

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit D1 Maybird Centre, Stratford,
STRATFORD-UPON-AVON, Warwickshire, CV37 0HZ

Pharmacy reference: 1037842

Type of pharmacy: Community

Date of inspection: 19/09/2019

Pharmacy context

This is a community pharmacy located in a retail park in the town of Stratford-upon-Avon. It dispenses prescriptions, sells a range of over-the-counter medicines, supplies emergency hormonal contraception (EHC) and provides seasonal flu vaccinations. It supplies medications in multi-compartment compliance packs to some people who need help in managing their medicines at home. And it provides a prescription delivery service.

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	Good practice	1.2	Good practice	Members of the pharmacy team continually monitor the safety and quality of the pharmacy's services so they can improve and further protect people's safety.
2. Staff	Standards met	2.2	Good practice	The pharmacy supports its team members well to keep their skills and knowledge up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	People can access a wide range of pharmacy services over the extended opening hours.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

The pharmacy has safe and effective working practices. It manages risks appropriately by recording and reviewing any mistakes its staff make. And it keeps people's private information safe. It asks people for their views and uses their feedback to improve services where possible. It keeps the records required by law to ensure that medicines are supplied safely and legally. The pharmacy has safeguarding procedures and its team members understand how they can help protect vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) for the services offered. Members of the pharmacy team had read and signed the SOPs relevant to their roles and responsibilities. A Responsible Pharmacist (RP) notice was prominently displayed. The roles and responsibilities of team members were set out in the SOPs and they were aware of the tasks they could or could not undertake in the absence of the RP.

The pharmacy had systems to review the safety and quality of its services. Near misses were recorded and reviewed to help identify emerging trends, and the results were discussed in the staff meetings. Members of the pharmacy team were clear on the procedure to record and report dispensing errors, and this included submitting reports to the Chief Pharmacist's office. And they were aware of the company's 'Monthly Patient Safety Review' process and they completed review templates each month.

A 'Professional Standards Bulletin' was received from the Chief Pharmacist's Office each month and included guidance about minimising risks in the pharmacy. It also shared learnings from incidents that had happened in other branches. Team meetings were held to update staff, share learning and to encourage feedback about the pharmacy.

The pharmacist explained that since the installation of the new electronic patient record system, Columbus, the team had noticed the overall number of dispensing errors and near misses going down. But a pattern of near misses identified recently involved incorrect quantities being dispensed. As a result, members of the pharmacy team were now circling quantities prescribed on the box, rather the labels to ensure that there is clarity on the dispensing labels and no information is obstructed. Medicines were stored in an organised fashion and team members had included pregabalin and gabapentin in the list of look-alike and sound-alike medicines to help minimise selection errors during the dispensing process.

There was a company complaints procedure which enable people to provide feedback about the quality of services received from the pharmacy. Information about this was included in the pharmacy's practice leaflet. Members of the pharmacy team also handed out patient survey cards which could be completed online.

The pharmacy undertook an annual survey of people who used the pharmacy and the results from the most recent survey were posted on the NHS website. The pharmacy had been rated excellent or very good overall by 94% of respondents. There was some feedback about not having somewhere available where you could speak without being overheard. The pharmacy's consultation room was away from the dispensary and hidden from view, but there was a notice highlighting its availability and the pharmacist said that staff encouraged people to use this facility.

The pharmacy had appropriate indemnity insurance arrangements in place. The RP records were up to date and complete. Records about controlled drugs (CDs) were kept in line with requirements and running balances were checked regularly. A random balance check of a CD undertaken during the inspection showed that the amount of physical stock in the cabinet was the same as the recorded balance in the register. CDs returned by people for disposal were recorded when they were received to maintain an audit trail. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

Members of the pharmacy team had all signed confidentiality agreements and had completed their mandatory annual information governance training. A 'Boots fair data processing' notice was on display and it informed people about the management of their private information by the company. Pharmacy computers were password protected and confidential waste was separated and disposed of safely. Prescriptions awaiting collection were stored securely and patient's personal details were not visible to people visiting the pharmacy. Members of the pharmacy team used their individual smart cards and passwords to access electronic prescriptions.

A safeguarding policy was in place and a list of key contacts for escalating safeguarding concerns were available in the pharmacy. Members of the pharmacy team had completed safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. The pharmacist had completed Level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. Members of the pharmacy team work well together, and they have the right skills and qualifications to provide services safely and effectively. They are well supported to undertake ongoing training to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of a pharmacy technician, a pharmacy advisor and two regular pharmacists who covered most of the opening times between them. Relief pharmacists were used to cover annual leave. The majority of team members had worked for the pharmacy for a number of years.

On the day of the inspection a regular pharmacist and a pharmacy advisor were on duty. Members of the pharmacy team were managing their workload comfortably and worked well together. People visiting the pharmacy were served promptly and prescriptions were being processed in a timely manner.

Performance appraisals were carried out twice a year and included any development needs. Members of the pharmacy team had access to on-going training and other resources to help keep their skills and knowledge up to date. They maintained records of training completed and these were available in the pharmacy. And members of the pharmacy team were getting time set aside in work to complete their training. They had recently completed training on the new pharmacy's new computer system (Columbus).

