

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 7, Central Six Retail Park, Warwick Road, COVENTRY, West Midlands, CV3 6TA

Pharmacy reference: 1038312

Type of pharmacy: Community

Date of inspection: 17/01/2024

Pharmacy context

This community pharmacy is situated in a busy retail park in Coventry, West Midlands. It sells a range of over-the-counter medicines and dispenses prescriptions. It provides the New Medicine Service (NMS), Hypertension Case Finding Service and it administers seasonal flu vaccinations. The pharmacy also provides a substance misuse service to a handful of people.

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	N/A	N/A	N/A
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 has systems to help ensure risks associated with its services are identified and managed. It keeps the records it needs to by law, and it has processes to protect people's confidential information. Team members record and review their mistakes so that they can learn and improve from these events. And they 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 included 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 pharmacy had systems to record dispensing incidents. Mistakes which reached people (dispensing errors) were recorded and reviewed to identify any emerging trends in the pharmacy. And records submitted to the head office. A recent dispensing error involving methotrexate had been reviewed and learnings had been implemented to prevent similar events from happening again. All team members had revisited the SOPs and had reflected on circumstances where the 'no barcode' feature on the pharmacy's Patient Medication Record (PMR) system could be used. Various strengths and forms of methotrexate had been separated to minimise the chances of picking errors. Mistakes that were spotted before medicines were handed out (near misses), were recorded and reviewed monthly as part of a patient safety review process.

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

The pharmacy had a complaints procedure and the details of how people could raise concerns were included in the pharmacy's practice leaflet. Complaints raised with the pharmacy team were normally escalated to members of the store management team and details of the pharmacy's head office were also provided where appropriate. All team members had completed information governance training via e-learning. The pharmacy's fair data processing notice was advertised to inform members of the public how their confidential information was managed by the pharmacy. No person-identifiable information was visible to people visiting the pharmacy 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 managed appropriately.

Team members had completed mandatory safeguarding training relevant to their roles and responsibilities. The RP 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 by the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members work well together and are supportive of each other. And they have access to training resources to help keep their skills and knowledge up to date. However, at times, the pharmacy team struggles to manage its increased workload. And this means they cannot always respond to people's queries, phone calls or dispense prescriptions for people as quickly as they would like to.

Inspector's evidence

On the day of the inspection, the regular pharmacist and a qualified dispenser were present. The team members were kept very busy throughout the inspection. The RP had a significant number of prescription items awaiting a final accuracy check and was also responding to people's queries. And the dispenser was kept busy at the front of the dispensary acknowledging people and dispensing walk-in prescriptions. On the day of the visit, the team had just about caught up with its dispensing workload. The store manager and the assistant manager arrived midway through the inspection to support the team. The branch had recently increased its opening hours and hence the prescription numbers and footfall in the pharmacy had also increased. The assistant manager said that the branch had struggled with staffing levels and recruiting qualified staff was proving very difficult. The branch was using team members from their sister branch during peak hours to help manage the workload. But this was not always possible.

The company had a whistleblowing policy and team members felt able to raise concerns with their area manager or the store management team. There was a confidential helpline for team members if they wanted to talk to someone outside the pharmacy. Team members were supported with on-going training to help keep their skills and knowledge current. The store manager said that team members were supported during working hours to help complete their training and all team members were up to date with their training. The pharmacy had company targets to meet but the RP said that the team did not feel undue pressure to achieve these targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure, and they are generally suitable for the services it provides. People visiting the pharmacy can have a private conversation with team members.

Inspector's evidence

The pharmacy premises including the external fascia, were in a good state of repair. The retail area of the pharmacy was clean and free of obstructions. The dispensary had enough space to store medicines and undertake the current workload safely. A clean sink with hot and cold running water was available for preparing medicines. Room temperatures were controllable, and levels of ventilation and lighting were adequate for the activities undertaken. A signposted consultation booth was located off the retail area. The booth was not lockable and it was not fully enclosed. This may increase the risk that conversations could be overheard. It was positioned near to the waiting area. Background noise from within the store provided some cover to reduce the chances of conversations in the booth being overheard. The store manager said that no concerns had been raised regarding conversations being overheard. A curtain was fitted to the glass door for additional privacy. There was no confidential information kept in the booth and the RP said that the sharps bin was stored in the dispensary. The room was equipped with a desk and seating and appeared generally clean and appropriately maintained. The premises were secured against unauthorised access when closed.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services adequately and people with different needs can access its services. It obtains its medicines from reputable sources, and it manages them appropriately. And it has a process to manage safety alerts and medicine recalls, so that people are supplied with medicines and medical devices that are fit for purpose.

Inspector's evidence

The premises had automated doors and its entrance was step-free to help assist people with mobility difficulties. The pharmacy's opening hours and the services it offered were advertised in-store. There was some 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 when dispensing medicines to help minimise the risk of prescriptions getting mixed up and to prioritise workload. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. 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 paediatric medicines, methotrexate, and sodium valproate so that these were double checked and relevant advice was given to people during hand-out. The pharmacy had very few people receiving warfarin and the RP said that INR levels were checked when prescriptions were handed out. But INR levels were not always recorded on the patient medication record (PMR) system.

Team members were aware about the pregnancy prevention advice to give to people in the at-risk group when supplying valproate-containing medicines. The stock packs on the shelf included warning cards and alert stickers. And additional leaflets and safety stickers were also available in the dispensary. The RP was aware of the updated MHRA guidance about original pack dispensing of these medicines.

The pharmacy ordered its stock medicines from licensed wholesalers, and they were stored in an organised fashion in the dispensary. Stock medicines were date checked at regular intervals and stickers were used to mark short-dated medicines so that they could be removed at an appropriate time. There were no date-expired medicines found amongst in-date stock. Temperature-sensitive medicines were stored in a fridge. 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 the two CD cabinets. Obsolete and patient returned CDs had been separated. Prescriptions for the substance misuse service were dispensed each morning and kept in the CD cabinet until collection. Denaturing kits were available to safely dispose of waste CDs. Waste medicines were stored in designated bins. 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 actioned alerts were kept to provide an audit trail.

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. A range of glass crown stamped measures were available for measuring liquids and some measures were marked for specific purpose to prevent cross-contamination of medicines. Medicine containers were capped to prevent contamination. Counting triangles for tablets and capsules were available with a separate one reserved for use with cytotoxic medications. All equipment seen on the day appeared clean and appropriately maintained. The PMR was password protected and computer terminals were all positioned away from public view to help protect patient privacy. People's private information was kept securely. A cordless phone was available 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.