

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Unit 4 Auchinbee Way, Cumbernauld,  
GLASGOW, Lanarkshire, G68 0EZ

**Pharmacy reference:** 1042273

**Type of pharmacy:** Community

**Date of inspection:** 13/06/2024

## Pharmacy context

This is a pharmacy in the town of Cumbernauld on the outskirts of Glasgow. Its main activity is dispensing NHS prescriptions. It provides some people with their medication in multi-compartment compliance packs to help them take their medicine correctly and it provides a range of NHS services including Pharmacy First. It has a delivery service, taking medicines to people in their homes.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's written procedures help manage risk so that team members can provide services safely. Team members record errors made during the dispensing process and identify learnings to help prevent the same or a similar mistake from occurring. They keep records required by law and keep people's private information secure. They have the necessary training to effectively respond to concerns for the welfare of people accessing the pharmacy's services.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were designed to help guide team members to work safely and effectively. These were reviewed by the company's superintendent pharmacist (SI) team every two years. Team members accessed them on an electronic platform where they were directed to review newly updated SOPs when they were released. They completed quizzes to confirm their understanding of them and compliance with completion was monitored by the pharmacy manager.

The pharmacy recorded mistakes identified and rectified during the dispensing process known as near misses. The person who made the error recorded the details about it, or if they were not present when the mistake was identified, the pharmacist recorded the details and discussed it with the team member afterward. Details of the mistakes were completed electronically and showed that mistakes generally involved the incorrect quantity of a medicine being dispensed. Team members discussed the mistakes made and a monthly patient safety review was completed to help identify trends and learnings to prevent future near misses and dispensing incidents. For example, medicines that could not be barcode scanned during the dispensing process were double checked for accuracy by a second team member before its final accuracy check by the pharmacist. And team members highlighted similarly packaged medicines to each other to help prevent mistakes. The pharmacy completed incident reports for errors that were not identified until after a person had received their medicine. These were recorded electronically and shared with the area manager and the head office team. The pharmacy had a complaints policy which was detailed in the pharmacy's practice leaflet. Team members aimed to resolve any complaints or concerns informally. For any complaints that were received via the company's customer services team, the pharmacy manager aimed to resolve the complaint or escalated it to the area manager. Team members sought feedback from people accessing the pharmacy's service in the form of surveys. They had responded to feedback from people who wanted an easier way to drop off their prescription by installing a secure box for people to leave them in.

The pharmacy had current professional indemnity insurance. Team members were observed working within the scope of their roles. Their roles and responsibilities were documented on a matrix within the dispensary which was updated regularly as team members developed their skills and knowledge. Team members were aware of the tasks that could and could not take place in the absence of the responsible pharmacist (RP). The RP notice was prominently displayed in the retail area and reflected the details of the RP on duty. The RP record was completed correctly. The pharmacy had a paper-based register for recording the receipt and supply of its controlled drugs (CDs). The entries checked were in order, with some minor omissions of the wholesaler address for received medicines. Team members checked the physical stock levels of medicines matched those in the CD register on a weekly basis. The pharmacy recorded details of CD medicines returned by people who no longer needed them. And these were

destroyed and witnessed by two team members, one of whom was either a pharmacist or pharmacy technician. The pharmacy kept certificates of conformity for unlicensed medicines and details of who the medicine was supplied which provided an audit trail. It kept electronic records for its supply of private prescriptions and kept associated paper prescriptions.

The pharmacy had both company and NHS data processing notices in the retail area which informed people of how their data was used. Team members received annual training regarding information governance and General Data Protection Regulation. The pharmacy separated confidential waste for collection and secure destruction. It displayed a chaperone policy at the consultation room, informing people of their right to have a chaperone present for consultations that took place in the consultation room. Team members received annual training for safeguarding of vulnerable adults and children. They knew to refer any concerns to the pharmacist in the first instance. All team members were part of the protecting vulnerable groups scheme.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has suitably skilled and qualified team members to help manage the workload. Those who are in training receive appropriate supervision. Team members complete ongoing training to help develop their skills and knowledge. And they suitably respond to requests for advice and sales of medicines.

### Inspector's evidence

The pharmacy employed three part-time pharmacists who covered the opening hours. At the time of the inspection one of the regular pharmacists was the RP, and a second began their shift during the inspection. They were supported by the pharmacy manager, who was an accuracy checking pharmacy technician (ACPT) and four dispensers, one of whom was a trainee. The pharmacy had an additional pharmacy technician and seven dispensers who were not present during the inspection. All team members except the pharmacy manager worked part-time and all had either completed accredited qualification training or were completing accredited qualification training for their roles. Two of the pharmacists were tutors for different trainee team members and supervised their learning. Team members received protected learning time in the pharmacy monthly to complete ongoing training, with the most recent training including health and safety and a review of dispensing SOPs. They received a monthly newsletter from the company which provided information and learnings from other pharmacies in the company. And team members signed to say they had read it. The pharmacists and pharmacy technicians received continuing professional development time which allowed them to complete any necessary training outside business hours. And they had completed additional training to provide the NHS Pharmacy First service and influenza vaccinations.

Team members were observed to work well together and were managing the workload. They were enthusiastic about their roles. The pharmacist, ACPT and pharmacy technicians received bi-annual performance reviews. Other team members did not receive performance reviews in line with company policy but did receive in-the-moment feedback from the pharmacy manager. Team members were offered opportunities to develop their skills and knowledge by undertaking additional qualifications. There was an open and honest culture amongst the team, and they felt comfortable to raise concerns with the pharmacy's management if necessary. The company had a whistleblowing policy for its team members.

