

Registered pharmacy inspection report

Pharmacy Name: Boots, 58 Park Street, Park Place, WALSALL, West Midlands, WS1 1NG

Pharmacy reference: 1038525

Type of pharmacy: Community

Date of inspection: 28/08/2019

Pharmacy context

This is a large Boots store located in the main shopping centre of Walsall. Most people who visit the pharmacy live locally. The pharmacy dispenses mainly NHS prescriptions and supplies some peoples' medicines in multi-compartment compliance packs to help make sure they take them safely. It also supplies medicines to a number of care homes and provides other NHS and private services including Medicines Use Reviews and a range of vaccinations. It sells a wide range of over-the counter medicines, as well as other health and beauty items.

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 | Good practice | 2.2 | Good practice | The pharmacy supports its team members to continually learn and develop. |
| | | 2.4 | Good practice | Team work is effective and there is a clear open culture. |
| 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's working practices are suitably safe and effective. It protects people's private information and keeps the records it needs to by law. People are able to give feedback and make a complaint about the services. The team members follow written instructions to make sure they work safely, and they proactively learn from their mistakes and take steps to improve their practice. And they understand how to safeguard and support vulnerable people.

Inspector's evidence

The pharmacy had a comprehensive set of standard operating procedures (SOPs) which covered the operational tasks and activities. These were regularly reviewed, and some updated versions were in the process of being implemented. Team members signed to show they had read and agreed them. Knowledge checks were used to make sure they understood the procedures, and they were closely followed in practice. But one of the newer team members had not signed some of the most recent versions, so might not always complete tasks in the right way.

A responsible pharmacist (RP) notice was displayed and team members wore uniforms and name badges, so they could be readily identified. Team members could clearly explain their role and individual responsibilities were explained in the SOPs.

The pharmacy used a range of strategies to manage risks in the dispensing process. Dispensing areas were well-organised, and cartons or trays were used to segregate prescriptions during the assembly process to prevent them becoming mixed up. Dispensing labels and prescriptions were initialled by team members involved in the assembly and checking processes, which assisted with investigating and managing any mistakes. There was an incident reporting process which included a root cause analysis and head office had oversight of this. Near misses were discussed by the team at the time and recorded on individual charts, and these were regularly reviewed for trends. Monthly patient safety reviews collated learning and identified focus areas for improvement which were shared with the team. Head office issued patient safety updates which communicated learning across the company.

There was a complaints procedure and concerns were dealt with by the store manager. Most issues were resolved informally. The pharmacy also captured instant feedback from customers online and 'Tell us how we did' cards explaining how to provide feedback were available on the counter. The pharmacy participated in annual patient satisfaction surveys and the results were displayed on the counter and available on www.nhs.uk webpage. The store manager said they considered any feedback carefully and made improvements where necessary.

Current professional indemnity insurance was in place. The pharmacy used a recognised patient medication record (PMR) system to document prescription supplies and label medication. A separate system was used for care homes. The team maintained all the records required by law including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were generally in order. The pharmacy made numerous emergency supplies, most commonly when they were waiting for a prescription to be issued. Suitable records were maintained although on a couple of occasions the reason for the supply was not captured, so the team may not

always be able to explain what happened.

The team members had all completed information governance training. Confidential material was suitably stored out of public view and paper waste was segregated and removed for safe disposal, and team members were able to explain this process. Individual smartcards and passwords were used to access IT systems. Signed consent was obtained for any services provided.

All team members had completed the company's e-Learning course on safeguarding. Pharmacists had also completed level 2 safeguarding training and understood how concerns should be escalated. Local safeguarding contacts were available. One of the pharmacists described an occasion when a safeguarding concern had been escalated to the appropriate authorities.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy's staff profile and skill mix are effective in delivering the services. Team members hold the appropriate qualifications for their roles and they complete regular ongoing learning so that they can keep their knowledge up to date. Leadership is effective, and the team members work well together. And there is an open culture, so they are able to raise concerns or provide feedback.

Inspector's evidence

The pharmacy employed approximately 40 staff in total including a full-time non-pharmacist store manager, three assistant managers, and two full-time store pharmacists. There was double pharmacist cover three days a week which enabled them flexibility to offer additional services. Regular relief pharmacists provided additional cover.

At the time of the inspection one of the store pharmacists, and a relief pharmacist were working with two pre-registration students, a qualified dispenser and a pharmacy undergraduate in the retail dispensary. Around seven or eight team members were working in the care home facility, including two pharmacy technicians, one of whom was an accredited checker. Dispensers were expected to work flexibly so they could work in either location in case of unexpected absences. People presenting at the counter were greeted reasonably promptly and waiting times were appropriate. Care home supplies were delivered on time and there was no significant backlog of work.

All team members had completed or were undertaking accredited training. The company provided regular ongoing training using an e-Learning systems and completion of training was monitored. There were formal induction and performance review processes. Team members spoke openly about their work and felt supported. They were allocated time to complete training during work hours. One of the pre-reg students and a new recruit in the care home dispensary spoke positively about their experience so far and the support they had received.

The store management team provided regular team briefings to make sure everyone was kept informed. Team members could contact head office or raise a concern anonymously if needed. The company set some commercial targets, but the pharmacy manager felt these were reasonable and local circumstances were taken into account if these were not met. And the pharmacists felt patient care remained their focus.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of pharmacy services. It has a consultation room so people have access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was situated in a large unit alongside other shops. The healthcare area was signposted and included a medicines counter, prescription reception with front workstations and a larger dispensing area to the rear. There was in more than 5 metres of bench space which was sufficient for the volume of work. A hatch from the dispensary was used to for substance misuse supplies, and supervised consumption, so it was away from the counter. There was a small suitably equipped cubicle-style consultation room in the healthcare area. It was used for services such as travel consultations and confidential discussion.

