

Registered pharmacy inspection report

Pharmacy Name: Boots, Park Road Medical Centre, Park Road, Little Horton, BRADFORD, West Yorkshire, BD5 0SG

Pharmacy reference: 1039482

Type of pharmacy: Community

Date of inspection: 27/09/2022

Pharmacy context

The pharmacy is attached to a medical centre in a residential suburb of Bradford. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs to help them take their medicines correctly. And they deliver medicines to people's homes. The pharmacy provides people with services via the NHS Community Pharmacist Consultation Service (CPCS). And it provides seasonal flu vaccinations.

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 adequately identifies and manages risks to its services. And it has the written procedures it needs relevant to its services. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members record and sometimes discuss the mistakes they make to learn from them. But they don't always identify why mistakes happen or act on the patterns they find. And they don't always have access to the records they make. So, they may miss opportunities to reflect and make improvements to the pharmacy's services.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The superintendent pharmacist's (SIs) office had reviewed the sample of procedures seen in 2020 and 2021. And had scheduled the next review of the procedures for 2022 and 2023. The company was in the process of updating its SOPs and migrating them to an online platform. Pharmacy team members received new and updated SOPs each month to read via an online training portal. Each procedure was accompanied by an assessment to test people's understanding. Pharmacy team members confirmed their understanding by passing the assessment. Pharmacy team members were clear about where the procedures were kept if they needed to refer to them. The pharmacy received a bulletin approximately every month from the company's professional standards team, called "The Professional Standard", communicating professional issues and learning from across the organisation because of near miss and error analysis. The bulletin also provided best practice guidance on various topics and case studies based on real incidents that had occurred. It detailed suggested learning for pharmacy team members. Pharmacy team members read the bulletin and signed the front of each bulletin to record that they had done so.

The pharmacy was providing a seasonal flu vaccination service to people. The pharmacy had completed a risk assessment to help them minimise the risks of delivering the service to people. But pharmacy team members said the risk assessment had been completed visually and had not been documented. So, they were unable to return to the assessment to reflect or make changes considering emerging risks as the service was provided. The pharmacy had up-to-date patient group direction (PGD) documents available for both the NHS and private service. And the pharmacist had signed both documents to confirm they formed the legal basis for providing the service. People were referred to the pharmacy for services via the NHS Community Pharmacist Consultation Service (CPCS). Pharmacy team members explained the system clearly. And most people were currently being referred via NHS111 and required an emergency supply of their medicines. The pharmacy had completed and documented a risk assessment before delivering the service to help team members manage the key governance risks, such as ensuring an SOP was in place and team members had completed training. Pharmacy team members recorded their consultations with people, including the outcome.

Pharmacy team members highlighted and recorded near miss and dispensing errors they made when dispensing. There were documented procedures to help them do this effectively. They used an electronic system to record their near miss errors. And the data collected was uploaded to a centralised system to help aid analysis. Pharmacy team members explained they sometimes discussed their errors and why they might have happened. But they didn't do this often. One example of a change they had

made after an error was separating sertraline and sitagliptin on the pharmacy's shelves to help prevent team members selecting the incorrect medicine. Pharmacy team members were unable to access the records they made about their errors. This was because the pharmacy currently did not have a manager. And only a manager was able to access data recorded about mistakes. Pharmacy team members did not regularly analyse the data they collected about mistakes to identify patterns. The most recent documented analysis available to see had taken place in April 2021. Pharmacy team members gave their assurances that they discussed their errors and any mistakes that were occurring frequently. They explained the pharmacy's electronic dispensing system, which used barcode scanning technology to check that team members had selected the correct medicines from shelves. And this had also helped the pharmacy to reduce the number of picking errors. The pharmacy also recorded dispensing errors, which were errors identified after the person had received their medicines. But pharmacy team members were also unable to access these records during the inspection. So, the quality of their reporting could not be assessed at this inspection.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained feedback was usually collected verbally and by using comment cards given to people at the pharmacy counter. There were no examples of any changes made by pharmacy team members in response to people's feedback. The pharmacy had up-to-date professional indemnity insurance in place. It kept controlled drug (CD) registers complete and kept running balances in all registers. Pharmacy team members audited these registers against the physical stock quantity every week. The pharmacy kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record. And this was also complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept accurate private prescription and emergency supply records electronically.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. These bags were collected periodically by a waste disposal contractor and taken for secure destruction. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members had signed to confirm they had understood the procedure. They explained how important it was to protect people's privacy and how they would protect confidentiality. And they completed mandatory training each year. A pharmacy team member gave some examples of symptoms that would raise their concerns about vulnerable children and adults. And how they would refer to the pharmacist. The pharmacy had procedures for dealing with concerns about children and vulnerable adults. Pharmacy team members completed mandatory safeguarding training each year.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete appropriate training to keep their knowledge up to date. And they feel comfortable discussing ideas and issues. But the pharmacy doesn't provide team members with regular appraisals to help them properly identify and address their learning needs.

