

Registered pharmacy inspection report

Pharmacy Name: Boots, 58-60 Main Street, Davidsons Mains,
EDINBURGH, Midlothian, EH4 5AA

Pharmacy reference: 1042700

Type of pharmacy: Community

Date of inspection: 04/12/2023

Pharmacy context

This is a community pharmacy in a residential area in the city of Edinburgh. Its main services include dispensing NHS prescriptions, and it provides some people with their medicines in multi-compartment compliance packs. Team members advise on minor ailments and medicines use. And they deliver the NHS Pharmacy First Service.

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	1.8	Good practice	The pharmacy has a clear culture of safeguarding children and vulnerable adults. And it supports its team members in raising concerns. The pharmacy team documents examples of the safeguarding interventions they make to help people. And team members have confidence and experience to suitably protect vulnerable people's welfare.
2. Staff	Standards met	2.2	Good practice	The pharmacy's supervising pharmacist fully supports new pharmacy team members whilst they undergo training. Experienced, fully trained team members also provide ongoing support for these team members. The pharmacy provides protected learning time for all team members to learn while they are at work.
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 appropriately manages the risks associated with the services it provides for people. Its complete set of written procedures help the team carry out tasks consistently and safely. They record and learn from the mistakes they make when dispensing. And they keep the records they need to by law. Team members have knowledge and experience to help support vulnerable people. And they work well together to protect people's welfare.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help pharmacy team members manage risks. Most of the SOPs were available to the pharmacy team members electronically and they reviewed new SOPs regularly via the company's online training portal. Each procedure was accompanied by an assessment to test team members' understanding. A few SOPs were paper based and team members had signed a paper record of competence to show they understood these. The pharmacy's superintendents (SI) team reviewed the SOPs on a two-year rolling rota. Team members were observed working within the scope of their roles. They were aware of the responsible pharmacist (RP) regulations and of what tasks they could and couldn't do in the absence of an RP.

Pharmacy team members recorded any mistakes they identified during the dispensing process, known as near misses, on an electronic near miss record. They explained that an error would be highlighted to them by the pharmacist, and it was their responsibility to enter it onto the record. This allowed them to reflect on the mistake. The team also completed a monthly patient safety report. This was led by the trainee pharmacy technician who shared the outcome of the analysis with all team members during a monthly team meeting. And the team signed the minutes of the meeting to confirm their attendance. The pharmacy received a bulletin approximately every month from the company's SI team. This shared any professional issues and learning from across the organisation following analysis of reported near misses and errors. Pharmacy team members read the bulletin and signed the front to record that they had done so. Team members also recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded on an electronic platform and were then reviewed by the SI. The individuals involved in the error completed a root cause analysis form and reflective statement to determine how the error may have happened. The team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or SI office.

The pharmacy had current indemnity insurance. The RP notice displayed contained the correct details of the RP on duty, and it could be seen clearly from the retail area. The RP record was compliant. The pharmacy had a paper-based controlled drug (CD) register and the entries checked were in order. Team members checked the physical stock levels of CDs against the balances recorded in the CD register weekly. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Accurate records of private prescriptions were maintained.

A company privacy notice and an NHS Pharmacy First privacy notice were displayed in the retail area informing people how the pharmacy handled their data. Team members were aware of the need to keep people's confidential information safe. And they were observed separating confidential waste to

be shredded. The pharmacy stored confidential information in staff-only areas. Pharmacy team members had completed learning associated with their role in protecting vulnerable people. They understood their obligations to manage safeguarding concerns well and were familiar with common signs of abuse and neglect. They discussed their concerns with the pharmacist, who had on more than one occasion supported people and made onward referrals. The team had access to contact details for relevant local agencies. And the team maintained records of safeguarding interventions. For example, they kept a patient care record for all people who visited the pharmacy for a supervised substance misuse service. The record included their details, emergency contact details and there was a log of any interventions made to the persons GP or key worker. The pharmacist was a member of the Protecting Vulnerable Groups (PVG) scheme. There was a clear culture of safeguarding in the pharmacy and team members felt supported when dealing with concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient team members with the right qualifications and knowledge to manage its workload and provide its services. The pharmacy team supports its members to complete appropriate training for their roles and keep their skills up to date. Members of the team work well together and communicate effectively. And they are comfortable raising concerns should they need to.

Inspector's evidence

The pharmacy employed a full-time pharmacist who was also the manager. A regular relief pharmacist worked as RP on the other days. Other team members included a part-time trainee technician, five dispensers and three trainee dispensers. And there was currently a full-time foundation pharmacist. Team members had all completed accredited training or were enrolled on an accredited training course for their role. All team members enrolled on an accredited training course received protected learning time per week to support its completion. Those enrolled on an NVQ2 course received two hours protected learning time per week, which was more than the course provider recommended, but the supervising pharmacist felt it was more beneficial to provide team members with the additional learning time. The foundation pharmacist also acted as a buddy to those enrolled on the NVQ2 course to help support its completion. And the team members had regular informal meetings with the supervising pharmacist to review their progress. The trainee technician advised that she had monthly formal meetings with her supervising pharmacist and online course provider tutor. They also provided support to other team members with additional learning. The foundation pharmacist recently shadowed the trainee technician who was also the pharmacy patient safety champion. They observed the trainee technician completing monthly patient safety activities and leading the monthly team meeting. The following month, the foundation pharmacist then felt confident to complete these activities. The trainee technician also advised that she had helped provide support to all team members involved in the delivery of the NHS Pharmacy First Service. They developed an additional document to accompany the NHS Pharmacy First formulary which provided counselling points for each medicine. This helped support team members to provide appropriate counselling to people using the service and provided an additional tool to aid their learning.