The care home facility was on the second floor which also had office space, storage areas and staff rest facilities. Access to this area was restricted to staff only. The care home facility was spacious and consisted of three rooms which were kept locked when not in use. The pharmacy was air conditioned, so the room temperature could be controlled. Public facing, and work areas were clean and professional in appearance. Fittings were in a reasonable state of repair. But rear areas and the stock room were less well maintained and sometimes untidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible, and it manages them safely and effectively so that people receive appropriate care. It obtains medicines from licensed suppliers, and it carries out regular checks to make sure that they are in suitable condition to supply.

Inspector's evidence

The pharmacy had several automated double doors and could be easily entered directly from the street. There was signage and leaflets explaining the pharmacy's services and the team were able to signpost to other services in the locality. The pharmacy offered a home delivery service. They were introducing a small fee for this and were in the process of informing people already receiving the service of this. Free deliveries could be provided at the pharmacist's discretion.

The pharmacy dispensed a mixture of walk-in and repeat prescriptions. The team managed repeat prescriptions for regular patients and audit trails were in place, so these could be managed and tracked. Some local surgeries had transferred to the local 'POD' system which required people to order their own medication.

Dispensed medicines were appropriately labelled and bagged prior to collection. Prescription forms were filed separately so that they could be retrieved when the medicines were handed out. Each prescription had an associated 'Patient Information Form' which indicated if there were any potential issues such as interactions. A couple of instances were noted where this system had not been followed but these were immediately addressed by the pharmacist.

People were asked to confirm their name and address before medicines were handed out, to make sure they were correctly identified. Signature audit trails confirmed receipt of medication deliveries. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied. The pharmacist explained how they used coloured cards to highlight when high risk items such as controlled drugs were present, so they could make extra checks when handing these out. Clear plastic bags were used for assembled fridge lines and CDs, so a visual check could be made of these when they were handed to the patient. Substance misuse doses were prepared in advance and stored in the cabinet. Concerns and missed doses were reported to the prescriber.

The pharmacy had SOPs relating to high risk medicines such as anticoagulants and methotrexate which explained how prescriptions for these medicines should be managed. The pharmacists were aware of the risks associated with the use of valproate during pregnancy. They said the pharmacy did not currently have any patients who met the risk criteria, but they knew that such patients should be counselled. The valproate patient cards and leaflets could not be located at the time of the inspection, but the store manager agreed to obtain some.

The pharmacy supplied medicines in multi-compartment compliance packs for around 80 patients. A file was kept containing record sheets for all the patients, showing their current medication, dosage times and date the medicines were due. This information was checked against repeat prescriptions and any

changes would be confirmed with the prescriber before they were dispensed. The packs were labelled with descriptions so that individual medicines could be identified. Patient information leaflets were routinely supplied. Trays could be supplied on either a weekly or monthly basis. The pharmacist said the patient's doctor usually dictated which was most suitable, but they flagged up when patients were non-compliant, so they could be reassessed.

The pharmacy supplied several care homes equating to 200 beds which were mainly elderly care. Most of the care home team were experienced and the service was effectively managed. Separate areas were allocated for different activities and tasks were clearly allocated. Most medication was supplied in original packs with Medication Administration Charts. Pharmacists completed all clinical checks. The ACT usually completed accuracy checks. Any medication changes were queried and there were clear systems of communication. Acute supplies were usually processed and delivered the same day.

The pharmacy had PGDs enabling supplies of prescription medicines such as treatments for hair retention and a range of vaccinations including flu, chicken pox, pneumonia and travel. Travel consultations were the most commonly requested. Both store pharmacists were able to provide these and a full range of vaccinations was offered, including yellow fever. Malaria prevention was provided in conjunction with a remote pharmacist prescriber.

The pharmacy obtained its medicines from licensed wholesalers and suppliers. Stock medicines were stored in an orderly manner. The pharmacy was not compliant with the Falsified Medicines Directive and team members were not sure if this was being introduced in the future.

Expiry date checks were recorded on a chart and recent checks had been completed. A random check of the shelves found no expired items. Pharmacy medicines were stored behind the counter, so sales could be supervised. Medicines fridge maximum and minimum temperatures were recorded daily, and records showed they were within the required range. But one of the main dispensary fridges was overly full and so assembled medicines were less well organised.

Controlled drugs were appropriately stored in the cabinets, and obsolete CDs were segregated. Patient returned CDs and their destruction were documented. Other waste medicines were disposed of in dedicated bins that were kept in the first-floor stock room. The room was only accessible to healthcare staff, but waste medicines were not properly secured, and the store manager agreed to review this. Pharmaceutical waste bins were collected periodically by a specialist waste contractor. Drug alerts were received by e-mail from head office. The e-mails were checked daily and a contact sheet confirmed this, and records were kept showing that they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained and used in a way that protects privacy.

Inspector's evidence

Disposable medicine containers were available, and the pharmacy had measuring and counting equipment for dispensing medicines. The team had access to the internet and British National Formularies and Drug Tariff, and Medicines Complete. Computer terminals were suitably located so they were not visible to the public. Telephone calls could be taken out of earshot of the counter if needed. There were dispensary sinks, two large CD cabinets, and three medical fridges used for storing medicines. The consultation room had a sink and hand sanitiser. CD denaturing kits were available. 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. |