

Registered pharmacy inspection report

Pharmacy Name: Boots, Units 28 & 29, The One Stop Shopping Centre, 2 Walsall Road, BIRMINGHAM, West Midlands, B42 1AA

Pharmacy reference: 1038166

Type of pharmacy: Community

Date of inspection: 30/09/2019

Pharmacy context

This is a community pharmacy located within a shopping centre in the Perry Barr area of Birmingham. The pharmacy is open seven days each week. It dispenses NHS prescriptions and provides NHS funded services, including Medicines Use Reviews, seasonal 'flu vaccinations and sexual health services. The pharmacy team offers a managed prescription collection service and dispenses some medicines into weekly multi-compartment compliance packs.

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	1.4	Good practice	People can provide feedback and raise concerns in a number of different ways, and the pharmacy uses these to improve its services.
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

The pharmacy effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of up to date standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were periodically reviewed on a cyclical basis and SOPs were marked with the date they were due for their next review. All pharmacy and healthcare staff were seen to have signed the SOPs signature sheets for the SOPs relevant to their job role. Core dispensing SOPs had been issued to the pharmacy by head office in May 2019, which supported the installation of the new patient medication record (PRM) computer system, and these were seen to have been read and signed by all staff members. Roles and responsibilities of staff were highlighted within the SOPs.

A near miss log was used and team members were responsible for correcting their own error to ensure they learnt from the mistake. The near miss log contained notes with each near miss to aid the monthly review process. The responsible pharmacist (RP) and/or store manager completed a monthly near miss review and action planning document. The outcome of the review was shared with pharmacy team members. The latest review including an action plan was displayed in the dispensary for easy reference. 'Select with care' style stickers had been sent from head office to attach near to LASA (look alike, sound alike) medicines and prevent picking errors in the dispensing process. A weekly clinical governance checklist was completed by the store manager and the outcome was recorded in the daily diary. A newsletter was sent from the pharmacy superintendent every month. The newsletter was read and signed by all members of the pharmacy team and included clinical governance updates and a case study. Dispensing incidents were recorded using an online incident reporting system. A member of staff completed an incident form which the store manager reviewed and added any further action that they thought was required in order to prevent a similar mistake happening again.

The new computer system included a barcode scanning requirement to support dispensing accuracy and stock management. The product barcode was scanned during the dispensing process and the system would not allow the dispenser to continue if the computer had identified that the barcode did not match the product selected on the computer. The team explained that barcode scanning had vastly reduced the number of near misses due to selection errors and they were now more commonly as a result of quantity or labelling errors. A dispenser was observed scanning the barcode on the same box multiple times rather than the individual boxes, which could reduce the efficacy of the system. This was discussed during the inspection and appeared to be the result of insufficient training on the new system.

Members of the team were knowledgeable about their roles and discussed these during the inspection.

Pharmacy staff were wearing uniform and name badges which indicated their job role. A member of staff answered questions related to medicine sales and responsible pharmacist absence correctly.

The complaints procedure was explained in the customer leaflet. The store manager she would speak to the person first and try to resolve the issue. She included the RP if the complaint was related to pharmacy matters. The store manager could also refer the person to the area manager or head office if the complaint was unresolved. Customer feedback was gathered using the NHS CPPQ questionnaire, through surveys being generated from the till, customer satisfaction cards and from verbal feedback. Customers could contact Boots Customer Care at head office by telephone, email, Twitter or Facebook with any feedback about the company or pharmacy. Various examples of how customer feedback had been used to make improvements were given. The store manager had reviewed the skills mix and core rotas when she had started at the pharmacy in May 2019 and had noticed an increase in the customer satisfaction score for waiting times since.

The pharmacy had up-to-date professional indemnity insurance in place. The responsible pharmacist (RP) notice showed the correct details and was clearly displayed. The RP log was maintained in a record book and was seen to be complete. Controlled drug (CD) registers also complied with requirements. A CD balance check was completed weekly and a random balance check matched the balance recorded in the register. The balance check for methadone was done weekly and the manufacturer's overage was added to the running balance. A patient returned CD register was used. Private prescriptions and emergency supplies were recorded electronically. A sample of entries were seen to comply with legal requirements. Audit trails for prescription deliveries were seen, these were signed by the driver in the pharmacy to show they had been taken, and by the person when they were delivered. Details of 'specials' and certificates of conformity were marked with a source to supply audit trail.

Confidential waste was stored separately to general waste and transferred to confidential waste bags for destruction offsite. The pharmacy staff completed an e-Learning module about information governance. Pharmacy staff had individual NHS Smartcards and confirmed that their passcodes were not shared. The RP had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package on safeguarding. Other members of the pharmacy team completed an e-Learning module every year as part of their annual compliance training. The safeguarding procedure and local contacts were available in the dispensary. A dispensing assistant described hypothetical safeguarding scenarios and the RP gave an example of a safeguarding referral that had been made.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of three pharmacists working on a rota basis, a store manager (dispensing assistant), four pharmacy advisors and three medicine counter assistants. Pharmacy advisors had completed, or were working towards, a combined dispensing assistant and medicines counter assistant qualification.

The staffing levels and core rotas had been reviewed by the store manager when she started working at the pharmacy as the skills mix did not match the budgets from head office. Various changes had been made which meant that the pharmacy made more staff members able to work on the medicines counter which had reduced waiting times and allowed more resource to be allocated to the dispensary. Head Office had completed a time and motion study and informed store managers how many hours they should have in each job role based on the amount of pharmacy items, pharmacy services and retail sales they did each week. Requests for annual leave were made in advance to the store manager. A smart phone app was used to communicate annual leave requests, to publish rotas and to advertise any over-time that was available. The store manager planned rotas four weeks in advance and a part-time member of staff was contacted to inform her that over-time was available on the app.

