were reported on the company's internal reporting system and investigated by the manager. They were discussed with the team. The pharmacy's practice leaflet which contained information about the pharmacy's complaints procedure was placed in the retail area during the inspection.

Staff segregated confidential waste and placed this into a designated bin. This waste was then disposed of through the company's procedures. Team members had completed the company's information governance e-Learning training. Dispensed prescriptions were stored in a way that prevented sensitive details being seen. There were some leaflets on display to inform people about how their private information was protected. Staff knew the process to take if people showed signs of a safeguarding concern. In the event of a concern, they informed the RP. Team members were up-to-date with the company's e-Learning modules on this and were also trained as dementia friends. The procedures to follow with contact details for the local safeguarding agencies were accessible and the RP was trained

to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy's chaperone policy was also on display.

The pharmacy held a range of documented SOPs to cover the services provided. They were dated from 2018 to 2019. Team members had read the SOPs and signed them, but their roles had not been defined within the SOPs. The matrix under the RP SOPs to identify this had not been completed at the point of inspection. However, staff understood their responsibilities, they knew when to refer to the pharmacist and the activities that were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge on the day.

Records of unlicensed medicines, emergency supplies, and a sample of registers seen for controlled drugs (CDs) were routinely maintained in line with statutory requirements. Balances for CDs were checked and documented every week and on selecting a random selection of CDs, the quantities held corresponded to the running balances stated in the registers. The minimum and maximum temperatures of the fridge were monitored. This helped to ensure that medicines were stored within the correct temperature range. The CD returns register provided a full audit trail of CDs that had been destroyed at the pharmacy and the pharmacy held appropriate professional indemnity insurance arrangements to cover its services. There were overwritten entries seen in the RP record and the pharmacist on the day of the inspection had signed out before her shift finished. There were also issues with some of the pharmacy's records for private prescriptions as incorrect prescriber details and types of prescribers had been recorded in the electronic register. This was discussed with the pharmacist at the time and staff were advised to ensure that they fully complied with the legal requirements going forward.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably trained and skilled for the tasks they undertake. And team members keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

Staff present during the inspection included the regular RP and three trained dispensing assistants, one of whom was the store manager. Team members were trained through accredited routes and wore name badges. Their certificates of qualifications obtained were not seen. Staff asked appropriate questions before they sold medicines over the counter and they referred to the RP when required. The company provided the team with e-Learning modules, newsletters, tutor packs and associated literature to assist with ongoing training needs and staff were up-to-date with the company's mandatory training. The team was routinely kept informed about relevant information verbally as they were a small team and through team meetings. Formal appraisals were held annually or three times a year for some team members to check their progress. The store manager had created a section which helped the team to focus on certain areas during that week. This helped staff to stay up to date with the pharmacy's routine tasks. The pharmacy had completed around 200 Medicines Use Reviews (MURs) at the point of inspection and the RP described completing the maximum number set by the NHS as manageable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are appropriate for delivering healthcare services. The pharmacy is kept clean and it has a separate space available for private conversations and services.

Inspector's evidence

Both the retail space and dispensary were small but there was still adequate bench space for dispensing activity to take place safely. The retail space was professional in appearance and the pharmacy overall was clean. It had been raining and the team kept cleaning equipment (such as mops) close by to assist with keeping this space clean and dry. The pharmacy was suitably lit and appropriately ventilated. Pharmacy (P) medicines were stored within unlocked cabinets in the retail space. They were marked to ask staff for assistance, team members described intervening when people tried to help themselves. A barrier was in use to help prevent unauthorised entry into the dispensary and a sign-posted consultation room was available for services and private conversations. The room was of an adequate size for its intended purpose. The door to the room and the filing cabinet which contained confidential paperwork were both kept locked. Confidential information was therefore inaccessible.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services in a safe manner. It ensures they are easily accessible to people. The pharmacy obtains its medicines from reputable sources and it stores as well as largely manages its medicines appropriately. But team members don't always record any information when people are prescribed higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

The pharmacy's opening hours and a small selection of leaflets were on display. Three seats were available for people waiting for prescriptions and there were paid, on-street car parking spaces available outside. People could enter the pharmacy from the street and there was clear, open space inside the premises. This helped people with wheelchairs to easily use the pharmacy's services. Staff physically assisted people who were visually impaired, provided medicines with braille, labels could be generated with a larger sized font and the pharmacy provided a crib sheet to help convey relevant details on generated labels. The pharmacy held a hearing aid loop and although staff knew how to use this, this was not plugged in. The pharmacy was Healthy Living accredited. Its retail space held a noticeboard where some leaflets were on display about healthier living. Staff described tailoring this to the health needs of the local area by using documented details about the public health profile for Warwickshire. They also held campaigns in line with the national ones and described making some referrals to Macmillan cancer services.