A whistleblowing policy was in place and it had been signed by all members of the pharmacy team. And they said they could raise concerns with their store manager and area manager. The pharmacist felt able to exercise her professional judgement and didn't think that targets or incentives compromised patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure and suitable for the services it provides. And people can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean, tidy and well-organised. Its dispensary had adequate workbench and storage space for the current workload. The sink in the dispensary for preparation of medicines was clean and it had a supply of hot and cold running water. Antibacterial hand wash and hand sanitiser gel were also available. A consultation room was available and it was suitable for private consultations and counselling. Members of the pharmacy team had access to a staff room and hygiene facilities on the first floor. The premises were lockable and secure against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. And people can access its services across seven days a week. It maintains delivery records to show that it has delivered the right medicines to the right people and ensures people taking higher-risk medicines are given appropriate advice. It obtains its medicines from reputable suppliers and it stores them appropriately. It takes the right action if any medicines and medical devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was open seven days a week and stayed open in the evenings. It had automated doors and its entrance was step free. The aisles leading to the pharmacy were clear of any slip or trip hazards. The pharmacy's opening hours and services offered were advertised in-store. A range of leaflets were on display providing information about various healthcare matters. Members of the pharmacy team routinely participated in the Health Living Campaigns and were currently promoting awareness about antibiotics.

Members of the pharmacy team were aware of signposting requirements and used their local knowledge to signpost people to other providers if a service someone needed was not offered at the pharmacy. A delivery service was offered to people requiring their medicines to be delivered at home and signatures were obtained from recipients to show that medicines had reached the right people. A note was left if nobody was available to receive the delivery and the medicines were returned to the pharmacy. The workflow in the dispensary was organised. Containers were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing notes were used to provide an audit trail when the prescription could not be fully supplied. 'Dispensed by' and 'checked by boxes' were initialled on the dispensing labels to provide an audit trail of which members of staff had been involved in these stages.

The pharmacy had begun offering its winter flu vaccination service in the latter part of September. It had an in-date patient group direction in place and the pharmacists had received appropriate training to deliver the service. The vaccines were stored in accordance with the manufacturer's instructions. Procedures to follow in the event of a needle stick injury, fainting, seizures and anaphylaxis were in place. And the anaphylaxis kit was in-date. Each person requiring the vaccination was required to complete a consent form before being administered the vaccine. And the copy of the consent form was sent to the person's GP where appropriate. The pharmacy's chaperone policy was advertised. The uptake for the pharmacy's EHC service was good. A statement about confidentiality was on display in the consultation room. People wishing to obtain sexually transmitted infection (STI) testing kits were signposted to local sexual health services.

The pharmacy supplied medicines in multi-compartment compliance packs to some people who had difficulties in managing their medicines. A list of key steps to follow when assembling compliance packs was on display to prompt staff to undertake the process safely. Each person using the service had their medicines listed on a summary sheet. Any changes to people's medication was recorded and the records showed clearly what changes were made and by whom. The pharmacy had a system for tracking the ordering of prescriptions, the assembly and supply of medicines in the packs. Members of the pharmacy team used a communication diary to convey any relevant information relating to the service to team members who may not be working on the day.

The multi-compartment compliance packs were assembled in a separate area. And the service was well managed and well organised. A pack checked during the inspection included descriptions of medicines contained within it. The dispensing labels were initialled at the dispensing and checking stages to show which member of staff had completed these tasks. Patient information leaflets (PILs) were routinely supplied. The pharmacist said she was aware of the recent introduction of the Boots 'Medicines Support Questionnaire' to conduct a needs assessment before starting people on the compliance packs. But the pharmacy had not had any requests for compliance packs since the introduction of the questionnaire.

Clear bags were used for assembled CDs and refrigerated medicines to allow an additional check at hand out. Pharmacist information forms (PIF) were used and attached to the prescriptions to alert the pharmacist of any dose changes or new medicines. Laminated cards were used to highlight higher-risk medicines such as anticoagulants, methotrexate, CDs and children's medicines so that people could be provided with appropriate advice when these were handed out. And the pharmacy recorded evidence of therapeutic monitoring such as INR levels on the person's medication records. Prescriptions for CDs were marked with the date the 28-day validity limit would be reached to ensure supplies were made lawfully. Members of the pharmacy team were aware of the valproate Pregnancy Prevention Programme and knew which patient groups needed to be provided with advice about the medicine's contraindications and precautions. Patient information leaflets and guides were available in the pharmacy.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were stored in an orderly fashion and pharmacy-only (P) medicines were stored out of reach of the public. At the time of the inspection, the pharmacy was not fully compliant with the Falsified Medicines Directive (FMD). Members of the pharmacy team had some knowledge about the directive but were awaiting further guidance from their head office.

Expiry date checks on stock medicines were carried out every three months, and a record maintained. Short-dated stock was highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Medicines requiring refrigeration were stored between 2 and 8 degrees Celsius. Fridge temperatures were checked and recorded each day. All CDs were stored appropriately. Designated bins were available to store waste medicines. And denaturing kits were available to denature waste CDs safely. The pharmacy had a process in place to deal with safety alerts and drug recalls. Records of these and the actions taken by members of the pharmacy team were recorded and kept in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. A consultation room was available for private conversations and counselling. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls. Equipment for counting loose tablets and capsules was clean. And a range of clean crown-stamped glass measures were available at the pharmacy. All electrical equipment appeared to be in good working order.

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.