Staff members were given training materials, such as the 30minute Tutor and e-Learning modules, to complete. Staff generally had 30-minutes training time every week. The team explained that they did not feel that they had received sufficient training for the new computer system and were identifying new functions as they go. Due to the timing of the implementation, the member of staff that had been trained as the in pharmacy's 'expert' only worked one day each week, so was not always available to provide support.

All members of staff had to complete yearly mandatory e-Learning based training. This was audited by head office and the store manager was accountable for ensuring the training is up to date. The pharmacist and store manager had attended 'Let's Connect' events, which were held twice a year and covered business updates and contained CPD sessions. The company policy for performance reviews had recently changed and pharmacy staff had in-the-moment performance coaching with the store manager or RP rather than a formal one-to-one discussion. The store manager and pharmacist had continued to have regular formal reviews with their line managers.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. As the pharmacy team worked closely together, they discussed business performance, near misses, incidents and pharmacy issues on a daily basis within the dispensary rather than at a formal meeting. The pharmacy staff said that they could raise any concerns or suggestions to the RP or to the store manager. If they had wanted to raise a serious concern they could contact the area manager or contact a confidential helpline.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services and the RP explained that she would use her professional judgement to offer services, such as MURs, when she felt that they were appropriate for the person.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team has access to a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter, so sales could be supervised. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private consultation room which was used for flu vaccinations by the pharmacist throughout the inspection. The consultation room was professional in appearance and the door to the consultation room remained locked when not in use.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff and a cleaner. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions. And the pharmacy team supports members of the public that may forget to take their medicines by placing them into weekly multi-compartment compliance packs.

Inspector's evidence

The pharmacy had step-free access from the shopping centre which had a large car park. A hearing loop was available. The pharmacy opened for longer hours than many other pharmacies in the area including early evenings, and Saturday and Sunday. Pharmacy staff could communicate with people in English, Patois, Punjabi, Urdu. The range of services provided was displayed and pharmacy leaflets explaining each of the services were available for customers. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer. A home delivery service was available. After 1 October, people were required to pay for this service unless they were eligible for free delivery. The store manager had personally contacted every person affected by the introduction of the charge to explain. She said that most people had decided to collect their prescriptions when they came shopping as they were not housebound.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Labelled shelves were used for completed prescription service prescriptions awaiting the final accuracy check. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions.

Prescriptions were either dispensed as 'due now' or 'due date'. Due now was used for prescriptions that were to be dispensed immediately and due date was for prescriptions to be dispensed the following day. The details for due date prescriptions were entered into the PMR and the stock for the prescriptions arrived the following day. The prescription labels were generated once the barcodes had been scanned and then the prescriptions were assembled.

A '5-way stamp' was used on prescriptions to identify which members of the team had been involved in different areas of the dispensing process. A sample of prescriptions checked identified the stamp was being routinely used. And prescriptions had pharmacist information forms (PIF) completed and attached. These forms allowed the pharmacist to be alerted to any information about the prescription, such as whether it was a new medicine or a change of dose and supported the clinical assessment of the prescription and any counselling the person needed. The initials of the dispenser that had entered the prescription details for due date dispensing were recorded so they could be informed if the data entry was incorrect and used as a learning opportunity.

Prescriptions containing high risk medicines such as anticoagulants, methotrexate, CDs or valproate containing products, had a coloured, laminated card attached to alert the staff member handing out the prescription that extra counselling or checks were required. This ensured the person received the information they needed about the prescription. The original prescription for any items owing and an

owing docket was kept until hand out to allow for any counselling to be given.

Multi-compartment compliance packs were dispensed for people in the community. Thorough records were kept so that any dispenser could dispense the compliance packs. Prescriptions were ordered in advance to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. A sample of compliance packs were seen to have been labelled with descriptions of medication and an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were included with each monthly supply.

Seasonal 'flu vaccinations were being actively promoted and the RP administered several vaccinations throughout the inspection. The RP explained that she had seen many returning patients and they had requested that she administer the vaccination as they had received a positive experience last year. The pharmacy operated an online booking system so that people could book an appointment through www.boots.com, they could book in store and walk-in appointments were available. The 'flu vaccinations were administered under Patient Group Directions (PGD's) and PGD documents naming the authorised pharmacist were kept in the pharmacy.

Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. A range of licenced wholesalers was used. Split liquid medicines were marked with a date of opening. A section of the dispensary was date checked weekly and records were kept for date checking. A short-dated item list was kept and medicines due to go out of date in the next six months were recorded. The list was checked in advance and short dated medication removed from the shelf to ensure they were not supplied. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy team were unclear about the company roll-out process for the Falsified Medicines Directive (FMD) compliance and some team members incorrectly thought that scanning the product barcode made them compliant. The pharmacy was made aware of drug alerts by messages sent by head office using the company intranet; Boots Live. There was a file for drug alerts. Each alert was signed to show it had been actioned and marked as actioned on Boots Live.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Out of date CDs were clearly marked and were separated from normal stock on a separate shelf. Secure procedures for storing the CD keys were in place. There were two fridges in place to hold stock medicines and assembled medicines. Assembled medicines were held in clear bags for easy identification. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°C.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely, and the pharmacy team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available and there was a separate, marked triangle used for cytotoxic medicines. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.