

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 25 Farren Road, Wyken, COVENTRY, West Midlands, CV2 5EP

**Pharmacy reference:** 1038239

**Type of pharmacy:** Community

**Date of inspection:** 22/11/2023

## Pharmacy context

This community pharmacy is situated in a residential area of Coventry. It sells a range of over-the-counter medicines and dispenses prescriptions. It provides the New Medicine Service (NMS), emergency hormonal contraception service, Hypertension Case Finding Service, and it administers seasonal flu vaccinations. The pharmacy also provides a substance misuse service to a handful of people, and it offers 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	Team members are well-supported with on-going training to ensure their skills and knowledge remain current.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy has safe and effective working practices. It identifies and manages the risks associated with its services well. And it keeps the records it needs to by law, to show that medicines are supplied safely and lawfully. Team members routinely record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's confidential information securely and its team members understand how they can help and protect vulnerable people.

### Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs), and these had been read and signed by its team members. The roles and responsibilities of team members were outlined in the SOPs. The correct responsible pharmacist (RP) notice was on display and team members could explain the tasks they could not undertake in the absence of a pharmacist.

The workflow in the dispensary was very well-organised and calm. The work benches were kept tidy and the RP used a designated area in the dispensary to complete final accuracy checks on dispensed prescriptions. The pharmacy manager, who was the RP on the day of the visit, explained how team members managed mistakes made during the dispensing process. Mistakes that were spotted before medicines were handed out (near misses), were routinely recorded and reviewed monthly as part of patient safety review process. The pharmacy manager said that since the installation of the new patient medication record (PMR) system, most near misses involved incorrect quantities rather than selecting an incorrect medicine. Team members used cautionary stickers to highlight higher-risk medicines and medicines with similar names or packaging. Medicines such as olanzapine, omeprazole, amitriptyline, atenolol, quetiapine, and valproate had been highlighted to minimise picking errors. Mistakes that reached people (dispensing errors) were recorded and reviewed to identify any emerging trends. Completed incident reports were submitted to head office. The head office also produced a monthly newsletter and shared mistakes that had occurred in other branches to remind team members to be vigilant to prevent similar events from happening again.

The pharmacy had current professional indemnity and public liability insurance. Records about RP, controlled drugs (CDs) and private prescriptions were kept in line with requirements. CD running balances were audited weekly and a random CD balance check was correct. A separate register was used to record patient-returned CDs on receipt to ensure a robust audit trail.

The pharmacy had a complaints procedure and it encouraged members of the public to give feedback about the quality of services received from the pharmacy. The pharmacy manager said that she would always endeavour to resolve complaints in-store and would escalate to head office where appropriate. The pharmacy's fair data processing notice was advertised to inform people how their confidential information was managed. No person-identifiable information was visible to members of the public and prescriptions in the retrieval system were stored securely. The pharmacy's computers were password protected and team members used their own NHS smartcards to access electronic prescriptions. Confidential waste was disposed of securely.

The pharmacy had procedures about protecting vulnerable people and the pharmacy manager had completed Level 3 safeguarding training. Team members had completed e-learning about domestic

abuse and were aware of the 'safe space' initiative. A chaperone policy and a safe space poster were displayed in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its current workload and its team members are well supported to help keep their skills and knowledge up to date. Team members work well together, and they can raise concerns or make suggestions to help improve the pharmacy's services.

### Inspector's evidence

At the time of the inspection, the pharmacy was staffed by the pharmacy manager, two trained dispensers, a trainee dispenser, and a foundation trainee pharmacist. Team members were working well together, and they were managing the workload calmly. People visiting the pharmacy were served promptly.

Team members were well supported with on-going training to help keep their skills and knowledge current. And they were given time during working hours to complete their training. The foundation trainee pharmacist said that he was very well supported by the pharmacy manager who was his tutor. Team members had recently completed annual mandatory training required as part of their employment and other training modules required under the NHS Pharmacy Quality Scheme (PQS). The pharmacy manager had recently qualified as a Pharmacist Independent Prescriber.

The pharmacy had company targets to meet but the pharmacy manager said that the team did not feel undue pressure to achieve these targets. And commented that she was very well supported by her area manager. The company had a whistleblowing policy and team members felt able to raise concerns with their pharmacy manager. There was a confidential helpline for team members if they wanted to talk to someone outside the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, tidy, and adequately maintained. And people visiting the pharmacy can have a conversation with team members in private.

### Inspector's evidence

The pharmacy's front fascia and its public facing areas were in a good state of repair. The dispensary had enough space to store medicine safely, and it was kept tidy and well-organised. A private, signposted consultation room was available for services and to enable people to have a private conversation with team members. There was no confidential information displayed in this room and posters about dealing with needlestick injuries, anaphylaxis and fainting were displayed, as part of the flu vaccination service. The sink in the dispensary was clean and it had a supply of hot and cold water. Room temperatures in the pharmacy were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. The premises were secured against unauthorised access when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services well to ensure people get appropriate care and support to manage their medicines safely. And people with diverse needs can access its services. The pharmacy gets its medicines from licensed wholesalers and team members take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy had automated doors and its entrance was step-free to help assist people with mobility difficulties. Its opening hours and services it offered were well advertised in-store. There was seating available for people waiting for services. Team members used their local knowledge to signpost people to other providers where appropriate.

Team members used containers to prioritise their dispensing workload and to minimise the risk of medicines getting mixed up. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The workflow in the dispensary was calm and efficient. Dispensing labels were initialled at the dispensing and checking stages to create an audit trail showing who had been involved in these tasks.

Cards were used to highlight prescriptions for higher-risk medicines such as lithium, valproate, and CDs, so checks could be made, and relevant advice given to people when these were handed out. The pharmacy had a handful of people receiving warfarin and their INR levels had been recorded on the patient medication record (PMR). Clear bags were used for temperature-sensitive medicines and CDs, so that these could double-checked before hand-out. The pharmacy was currently taking part in the Antimicrobial Stewardship Review as part of PQS service. The pharmacy manager said that the target toolkit used was comprehensive and it gave her the opportunity to give people advice about winter health and antimicrobial resistance.

Team members were aware about pregnancy prevention advice to be given to people in the at-risk group when supplied with sodium valproate. The stock packs on the shelf included warning cards and alert stickers. And additional leaflets and safety stickers were available in the dispensary. The pharmacy manager was aware of recent MHRA guidance about original pack dispensing of valproate-containing medicines.

The pharmacy ordered its stock medicines from licensed wholesalers and it did not sell codeine linctus over the counter. Temperature-sensitive medicines were stored in two fridges and maximum and minimum fridge temperatures were monitored and recorded daily. Records seen showed that these had remained within the required range of 2 and 8 degrees Celsius. All CDs were stored in an organised fashion in the CD cabinet. Obsolete CDs and patient-returned CDs had been well-separated. And denaturing kits were available for their safe disposal. Waste medicines were stored in designated bins. Stickers were used to mark short-dated medicines and there were no date-expired medicines found amongst in-date stock.

The pharmacy received safety alerts and recalls about medicines from its head office. Team members could explain how these were dealt with. Records of previous alerts received by the pharmacy and the

action team members took in response of these were available in the pharmacy.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And its team members use the equipment and facilities in a way that protects people's privacy and dignity.

### Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available for measuring liquid medicines. Equipment for counting loose tablets and capsules was available and it was kept clean. Medicine containers were capped to prevent contamination. All electrical equipment was in good working order. People's private information was kept securely. Computers were password protected and the pharmacy had cordless phones, so team members could converse in private where appropriate.

### 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.