

Registered pharmacy inspection report

Pharmacy Name: Boots, 5 Ryemarket, STOURBRIDGE, West Midlands, DY8 1HJ

Pharmacy reference: 1038421

Type of pharmacy: Community

Date of inspection: 08/05/2019

Pharmacy context

This is a community pharmacy, located at the entrance to a small shopping precinct, on the main High Street of the town centre. It mainly dispenses NHS prescriptions and sells a range of over-the-counter medicines, as well as other health and beauty products. The pharmacy offers NHS services including Medicine Use Reviews (MURs) and the New Medicine Service (NMS). Several other NHS services including emergency hormonal contraception and the influenza vaccination are provided. 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 complete regular and structured ongoing training, to keep their knowledge and skills up to date.
		2.5	Good practice	Pharmacy team members are supported in providing feedback and raising concerns.
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 suitably identifies and manages the risks associated with its services. It keeps the records needed by law, but occasional details are missing, which may mean that the pharmacy is not always able to show what has happened. Pharmacy team members follow written procedures to help to ensure that they complete tasks safely. They record and review their mistakes, so that they can learn from them and act to reduce future risk. Team members know how to keep people's information private and raise concerns to protect vulnerable people.

Inspector's evidence

The pharmacy had systems in place to help to identify and manage risk. Pharmacy team member's recorded near misses and an in-depth review was conducted each month, to identify any trends. Some members of the team said that during busy periods, a few near misses may not be recorded, efforts were being made to rectify this so that records were robust. Actions were taken in response to near miss trends and incidents, example provided included rescheduling staff lunch hours to provide more effective cover. And the use of cautionary notes to highlight 'look alike, sound alike' medications. The details of dispensing incidents were recorded electronically and captured a more detailed analysis of what went wrong. An internal investigation was then conducted to identify any learning points. The actions which had been taken in response to a previous incident were discussed.

A full set of written standard operating procedures (SOPs) were in place. The procedures had been updated within the last two years, and team members signed to confirm their acknowledgement. SOPs were refreshed in response to incidents and assessments were conducted to confirm staff understanding. An annual company audit was carried out to ensure that pharmacy procedures were being implemented.

Staff responsibilities were outlined in the SOPs. Team members wore uniforms and name badges which stated their roles. A trainee dispenser 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 in place; the details were explained in a pharmacy leaflet which was available. People were also able to provide feedback through an ongoing community pharmacy patient questionnaire (CPPQ) and via survey cards, which were available for selection. A pharmacy technician said that feedback was welcomed, so that improvements could be made where needed.

Professional indemnity insurance arrangements were in place. The correct RP notice was conspicuously displayed by the prescription counter. The RP log appeared generally in order. One missing entry was identified from the section viewed. The pharmacist confirmed that she had been present as RP on that day.

Controlled Drugs (CD) register appeared generally in order and kept a running balance. Stock balance audits were regularly conducted. Patient returned CDs were recorded. Private prescription and emergency supply records appeared in order. There were some specials procurement records which did not record a full audit trail from source to supply.

The pharmacy team completed information governance training, which was tracked by management to ensure compliance. A data processing notice was displayed in the retail area. Completed prescriptions were stored out of public view, and confidential waste was segregated and removed for appropriate disposal. Appropriate NHS smartcard usage was observed during the inspection.

The pharmacy team had completed safeguarding training. The pharmacist had also completed additional safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). A dispenser discussed some of the concerns that may be identified and explained that issues were referred to the pharmacist. The contact details of local safeguarding agencies were available for escalation. A chaperone policy was in place at the pharmacy, the details were displayed in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team work well together and use their professional judgement to benefit people who use the pharmacy's services. Team members are appropriately trained and complete additional training to keep their knowledge up to date. They receive regular feedback about their own performance to help them improve. The pharmacy has an open working culture, and the team can provide feedback and raise concerns.

Inspector's evidence

On the day of the inspection, the pharmacy team comprised of the regular pharmacist, a registered pharmacy technician and two dispensers, one of whom was a recently employed trainee. A third dispenser, who was enrolled on the NVQ level three pharmacy technician course was present at the end of the inspection, after completing her allocated training time. The team appeared to manage the workload adequately. A four-week rota was in place, changes to regular hours were made in the event of any absences. Restrictions were in place as to how many team members may be absent at one time, so that sufficient staffing levels were maintained. In exceptional circumstances cover could be provided by a relief dispenser.

A dispenser discussed the questions that would be asked to help ensure that sales of medication were safe and appropriate. Sales of high-risk medications, which were susceptible to abuse were monitored and concerns were referred to the pharmacist. The dispenser also demonstrated an awareness of restrictions surrounding the supply of pseudoephedrine-based medicines.

Pharmacy team members completed regular ongoing training. Mandatory compliance modules were completed each year and additional modules, covering topics such as OTC medicines, were available through a second e-learning platform. Although these modules were not compulsory, they were encouraged, and protected learning time was provided to team members in the branch to support development. The pharmacy manager tracked training to ensure all team members were up to date. Additional updates were received through a company bulletin, which was read and signed by staff.

