

Registered pharmacy inspection report

Pharmacy Name: Boots, 631 - 633 Kingstanding Road, BIRMINGHAM,
West Midlands, B44 9SU

Pharmacy reference: 1038044

Type of pharmacy: Community

Date of inspection: 04/07/2019

Pharmacy context

This is a community pharmacy situated in a small parade of shops in a Birmingham suburb. The pharmacy mainly dispenses NHS prescriptions. It supplies medicines in weekly multi-compartment compliance aids for people to use in their own homes and delivers medication to people who are housebound. The pharmacy provides several other NHS services including Medicines Use Reviews (MURs), the New Medicine Service (NMS) and emergency hormonal contraception (EHC). Substance misuse treatment services and a needle exchange service are also available.

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	2.2	Good practice	Pharmacy team members are appropriately trained and they are effectively supported in their ongoing learning and development.
		2.5	Good practice	Pharmacy team members work in an open environment and they can provide feedback and raise concerns about the standard of pharmacy services.
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 effectively identifies and manages risks. It protects people's private information and explains how it uses and processes personal data. And it keeps the records it needs to by law. Pharmacy team members are clear about their roles and responsibilities. They follow written procedures to make sure that they work safely. And they record and review their mistakes so that they can learn and make improvements.

Inspector's evidence

A set of standard operating procedures (SOPs) were in place to cover operational tasks and services in the pharmacy. The procedures were regularly updated, and signature sheets were used to confirm staff acknowledgment and understanding. Team members completed regular assessments to test their understanding of procedures and observations were carried out to ensure procedures were appropriately implemented. Records of this were kept within the SOPs folder.

Pharmacy team members recorded near misses. Checks had been implemented in recent months to ensure that all entries were being recorded. Records were then reviewed at the end of each month to identify any trends, which were discussed as a team. Team members provided examples of where medicines with varying pack sizes had been highlighted, as had common 'look alike, sound alike' medicines, using edge of shelf labels. Medications including quetiapine had also been segregated to reduce the risk of picking errors. The details of dispensing incidents were captured electronically. Incidents were investigated by the pharmacy manager, or a stated deputy, with support provided from the superintendent pharmacist office as required.

Pharmacy team members wore uniforms and name badges which stated their roles. Their responsibilities were defined in the SOPs and a pharmacy advisor was able to discuss the activities which could and could not take place in the absence of a responsible pharmacist (RP).

A complaint procedure was advertised in a practice leaflet. A pharmacy advisor discussed how she had assisted a patient with a concern regarding a repeat prescription and said where a concern could not be resolved, it was referred to the pharmacist. The pharmacy sought additional feedback through survey cards and participation in an annual Community Pharmacy Patient Questionnaire (CPPQ).

Professional indemnity insurance was in place. The correct RP notice was conspicuously displayed near to the medicine counter and the RP log complied with requirements. Controlled drugs (CD) registers were appropriately maintained and frequent balance checks were carried out. Patient returned CDs were recorded and destructions were signed and witnessed. A sample of specials procurement records provided an audit trail from source to supply and emergency supply records were also in order. A sample of some private prescription records did not accurately record the details of the prescriber. This may mean that the team is not always able to show what has happened in the event of a query.

Pharmacy team members completed regular information governance training and compliance was

tracked by the manager. A pre-registration student discussed other ways in which confidentiality would be protected within the pharmacy. Completed prescriptions were stored out of public view and confidential waste was segregated and removed for appropriate disposal. A fair data processing notice was also clearly displayed. Appropriate use of NHS smartcards was observed.

Pharmacy team members completed safeguarding training and the pharmacist had completed additional training through the Centre for Pharmacy Postgraduate Education (CPPE). A pharmacy advisor discussed some of the types of concerns which she might identify, and concerns were referred to the pharmacist. The contact details of local agencies were available to enable escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its current dispensing workload. Team members are appropriately trained, and structured training modules and protected learning time supports their ongoing development. They receive feedback on their performance to help them improve. And they work in an open environment where they can raise concerns and provide feedback.

Inspector's evidence

On the day of the inspection, the regular pharmacist was present alongside a pre-registration pharmacist, a pharmacy advisor and two healthcare advisors (HCA). Three additional pharmacy advisors were not present. Leave within the pharmacy was planned in advance and restricted to help ensure adequate staffing levels were maintained. An electronic rota planning system had recently been implemented and shifts which required cover were advertised to pharmacy team members. As most team members worked part-time, they were usually able to provide additional support, if needed. The team appeared to manage the workload adequately during the visit and all dispensing activities were being completed to time.

Sales within the pharmacy were discussed with a pharmacy advisor who outlined some of the questions that she would ask to ensure that sales of medicines were safe and appropriate. The pharmacy advisor highlighted additional counselling that would be provided and said that concerns were referred to the pharmacist.

Pharmacy team members were appropriately trained or were enrolled on appropriate training and worked under supervision. Ongoing training was completed using an e-Learning system, which covered various mandatory topics and also healthcare-based training modules. Protected learning time was provided for training and compliance was tracked by the pharmacy manager. Supplementary tutor modules were also made available to team members. The module usually covered over-the-counter treatments and conditions and were completed at the discretion of team members. The team were also made aware of any additional updates through a monthly bulletin, which informed them of any legal updates or changes to company policies. A case study was also reviewed by the team, to help identify any improvements that could be made to their day to day practice. The pre-registration pharmacist had completed a planned year of training which included ongoing work and attendance at regular study days. The pre-registration pharmacist had been provided with protected learning time throughout the year and had regular reviews with the pharmacy manager, who was the designated pre-registration tutor.