Team members asked appropriate questions when selling medicines over the counter and referred to the pharmacist if necessary. They knew to be vigilant to repeated requests for medicines liable to misuse, for example medicines containing codeine. Some team members felt comfortable having supportive conversations with people where necessary and others referred requests to the pharmacist. They also intervened when medicines were being requested on prescription early and highlighted these instances to the GP.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, secure and suitable for the services it provides. It has appropriate facilities for people requiring privacy when accessing services.

### Inspector's evidence

The pharmacy comprised of a spacious retail area and dispensary. It had a medicines counter which was well organised and portrayed a professional appearance. It was situated directly in front of the dispensary and a barrier could be pulled across preventing unauthorised access to the dispensary. There was an organised workflow in the dispensary and different benches were used for the completion of different tasks. The pharmacist's checking area allowed for effective supervision of both the medicines counter and dispensary. And this meant they were able to intervene in conversations at the medicines counter if necessary. The dispensary had a sink which provided hot and cold water and soap for handwashing. And toilet facilities were clean and had separate handwashing facilities. There was a separate area in the basement which was used for team member's breaks and as a stock room. Lighting provided good visibility and the temperature was comfortable throughout.

The pharmacy had a soundproofed room which allowed people to have private conversations and access services. There was a desk, computer and chairs for consultations to be completed comfortably. The consultation room was locked when not in use.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages the delivery of its services safely and effectively. And it makes them accessible to people. Team members complete regular checks on medicines to ensure they remain fit for supply. They provide people with the necessary information to take their medicines safely. And they respond appropriately to alerts about the safety of medicines.

### Inspector's evidence

The pharmacy advertised its opening hours at the main entrance. It had an automatic door and level access from outside which provided ease of access to those using wheelchairs or with prams. Team members provided large print labels for those with visual difficulties and assisted people with hearing difficulties by providing information in writing. A team member spoke an additional language to English, which helped people who did not speak English as their first language. The pharmacy had a range of healthcare leaflets for people to read or take away. The pharmacy's services such as NHS Pharmacy First were underpinned by patient group directions (PGDs) which were up to date. And the pharmacists had signed and shared declarations of competency with the Health Board.

Team members used containers to keep people's prescriptions and medicines together and reduce the risk of errors. And they signed dispensing labels to confirm who had dispensed and who had checked the medicines so there was an audit trail of those involved in each stage of the process. Laminated cards were attached to prescriptions to highlight fridge lines, CDs or higher-risk medicines such as valproate. Team members were aware of the Pregnancy Prevention Programme (PPP) for people who were prescribed valproate and the additional information to be supplied to help them take their medicines safely. They were aware of recently updated legislation for providing valproate in original packs and had completed a risk assessment for those who received medicines outside the original pack. Team members were observed asking appropriate questions when handing out medicines to ensure they were provided to the correct person. They provided people with an owing slip, which was a record of medicines they could not provide the full quantity of.

The pharmacy supervised the administration of medicine for some people. Team members managed the service by preparing the medicine on a weekly basis so that the medicine was ready for people to collect. The pharmacy provided some people with their medicines in multi-compartment compliance packs to help them take their medicines at the correct times. Team members ordered the prescriptions in advance of them being requested so that any queries could be resolved in a timely manner. Each person had a medication record sheet which detailed the medicines and administration times. Any changes to a person's medicines were communicated from the GP and a record of the information received was kept with the person's medication record. And a new medication record sheet was completed to ensure clarity for team members completing the packs. Team members provided descriptions of the medicines in the packs so they could be easily identified. And they provided people with the necessary information to take their medicines safely, including warnings and patient information leaflets.

The pharmacy sourced its medicines from licensed wholesalers. And medicines were kept in original containers and stored neatly in alphabetical order on the dispensary shelves. Pharmacy only (P) medicines were stored behind the medicines counter which ensured sales of these medicines were supervised by the pharmacist. Team members had a process for checking the expiry date of medicines.

And records showed checking was up to date. Medicines expiring in the next three months were highlighted for use first. A random selection of 17 medicines found no out-of-date medicines. And liquid medicines with a shortened expiry on opening were marked with the date of opening. The pharmacy had two fridges to store medicines that required cold storage. Team members recorded the temperatures daily, with records showing the fridge was operating between the required two and eight degrees Celsius. Team members had annotated in the record that an anomaly in the temperature had been investigated and resolved. And they kept a record of the completed investigation. Team members received notifications about drug alerts and recalls via NHS email and directly from the company on an online platform. They kept printed records of these which were signed after action had been taken and retained for future reference. And the information was communicated to team members who were not present when the alert was received.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had access to electronic reference resources including the British National Formulary (BNF) and British National Formulary for children (BNFc). It had equipment it needed for its services including in-date emergency adrenaline ampoules and pens used for the influenza vaccination service. The pharmacy had clean crown-stamped and ISO marked measuring cylinders which were marked to identify which were for water and which were for liquid medicines. It had triangles used to count tablets and a separate triangle used for counting cytotoxic medicines.

The pharmacy had a cordless telephone so that conversations could be kept private. And it stored medicines awaiting collection adjacent to the medicines counter. Team members ensured that people's private information was secured by asking people to wait away from the shelves where the medicines were kept. Confidential information was secured on computers using passwords. And screens were positioned in a way that ensured only authorised people could see them.

### 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.