The pharmacy employed a pre-registration pharmacist, who was not present on the day. The pharmacist was the designated pre-registration tutor and discussed the training plan that had been in place for the pre-registration year. Team members who were enrolled on training programmes, had a weekly review with the pharmacist to monitor progress. Monthly development reviews were held for other team members, to ensure that learning needs were identified and addressed.

An open dialogue was observed amongst the pharmacy team. Team members were comfortable in raising any issues with the regular pharmacist and believed that their feedback was listened to and acted upon where relevant. Colleague surveys had previously also been completed. There were systems in place to enable staff to raise anonymous concerns and these were advertised.

There were targets in place for some of the professional services offered in the pharmacy. The

pharmacist said that the targets were more an informal guide and said that she personally felt comfortable with them. The pharmacist said that she would not carry out any service, unless it was clinically appropriate to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a clean and tidy environment, suitable for the delivery of healthcare services.

Inspector's evidence

The pharmacy's premises were well maintained. Maintenance issues were escalated to head office, and records of this were kept. The pharmacy had a contracted cleaner who maintained most of the premises. The dispensary was cleaned by the pharmacy team and was appropriately maintained on the day.

The retail area was well presented. Pharmacy restricted medicines were stored behind to counter to help prevent self-selection. However, two pharmacy restricted medicines were identified amongst general sales medicines in the retail area. These were immediately removed by the inspector and given to the responsible pharmacist. There were chairs available for use by those less able to stand and the aisles were free from obstructions.

The dispensary had adequate space for the provision of services. Workbenches were segregated for dispensing and checking and additional storage shelves were used to keep benches free from clutter. A sink was available for the preparation of medicines.

An enclosed consultation room was available off the retail floor. A curtain was fitted, to afford additional privacy. The room was equipped with facilities to enable private and confidential discussions. There was adequate lighting throughout the premises and air conditioning maintained a temperature appropriate for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people, and they are generally managed safely and effectively. Pharmacy team members make sure that people receive the information they need to take their medicines properly. The pharmacy sources and stores medicines safely, and team members carry out regular checks to make sure that medicines are suitable for supply.

Inspector's evidence

The premises had a step-free access and automatic door facilitated wheelchair access. Additional adjustments could be made for those with disabilities, such as the use of large print labels for people with visual impairment.

The services available from the pharmacy were actively promoted. Additional healthy living literature was also available. People were appropriately signposted to other healthcare providers, where necessary and records of this were maintained.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Audit trails were kept for dispensing, using dispensing labels. A quadrant stamp was also used on prescription forms, although examples were seen where this was not always fully completed. Pharmacist Information Forms (PIFs) were used with each prescription to identify any changes to medicines, or people who may be suitable for services.

The pharmacy used cards to highlight prescriptions for high-risk medicines, including warfarin and lithium. Records of monitoring parameters were not always maintained, so the pharmacy may not always be able to show that additional checks are being carried out. The pharmacy team were aware of the valproate pregnancy prevention programme. They had conducted two recent audits, but not identified any people who might be at risk. The pharmacist was aware of the information and safety materials to be provided on supply, if necessary. Cards were also available to highlight CDs. But not all CD prescriptions were highlighted and an unmarked prescription for zopiclone, which had expired, was identified on the day. This may increase the risk that a prescription could be supplied after it has expired.

Audit trails were maintained for repeat prescriptions ordered from the pharmacy, so that unreturned prescriptions could be identified. Signatures were obtained to confirm the delivery of medications. In the event of a failed delivery, medicines were returned to the pharmacy or a nearby hub.

The pharmacist had complete training modules for the supply of the EHC through CPPE and local area events. A copy of the in-date service patient group directive (PGD) was available. Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer.

Stock medications were generally organised and were stored within their original packaging. Date checking was carried out regularly. Short dated medicines were highlighted and recorded, before being removed from the shelves each month. No out of date medicines were identified from random checks. Out of date and returned medicines were stored in DOOP bins. The pharmacist provided an update on

the planned implementation of the European Falsified Medicine Directive (FMD). The pharmacy was not yet fully compliant.

CDs were stored appropriately, and random balance checks were identified to be correct. Out of date and expired CDs were segregated and denaturing kits were available. Supplies as part of the needle exchange service were recorded and sharps bins were available for the storage of returns. Needle stick injury training had been provided and the pharmacist had received a hepatitis b vaccination for personal protection.

The pharmacy fridge was fitted with a maximum/minimum thermometer and the temperature was checked and recorded. There were a few occasions where the temperature had not been documented. The fridge was within the recommended range on the day. Alerts for the recall of faulty medicines and medical devices were received electronically. An audit trail was maintained to record the details of action that had been taken in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to deliver its services.

Inspector's evidence

The pharmacy had access to paper reference materials. General internet access was also available, as was access to additional online subscription reference texts through Medicines Complete.

A range of glass crown-stamped conical measures were available, separate measures were marked for use with CDs. Counting triangles were available for loose tablets, a separate triangle was marked for use with cytotoxic medicines.

Electrical equipment appeared in order and underwent PAT testing. Computer systems were password protected and generally positioned out of view. The team were aware that the screen on the main counter may be visible to some, and took care to avoid dispensing from the front counter, where possible. A cordless telephone enabled conversations to take place in private, where necessary.

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.