

Registered pharmacy inspection report

Pharmacy Name: Boots, 71 Pershore Road, Edgbaston,
BIRMINGHAM, West Midlands, B5 7NX

Pharmacy reference: 1038094

Type of pharmacy: Community

Date of inspection: 24/10/2019

Pharmacy context

This is a community pharmacy located on a busy road in Birmingham. It sells a range of over-the-counter medicines and dispenses prescriptions. It offers Medicines Use Reviews (MURs) and New Medicine Service (NMS) checks. It supplies emergency hormonal contraception (EHC) and free condoms as part of Umbrella's sexual health services. The pharmacy also supplies medication in multi-compartment compliance packs to people who need help managing their medicines. And it has a small number of people who receive instalment supplies for substance misuse treatment. It also administers flu vaccinations in the winter season. 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	Standards met	1.2	Good practice	Members of the pharmacy team regularly monitor the safety and quality of the pharmacy's services so that they can improve and further protect people's safety. They record and review any mistakes that happen during the dispensing process so that they can learn from them.
2. Staff	Good practice	2.2	Good practice	The store manager encourages and supports his team members to undertake on-going training to help keep their skills and knowledge up to date.
		2.4	Good practice	The pharmacy has a culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	Members of the pharmacy team take extra care with higher-risk medicines to make sure people use their medicines and medical devices safely.
		4.4	Good practice	The pharmacy actively promotes guidance about faulty medical devices so that people visiting the pharmacy are made aware of medical device alerts.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has safe and effective working practices. Its team members regularly monitor the safety and quality of the services they provide so that they can improve and further protect people's safety. They record and review their mistakes so that they can learn from them. The pharmacy keeps the records it needs to by law to ensure medicines are supplied safely and legally. It asks people for their views and uses their feedback to improve services where possible. It keeps people's private information safe. 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. Members of the pharmacy team recorded and reviewed near misses and dispensing errors in line with company procedures. And completed monthly patient safety reviews to help identify any emerging trends and identify learning points to prevent recurrence. A team member said that the store manager discussed with staff any dispensing errors or near misses during team meetings.

The store manager discussed a recent near miss the dispensing of an incorrect quantity of capsules. As a result, the team members were now circling and initialling the quantities written on prescriptions and dispensing labels to provide assurances that an additional check had taken place. And they also marked part-dispensed packs to prevent incorrect quantities being supplied. The team had also recently completed training on the company's new initiative of 'look-alike' and 'sound-alike' (LASA) medicines and these were separated on the shelves to minimise picking errors during the dispensing process. Various insulin preparations such as cartridges and pens were separated in the refrigerator. And members of the pharmacy team underlined the form on the prescription to ensure that the correct form was selected during the dispensing process.

An annual survey of people who used the pharmacy was undertaken in 2019 and the pharmacy had been rated excellent or very good overall by 89% of respondents. Members of the pharmacy team understood the company's complaints procedure and the pharmacy's practice leaflet, which was available in the pharmacy, explained the procedure. The store manager said that he always endeavoured to resolve people's complaints in the pharmacy but escalated any unresolved complaints to head office. Staff also routinely handed out survey cards to enable people to provide feedback on-line.

The pharmacy had appropriate indemnity insurance arrangements. Records about controlled drugs (CDs) were kept in line with requirements and running balances were recorded and checked at regular intervals. A random CD check showed that the amount of stock in the cabinet matched the running balance in the register. CDs returned by people for disposal were recorded in a separate register when received and denaturing kits were used for safe disposal. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The team members had all signed confidentiality agreements and had undertaken training about the

General Data Protection Regulation. People's personal information was generally kept away from the public view. Confidential waste was separated and disposed of securely. The pharmacy's computers were password protected and they were positioned away from public view. Members of the pharmacy team used their own smart cards to access electronic prescriptions. And a 'Boots fair data processing' notice was advertised, informing people about the management of their private information by the company.

Members of the pharmacy team had all completed safeguarding training relevant to their job roles. The store manager and the relief pharmacist had completed Level 2 safeguarding training. And they were clear about what they would do and who they would report to if they had any safeguarding concerns. Contact details for local safeguarding agencies were available for staff to escalate any safeguarding concerns.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough team members to provide its services safely. Members of the pharmacy team work very 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

At the time of the inspection the pharmacy team comprised of a store manager (pharmacist), a relief pharmacist and a qualified part-time dispenser. The pharmacy also employed two part-time qualified pharmacy advisors who were not on duty at the time of the inspection. The store manager said that the staffing profile was appropriate for the current workload. And he was given some pharmacist cover each week to help him with his management duties. Members of the pharmacy team were managing their workload comfortably and worked well together. The store manager said that the team shared a very good rapport with the local surgery and the pharmacy next door. People visiting the pharmacy were served promptly and prescriptions were being processed in a timely manner.

Members of the pharmacy had access to on-going training via the company's training portal to help keep their skills and knowledge up to date. They had time set aside to complete the training and they had recently completed training about the new LASA initiative and raising awareness about antibiotics. And they had all completed the mandatory training required for the accreditation as a Healthy Living Pharmacy. Records of completed training were kept and were available during the inspection. A monthly 'Professional Standards Bulletin' was sent from the Chief Pharmacist's office and it informed the team about common dispensing errors and guidance about minimising risks in the pharmacy. It also shared learnings from incidents that had occurred in other branches and ways of minimising similar incidents happening. The store manager said that the team followed Boots 'care framework' when selling medicines over the counter. And they often challenged people requesting frequent purchases of medicines liable to abuse such as pseudoephedrine or codeine-containing pain-killers. The duty pharmacist was alerted in these situations so that people were offered support and appropriate advice.

