General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, 72-74 High Street, WORCESTER, Worcestershire, WR1 2EU

Pharmacy reference: 1038896

Type of pharmacy: Community

Date of inspection: 28/11/2024

Pharmacy context

This is a community pharmacy located in in the centre of Worcester, Worcestershire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. It also offers the New Medicine Service (NMS), some deliveries and Pharmacy First. And the pharmacy supplies medicines for residents in care homes.

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	1.2	Good practice	The pharmacy regularly reviews and monitors the safety and quality of its services.
		1.8	Good practice	The pharmacy's team members actively ensure the welfare of vulnerable people. They can demonstrate identifying relevant concerns and taking appropriate action in response. The pharmacy has the relevant processes in place to assist with this and team members are suitably trained.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake.
		2.4	Good practice	The pharmacy has an environment where learning and development for team members is supported and encouraged.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are managed and delivered safely and effectively.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy operates in a safe and effective manner. It has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's confidential information appropriately. And the pharmacy generally maintains its records as it should.

Inspector's evidence

Members of the pharmacy team understood their roles well and they knew what they could or could not do in the absence of the responsible pharmacist (RP). This included people who were trained to cover the medicines counter but also worked in the store. The team routinely worked in accordance with the company's current standard operating procedures (SOPs) which provided staff with guidance on how to carry out tasks correctly.

The pharmacy supplied several care homes with medicines for their residents and they had documented service agreements in place with the pharmacy to define the relationship and terms between them. Once prescriptions had been assembled for the care homes, the accuracy checking technician (ACT) usually carried out the final accuracy-check. Before this task was undertaken, the RP clinically checked the prescription(s), medication administration records (MAR) and any associated information first, before other staff assembled it. The clinical check was marked on the prescription using the quadrant stamp which helped identify that this stage had been completed. The ACT confirmed that she was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process.

Some of the pharmacy's dispensing processes were automated with bar code scanning technology being used. This helped minimise the risk of selection errors and had made internal processes more efficient. Staff were observed concentrating on each person's prescription as they assembled them and completed relevant tasks before starting another. They ensured suitable checks were made during the assembly process. Team members worked in different areas and the pharmacists as well as the ACT accuracy-checked prescriptions from designated areas. This helped minimise distractions.

Errors that occurred during the dispensing process (near miss mistakes) were routinely passed back to staff for them to identify and record. Designated staff reviewed the details every week, collated and recorded them as well as subsequently fed them back to the team. Staff described trends recently being seen with quantities and counting errors. Discussions were held to raise awareness and additional accuracy-checks took place to help minimise and reduce the number of errors being made.

The pharmacy also had appropriate complaints and incident management processes in place. The pharmacy displayed details about how people could make a complaint or provide feedback and pharmacists as well as the store manager described handling incidents and complaints in a suitable way. This included investigating the situation, identifying the root cause, implementing changes, and reporting the details to the superintendent pharmacist.

The pharmacy's team members had been trained to protect people's confidential information. Details

were on display in the retail area explaining the pharmacy's privacy policy. The team used their own NHS smart cards to access electronic prescriptions. Confidential waste was separated and disposed of appropriately and there was no sensitive information visible from or left in the retail area. All staff were trained to safeguard the welfare of vulnerable people. Pharmacists were trained to level three. Members of the team could recognise signs of concern and knew who to refer to in the event of a concern. Contact details for relevant agencies were readily accessible and formal safeguarding referrals had also been made.

The pharmacy had suitable professional indemnity insurance arrangements in place. The pharmacy's records were compliant with statutory and best practice requirements. This included a sample of electronic registers seen for CDs, the RP record, records of unlicensed medicines and electronic records of supplies made against private prescriptions. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy had been maintained and records verifying that fridge temperatures had remained within the required range had been completed.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team has enough appropriately skilled staff to deliver the pharmacy's services. Members of the pharmacy team have a range of skills and experience. And the pharmacy provides them with sufficient support as well as the resources they need, so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The pharmacy team was up to date with the current workload. Staff present included a regular part-time pharmacist, a pharmacy technician, and a trained dispenser in the dispensary situated downstairs. This team served people on the counter and dealt with people who brought in prescriptions as well as repeat prescriptions. A different team was situated in the dispensary upstairs, staff prepared medicines for care homes here and at the point of inspection, included the ACT, the care home supervisor who was also a trained dispenser and two further trained dispensers. The store manager was also present who was also a trained dispensing assistant. The pharmacy team covered each other, and staff upstairs came down as contingency for the team downstairs if needed.