The pharmacy provided a repeat prescription ordering and management system. Staff ordered prescriptions for people on their behalf by checking the medicines that were required for the following month, when they handed out dispensed medicines. Details were ticked on the repeat slips and queried with people, or the prescriber if routine medicines had not been requested. There was also information on display to help people to know when their prescriptions would be ready for collection and a lockable filing cabinet used to store the repeat prescriptions.

The RP described the New Medicine Service (NMS) providing an impact on people who used this service. Due to the pharmacy's location next to the GP practice and being able to discuss details about people's medicines, the pharmacist had identified side effects and referred appropriately. In addition to the SOPs, the pharmacy held service level agreements for the services that it provided, service specifications as guidance for the team and paperwork for the patient group directions (PGDs). The latter had been signed by the RP. People could receive influenza vaccinations from the pharmacy on an appointment basis. The RP had completed the appropriate training to provide the service, this included vaccination techniques and anaphylaxis. There was also suitable equipment to safely provide the service such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. The RP obtained informed consent from people before vaccinating.

The pharmacy also provided a delivery service and it maintained audit trails verifying this. CDs and fridge items were identified. The company's drivers obtained signatures from people when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people of the attempt made and medicines were not left unattended.

During the dispensing process, staff used baskets to hold prescriptions and items, and this helped prevent their inadvertent transfer. A dispensing audit trail from a facility on generated labels as well as a quad stamp on prescriptions assisted in identifying staff involved. Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The team used laminated cards, PIFs and stickers to highlight relevant information such as fridge items, CDs (Schedules 2 to 3) and higher-risk medicines. Schedule 4 CDs were not routinely identified, this was discussed at the time. Uncollected prescriptions were checked every week.

Staff checked relevant information for people prescribed higher-risk medicines, such as asking about the dose, strength and blood test results. This included the International Normalised Ratio (INR) levels for people prescribed warfarin. However, details were not always recorded to verify that this had taken place. Staff were aware of the risks associated with valproates for people who could become pregnant. Prescriptions seen for this medicine were highlighted to ensure counselling took place and educational material could be provided upon supply.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Unlicensed medicines were received from Alliance Specials. Staff had seen an SOP and information about the process involved for the European Falsified Medicines Directive (FMD), but the pharmacy had not yet started to comply with the decommissioning process.

Medicines were stored in an organised manner and they were date-checked for expiry every week. The date-checking schedule was complete to verify this. Staff used stickers to highlight short-dated items. There were no date-expired medicines seen and liquid medicines were marked with the date upon which they had been opened. The keys to the CD cabinets were maintained in a manner that prevented unauthorised access during the day as well as overnight. A CD key log was completed as an audit trail for this. Drug alerts were received through the company system, the team checked for affected stock and acted as necessary. An audit was present to help verify this process.

Medicines returned by people for disposal, were accepted by staff and stored within designated containers. However, there was no list available for the team to identify hazardous and cytotoxic medicines and no designated containers to store these medicines. Sharps brought back for disposal, were accepted provided they were in sealed bins. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their destruction. Relevant details were entered into a CD returns register.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities so that it can provide its services safely. Its equipment is used in a way that helps to protect the privacy of people.

Inspector's evidence

The pharmacy held current versions of reference sources and relevant equipment. There were clean, crown stamped, conical measures available for liquid medicines and counting triangles. The sink in the dispensary used to reconstitute medicines was clean. Antibacterial hand wash and hot and cold running water was available. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Cordless phones helped maintain people's privacy if needed. Staff held their own NHS smart cards to access electronic prescriptions and they took them home overnight. The CD cabinet was secured in line with legal requirements and the medical fridge was operating within the appropriate temperature range.

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.