A whistleblowing policy had been signed by all team members and they said they could raise concerns in various ways including using a company telephone line should they wish to raise their concerns anonymously. The team said that they were very well supported by their store manager and area manager. They felt able to exercise their professional judgement and didn't think that targets or incentives compromised patient safety. Performance appraisals were carried out twice a year and included any development needs or areas for further improvement. The team said that their store manager gave regular feedback about their performance and often encouraged them to celebrate their successes and positive compliments received from their regular customers.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure and provide an adequate environment for the provision of pharmacy services.

Inspector's evidence

The pharmacy was well organised, clean and tidy. But it had not been refitted for quite some time. And this was reflected in the appearance of some of its fixtures and fittings. But overall, they were kept clean and fit for purpose. The pharmacy's non-public facing areas needed some maintenance work. The dispensary was small. It had just about adequate storage and work bench space to allow safe working. Medicines were tidily organised and work benches were kept clutter free. The sink in the dispensary for preparation of medicines was clean and it had a supply of hot and cold running water. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls. There was some seating available for people waiting for services.

A separate room was used for the assembly of multi-compartment compliance packs. The room was well-lit, tidy and well-organised. The store manager completed a "Brand Standards" checklist and dispensary cleaning rota to ensure the store maintained good standards of housekeeping and hygiene at all times. A well-equipped consultation room was available and it was suitable for private consultations and counselling. Its availability was advertised and kept locked when not in use. The room was clean, bright and tidy. Antibacterial hand wash, gloves, sterile wipes, sharp bins and hand-sanitiser gels were available. 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 with a range of needs can access its services. The pharmacy gets its medicines from reputable suppliers and manages them appropriately. It takes the right action in response to safety alerts, so that people are supplied with medicine and medical devices that are fit for purpose. Members of the pharmacy team highlight prescriptions for higher-risk medicines so that people can be provided with the advice they need to take them safely.

Inspector's evidence

The pharmacy had a stepped entrance but a portable ramp was available to assist people with mobility difficulties. The aisle leading to the dispensary was clear of any slip or trip hazards. And the aisles were wide enough to accommodate a wheelchair or a mobility scooter. The pharmacy's opening hours and services offered were advertised in-store. A range of leaflets was on display, providing information about various healthcare matters. Members of the pharmacy 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. And they routinely participated in the Healthy Living campaigns and were currently raising awareness of Stoptober to help people quit smoking. Some members of the pharmacy team could converse in several languages including, Hindi and Urdu. This helped some of the customers whose first language was not English.

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. Trays 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. Members of the pharmacy team used a four-way stamp (quad stamp) on prescriptions. And they initialled 'dispensed by' and 'checked by' boxes on the dispensing labels to provide an audit trail to show which members of staff had been involved at various stages of the dispensing process.

The pharmacy had begun offering its winter flu vaccination service in October. It had in-date patient group directions in place and the store manager 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 was sent to the GP where appropriate. The pharmacy's chaperone policy was advertised.

The store manager was aware about conducting a needs assessment for people requesting their medicines to be dispensed in multi-compartment compliance packs. He said that the company had recently introduced a 'Medicines Support Questionnaire' to help staff conduct a needs assessment. But the pharmacy had not had any new requests for compliance packs. The pharmacy had a few people who were being supplied with their medicines in compliance packs. A separate room was used for the assembly of compliance packs. A list of key steps to follow when assembling compliance packs was on display to prompt staff to undertake the process safely. A separate near miss log was kept to record and

review any mistakes made during the assembly of compliance packs. Members of the pharmacy team had a tracking system to prompt them when people's prescriptions were to be ordered so that medicines were supplied in a timely manner. And they kept records of each person using the service which included the current medication the person was on and the time of the day it should be taken. The pharmacy kept records of any communication about medication changes, which helped make sure people received the correct medicines in their compliance packs. A pack checked during the inspection included descriptions of medicines contained within it. The dispensing labels were initialled and patient information leaflets were supplied.

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, lithium, 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. The pharmacy had one person receiving lithium in a weekly compliance pack. A note had been made on the person's medication records to ensure a specific brand was always supplied and the person was advised to maintain appropriate fluid and salt intake. 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 (PPP) 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. The pharmacy did not have anyone currently in the at-risk group taking valproate.

The pharmacy obtained its medicines from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were stored in an organised 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 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 of checks was available in the pharmacy. 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 correctly 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. The pharmacy had prominently advertised a recent Gov.UK drug device alert about some Emerade pens for anaphylaxis failing to activate. And the store manager ensured people being dispensed Emerade pens were aware of carrying two pens at all times.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide pharmacy services safely. And its equipment is adequately maintained.

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. Equipment for counting loose tablets and capsules was clean. A range of clean, crown-stamped, glass measures were available and some were reserved for specific purposes to avoid cross contamination. The pharmacy's consultation room was suitable for private conversations and counselling. 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.