The team worked well together. The inspector observed and staff described a positive rapport as well as a supportive working environment. The store manager routinely ensured the team could take breaks with double pharmacist cover available at lunchtimes and to assist with the workload when needed. Some of the team were long-standing as well as being experienced members of the team. Staff asked an appropriate range of questions before selling medicines and they referred appropriately. The company supported the team to progress and develop training further; formal performance reviews took place annually and staff were provided with resources for ongoing training through the company's e-learning platform. The store manager confirmed that the team was up to date with mandatory training such as health and safety, safeguarding and information governance. There were also 'Professional Standards' newsletters or bulletins to keep everyone informed. In addition, briefings and meetings took place every month where patient safety topics were highlighted.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises provide a suitable environment for people to receive healthcare services. The pharmacy is kept clean, it is secure, and professionally presented. And it has separate areas where confidential conversations or services can take place.

Inspector's evidence

The pharmacy premises were inside a large retail store, which was professionally presented although some fixtures and fittings appeared dated but were still functional. The premises included a spacious retail area, two consultation rooms, one of which was in the process of being completed, two dispensaries, one of which was upstairs, staff areas as well as a section to store medicines and stock. The dispensary on the ground floor was small but staff could still carry out dispensing tasks safely, the one upstairs was of a suitable size. The dispensary on the ground floor was also somewhat screened which provided a suitable level of privacy when dispensing prescriptions. The consultation rooms were kept locked when not in use, the one used by the pharmacy team was suitable for its intended purpose. The pharmacy was clean, tidy, and organised. The premises were bright and suitably ventilated. The ambient temperature was suitable for the storage of medicines and the pharmacy was secured against unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy has safe working practices. People can easily access the pharmacy's services. The pharmacy suitably provides medicines to people in care homes. Team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well.

Inspector's evidence

People could enter the pharmacy from the street which was step free. The store retail area consisted of different levels, but it had clear, open space and wide aisles as well as stairs and lifts. This helped people with restricted mobility or using wheelchairs to access the pharmacy's services. There were a few chairs inside the pharmacy premises if people wanted to wait for their prescriptions and the pharmacy's opening hours were on display. Staff could make suitable adjustments for people with diverse needs; they described speaking slowly and clearly, physically assisted, and provided verbal details, used Google Translate when needed and many team members in the pharmacy and store were multilingual.

The workflow involved the team using plastic tubs to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. The pharmacy's system helped identify who had been involved in the dispensing process and generated dispensing labels for the care homes had a facility on them which helped identify team members involved in assembling and accuracy checking. In addition, team members signed the quadrant stamp printed on every prescription which helped identify who was responsible for dispensing, accuracy checking, clinical checking and handing the prescription out. Staff routinely used these as an audit trail.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. They were stored in an organised way. The team date-checked medicines for expiry regularly and kept records of when this process took place. Short-dated medicines were identified and there were no date-expired medicines seen. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. Dispensed medicines requiring refrigeration and CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This did not include sharps or needles which were re-directed accordingly. Drug alerts were received by email and actioned appropriately. Records were kept verifying this and relevant details were provided to the care homes.

The care homes ordered repeat prescriptions for their residents, and the pharmacy's system enabled it to track and monitor this. A summary form of missing items was generated for the team to use to support the homes if needed. Staff monitored the process, and schedules were in place to help keep track of when the medicines were due. Interim or medicines which were needed mid-cycle were dispensed at the pharmacy. Patient information leaflets (PILs) were routinely supplied. The pharmacy offered a delivery service, and the team kept records about this service. Failed deliveries were brought back to the pharmacy, people were called beforehand to inform them about the delivery and medicines were not left unattended.

Team members were aware of the risks associated with valproates, they ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and had identified people in the at-risk group who had been supplied this medicine. Appropriate literature was also available to provide to people at risk when supplying valproates. People prescribed other higher-risk medicines were also routinely identified, upon handing out these medicines, staff were prompted by the pharmacy system to ensure relevant questions or details about their treatment were asked and this information was routinely recorded.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is suitably clean. And team members use them appropriately to keep people's confidential information safe.

Inspector's evidence

The pharmacy's equipment was suitable and kept clean. Both dispensaries held the appropriate range of equipment needed to dispense medicines safely. This included standardised conical measures for liquid medicines and triangle tablet counters as well as separate ones which were marked for cytotoxic use only. This helped avoid any cross-contamination. The pharmacy also had appropriately operating pharmacy fridges, legally compliant CD cabinets, access to current reference sources, hot and cold running water as well as clean sinks. Portable telephones helped conversations to take place in private if required. The pharmacy's computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access.

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.