Inspector's evidence

During the inspection, the pharmacy team members present were the responsible pharmacist, one dispenser and a new member of the team. Pharmacy team members completed mandatory e-learning modules each month. And they also regularly discussed learning topics informally with the pharmacist. Team members often found it difficult to find time during work to complete mandatory training. So, they often completed the necessary learning at home in their own time. The pharmacy had an appraisal process in place for pharmacy team members. But team members explained they had not received a formal review with their manager since 2019. Pharmacy team members explained these reviews had not been completed since their manager left at the end of 2019. They explained they would raise any learning needs they had informally with the pharmacist or with the manager of another pharmacy nearby who was supporting them.

A pharmacy team member explained how they would raise professional concerns with the pharmacists, the area manager or the pharmacy superintendent's office if necessary. They felt comfortable raising concerns. And making suggestions to help improve the pharmacy. But they were less confident that their concerns and suggestions would be considered, or changes would be made where they were needed. One recent example of a change team members had made themselves was changing the way they filed and organised alert cards to use when dispensing. Their changes had made the card easier to find and had helped them dispense prescriptions more efficiently with the right information for the pharmacist. The pharmacy had a whistleblowing policy. Pharmacy team members knew how to access the procedure. Pharmacy team members communicated with an open working dialogue during the inspection.

Principle 3 - Premises Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services it provides. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. And the benches where medicines were prepared were tidy and well organised. The pharmacy's floors and passageways were free from clutter and obstruction. The pharmacy kept equipment and stock on shelves throughout the premises. It had a private consultation room available. Pharmacy team members used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well-maintained sink in the dispensary used for medicines preparation. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained heat and light to acceptable levels. Its overall appearance was professional and suitable for the services it provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people, including people using wheelchairs. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines appropriately. And it stores and manages its medicines properly.

Inspector's evidence

The pharmacy had level access from the medical centre car park. It had a bell at the door for people to use to attract attention if they needed help accessing the premises. Pharmacy team members explained how they would communicate in writing with people with a hearing impairment. And provide large-print labels and instruction sheets to help people with a visual impairment. Pharmacy team members were also able to speak some other languages spoken locally, including Urdu, Punjabi, and Gujarati. And they could use an online translation service to help communicate with people who spoke other languages, such as Polish.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. And they signed a quadrant printed on the prescription. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. Pharmacy team members used various alert cards to highlight various aspects of a prescription. These included highlighting an item that required storage in a fridge, a controlled drug (CD) and some high-risk medicines such as warfarin and sodium valproate. Pharmacy team members also attached a sticker to prescription bags containing CDs. They wrote the expiry date of the prescription on the sticker. This was to help prevent the medicines being given out after the prescription had expired. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They advised they would also check if they were on a pregnancy prevention programme and taking regular contraception. The pharmacy had stock of information materials to give to people to help them manage the risks of taking valproate.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached labels to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. They also recorded this on their electronic patient medication record (PMR). Team members kept records of communications they had with the GP surgeries about people's packs, to help resolve future queries quickly. The pharmacy delivered medicines to people via a delivery driver that they shared with several other local stores. It used an electronic system to manage and record deliveries which uploaded information to the driver's handheld device. Pharmacy team members highlighted bags containing controlled drugs (CDs) on the driver's device and on the prescription bag. The delivery driver left a card through the letterbox if someone was not at home when they delivered, asking them to contact the pharmacy.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves. The

pharmacy had disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures in the pharmacy's fridge each day and recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members recorded checks of medicine expiry dates that they made in various areas of the pharmacy every week on a rolling cycle. This meant they checked all medicines every thirteen weeks. Pharmacy team members highlighted and recorded any short-dated items up to six months before their expiry and recorded these items on a monthly stock expiry list. They removed expiring items at the beginning of their month of expiry.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had some equipment available to help prevent the transmission of Covid-19. These included hand sanitiser and plastic screens. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. It had a suitable container available to collect and segregate its confidential waste. It kept its password-protected computer terminals in the secure areas of the pharmacy, away from public view.

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.