Team members were observed working well together and managing the workload. A task rota was developed to help the team manage responsibilities. Planned leave requests were managed so that only one team member was absent at a time. Part-time staff supported by working additional hours during periods of planned leave. The pharmacy team had received regular visits from their area manager. They felt comfortable to raise any concerns with their manager or area manager. Members of the team received regular feedback as they worked.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine containing medicines. And that they would refer them to the pharmacist. There were some targets set for pharmacy services, but the team felt that these were appropriate and did not feel under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and the team maintains them to a high standard. The pharmacy has private consultation facilities where people can have confidential conversations with a pharmacy team member if needed.

Inspector's evidence

The premises were secure and provided a professional image. The pharmacy workspaces were well organised with designated areas for completion of pharmacy tasks and suitable storage for prescriptions. There was a dispensing area in the rear of the pharmacy where team members could work if required to reduce distractions. This was mainly used to dispense multi-compartment compliance packs. A bench used by the RP to complete the final checking process was in the centre of the dispensary near the retail counter. The medicines counter could be clearly seen from the checking area which enabled the pharmacist to intervene in a sale when necessary. A good-sized consultation room was clearly signposted and had lockable storage for confidential information. Team members used a separate hatch area protected by a screen to provide supervision of substance misuse services.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and there were other facilities for hand washing. And team members regularly cleaned pharmacy workspaces and staff facilities. The pharmacy kept heating and lighting to an appropriate level in the dispensary and retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support people's health needs. It manages its services well and they are easily accessible to people. The pharmacy receives its medicines from reputable sources and stores them appropriately. The team carries out checks to help ensure the medicines are kept in good condition.

Inspector's evidence

The pharmacy had good physical access with a level entrance and an automatic door. It displayed its opening hours and services at the entrance. The team kept a range of healthcare information leaflets for people to read or take away. And they had a pharmacy information leaflet. Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. Team members signed dispensing labels to maintain an audit trail. The audit trail helped to identify which team member had dispensed and checked the medicine. The pharmacy gave owing slips to people when it could not supply the full quantity of medicines prescribed. And it offered a delivery service and kept records of completed deliveries including CDs.

Team members demonstrated a good awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to the packs in a way that prevented the written warnings on the packs from being covered up. The pharmacy supplied patient information leaflets and patient cards with every supply. And they always supplied valproate in the original manufacturer's pack. Team members used various alert stickers to attach to prescriptions for people's dispensed medicines. They used these as a prompt before they handed out medicines to people which may require further intervention from the pharmacist.

A proportion of the pharmacy's workload involved supplying people's medicines in multi-compartment compliance packs. This helped people to better manage their medicines. Team members used medication record sheets that contained a copy of each person's medication and dosage times. They were responsible for managing the ordering of repeat prescriptions and reconciled these against the medication record sheet. They documented any changes to people's medication on the record sheets and who had initiated the change. This ensured there was a full audit trail should the need arise to deal with any future queries. The packs were annotated with detailed descriptions which allowed people to distinguish between the medicines within them. And the pharmacy provided people with information leaflets, so people had up to date information about their medicines. The compliance packs were signed by the dispenser and RP so there was an audit trail of who had been involved in the dispensing process.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The team dispensed medicines in advance of people collecting. They kept a record of the collection due date and date the prescription was collected. This allowed the team to monitor compliance. The NHS Pharmacy first service was popular. This involved supplying medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically. The medicines counter assistant asked people relevant consultation questions and referred to the pharmacy first formulary. They then suggested a treatment

option to the pharmacist who completed the consultation.

The pharmacy obtained its stock medicines from licensed wholesalers and stored them tidily on shelves and in drawers. Team members had a process for checking expiry dates of the pharmacy's medicines. Short-dated stock which was due to expire soon was highlighted and rotated to the front of the shelf, so it was selected first. The team advised that they were up to date with the process and a log of medicines close to their expiry dates was completed by team members. A random selection of medicines were checked and no out-of-date medicines were found to be present. The team marked liquid medication packs with the date of opening to ensure they remained suitable to supply. The pharmacy had medical grade fridges to store medicines that required cold storage. The team recorded daily checks of the maximum and minimum temperatures. A sample of the records seen showed the fridge was operating within the correct range of between two and eight degrees Celsius. The pharmacy received notifications of drug alerts and recalls via email and on the pharmacy intranet. And team members carried out the necessary checks and knew to remove and quarantine affected stock. The pharmacy had medical waste bins and CD denaturing kits to manage pharmaceutical waste.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF), the BNF for children and the NHS Lothian Pharmacy First Formulary. And there was access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had a set of clean, well-maintained tablet counters. The pharmacy used a measuring pump for dispensing of some CD liquids that was calibrated before use and regularly cleaned. The pharmacy stored dispensed medicines awaiting collection, in a way that prevented members of the public seeing people's confidential information.

The dispensary was screened, and computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with people.

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.