Development reviews were carried out regularly and were used to identify areas of further learning and to set future development goals. Team members including the pre-registration pharmacist were also involved in systems such as monthly near miss reviews to help identify learning opportunities and implement changes.

The team worked within an open environment and were happy to discuss any issues with the regular

pharmacist. They were observed to support one another well by carrying out tasks to help colleagues manage their workload and provided cover on the medicine counter if queues built up. Area representatives were elected to take forward any staff views to regular meetings with company management and team members also completed an employee survey. Registrants and managers had additional development events where they received updates and were able to ask questions. A whistleblowing policy was in place to facilitate anonymous concerns and the details of this were displayed.

There were some targets in place for professional services. The pharmacist said that there was now less pressure surrounding targets and confirmed that she would only carry out services when it was appropriate to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a clean and professional environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy was well presented, clean and tidy. General maintenance issues were escalated to head office and staff carried out daily cleaning duties.

The retail area stocked a range of appropriate health and beauty items. The walkways were free from obstructions and chairs were available for use by people less able to stand. Off the retail area was an enclosed consultation room. The room was clearly signposted, well maintained and fitted with a desk and seating to facilitate private and confidential discussions.

The dispensary was compact. There was a good use of shelving to keep the limited work bench space clear and dispensing work such as the assembly of weekly compliance aids took place elsewhere on the premises, to provide more space. There was a defined workflow with separate areas for dispensing and checking and a sink was available for the preparation of medicines.

Additional office and storage areas were reasonably well maintained, although there had been some recent maintenance issues with a basement area.

There was adequate lighting throughout the premises and air conditioning provided an appropriate temperature for medication storage.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and it manages them safely and effectively. Team members provide support to people on high-risk medicines and others who require additional assistance, to make sure that they receive the information they need to take their medicines properly. The pharmacy sources and stores medicines safely and securely and team members carry out regular checks to make sure that they are suitable for supply.

Inspector's evidence

The premises had a step-free access and an automatic button to assist with wheelchair access. Additional adjustments could be made for those with disabilities including a hearing loop device and large print labels to assist people with visual impairment.

The pharmacy's services were advertised in a practice leaflet and using other promotional materials. Healthy living literature was on display and the team had access to resources to support signposting.

Prescriptions were separated using baskets to help prevent medicines from being mixed up. Dispensed and checked boxes were signed to provide an audit trail, and a quadrant stamp was also used on prescription forms. Pharmacist information forms (PIFs) were used with each prescription to identify any medicines changes, additional counselling points or suitability for services.

The pharmacy used cards to highlight prescriptions for high-risk medicines and it kept records of monitoring parameters such as INR readings as an audit trail. The team were aware of the risks of the use of valproate-based medicines in patients who may become pregnant. The pharmacy had completed an audit to identify any affected patients, and the pharmacist discussed counselling which would be provided. Access was also available to the necessary safety literature. Cards were also used to highlight prescriptions for CDs. There was one prescription for zopiclone which had not been highlighted. This was identified as an oversight and the pharmacist said she would discuss this with the team.

The pharmacy kept clear audit trails for repeat prescription requests so that unreturned prescriptions and discrepancies could be identified. Weekly compliance aids were organised, and master records of medicines were updated with any changes. Compliance aids were assembled away from the main dispensary to ensure that there was sufficient space and to minimise distractions. Completed compliance aids were labelled with patient details, descriptions of individuals medicines were present and patient leaflets were supplied. The pharmacist discussed a new system in place when a patient requested a compliance aid, to help ensure that they were a suitable candidate for a compliance aid and to help to identify any other additional needs that there may be.

Signatures were obtained to confirm the delivery of medicines. The team could access signatures in the event of a query. Medicines from failed deliveries were returned to the pharmacy.

The pharmacist completed annual training for the provision of local Umbrella sexual health services,

such as the supply of EHC. Additional safeguarding training had also been completed and access was available to local PGDs. The pharmacy kept pre-packed needle exchange kits and records of supplies were maintained.

Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock medicines were organised and were regularly date checked, with short dated medicines highlighted for priority use. No out of date medicines were identified from random samples. Out of date and returned CDs were placed into appropriate waste containers and a cytotoxic waste bin was available for the segregation of hazardous materials. The pharmacy was not yet compliant with requirements as part of the European Falsified Medicines Directive (FMD).

CDs were stored appropriately, and random balance checks were found to be correct. Out of date and returned CDs were segregated, and denaturing kits were available.

The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded daily, and the temperature was within the recommended range.

Alerts for the recall of faulty medicines and medical devices were received electronically. Upon receipt alerts were printed and actioned. They were also recorded and discussed as part of a monthly briefing.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services.

Inspector's evidence

The pharmacy team had access to several paper-based reference materials and internet access and a Medicines Complete subscription supported additional research.

A number of glass crown-stamped measures were available for measuring liquids. Separate measures were clearly marked for use with CDs. Counting triangles were available for loose tablets with a separate triangle reserved for use with cytotoxic medicines.

Electrical equipment appeared to be in working order and underwent routine PAT testing. Computer systems were password protected and screens were located out of public view. A cordless phone enabled conversations to take place in private.

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.