

Registered pharmacy inspection report

Pharmacy Name: Boots, 182 Main Street, BARRHEAD, Renfrewshire,
G78 1SL

Pharmacy reference: 1042866

Type of pharmacy: Community

Date of inspection: 03/09/2024

Pharmacy context

This is a community pharmacy located on the outside of a small shopping centre on the high street in the town of Barrhead in East Renfrewshire. Its main services include dispensing NHS prescriptions, including serial prescriptions, and selling over-the-counter medicines. The pharmacy provides the NHS Pharmacy First Plus service and a substance misuse service. Team members provide advice on minor ailments and medicines' use.

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 appropriately identifies and manages the risks associated with the services it provides. Pharmacy team members record and discuss dispensing mistakes made during the dispensing process and make changes to mitigate the risk of the same mistake happening again. And they understand their role in the safeguarding of vulnerable people. The pharmacy keeps the records it needs to by law and it suitably protects people's confidential information.

Inspector's evidence

Team members had access to a set of standard operating procedures (SOPs) that were designed to help them work safely and effectively. Most SOPs were accessed online with a small number paper-based and stored in folders. They included SOPs about the management of controlled drugs (CDs) and the assembly of medicines in multi-compartment compliance packs. SOPs were reviewed by the superintendent pharmacist (SI) team every two years. And team members completed an online assessment to show they had read and understood them. Notification of new or updated SOPs were communicated to team members via an online company platform. The pharmacy employed two accuracy checking pharmacy technicians (ACPTs) who followed a procedure for conducting final accuracy checks and they knew to only check prescriptions that had been clinically checked and annotated by a pharmacist. Team members described their roles and responsibilities within the pharmacy. And they accurately described what activities they could and couldn't undertake in the absence of the responsible pharmacist (RP). There was a business continuity plan in place to address any disruption to services or unexpected closure.

A signature audit trail on medicines labels showed who was responsible for dispensing and checking each medicine. This meant the RP and ACPTs were able to help team members learn from dispensing mistakes identified during the dispensing process, known as near misses. The pharmacy kept electronic records of near misses and included details such as the time and date the near miss happened, and any contributing factors. Team members were encouraged to record the near miss when it happened as a method of reflection following a mistake. Mistakes identified after a person received their prescription, known as dispensing incidents, were recorded on an online system, and then reviewed by the SI team at head office. A patient safety review audit was carried out on near misses and dispensing incidents by one of the ACPTs once a month. Team members then discussed the findings from the audit and agreed actions which they put in place to manage the risk of the same or a similar mistake happening again. This included implementing a second check on all medicines that were dispensed out with the manufacturers original packaging due a trend identified with quantity errors.

The pharmacy had a complaints procedure and welcomed feedback. There was a quick response (QR) code available on the healthcare counter for people to scan and provide feedback about the service they had received. Team members were trained to resolve complaints and aimed to do so informally. However, if they could not resolve the complaint, they would provide details for the customer care team or SI team at head office. The pharmacy had current professional liability insurance. The pharmacy displayed an RP notice which was visible in the retail area and reflected the correct details of the pharmacist on duty, and the paper-based RP log was complete. Team members maintained paper-based controlled drug registers. And they checked the physical quantity in stock reflected the balance recorded in the registers every week. A random balance check of the quantity of two CDs showed a

discrepancy with one balance. This was discussed with a team member and the RP at the time of inspection and then rectified. The pharmacy had records of CDs people had returned for safe disposal. Private prescription records held electronically were up to date. The pharmacy held certificates of conformity for unlicensed medicines and details of supply were included to provide an audit trail.

Team members had completed online information governance (IG) training. And training relating to the safeguarding of vulnerable people. There was a safeguarding policy in place and team members provided examples of signs that would raise concerns, and interventions they had made to protect vulnerable people. And they had contact details for local safeguarding agencies. Confidential waste was segregated and collected by a third-party contractor to be securely destroyed off-site.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary skills and knowledge for their roles and services they provide. They manage the workload well and provide support to each other as they work. And they feel comfortable raising professional concerns should they need to.

Inspector's evidence

The pharmacy employed one full-time pharmacist who was an independent prescriber (PIP) and had commenced the position of pharmacy manager one day prior to the inspection, a second part-time pharmacist provided double cover throughout the week, two part-time ACPTs, one full-time dispenser, four part-time dispensers, one part-time medicines counter assistant (MCA) and a pharmacy student worked on Saturdays. There was currently a vacancy for a dispenser or a pharmacy technician. The pharmacy provided a delivery service twice a day. Delivery drivers were organised by the company, their route was planned in advance, and they used an electronic handheld device to record the delivery of each prescription. Team members were observed managing the workload well and providing support to each other as they worked. Skill mix arrangements were regularly reviewed to ensure continuity of work. The pharmacy manager managed annual leave requests to ensure staffing levels remained sufficient to manage the workload safely. Part-time team members provided contingency cover during periods of absence and the pharmacy manager had access to the company's relief staff if needed.

Protected learning time was provided for team members undertaking accredited qualification training and for specific learning and development. For example, team members attended face-to-face training to provide an NHS injection equipment provision service. And the PIP attended specialist face-to-face training to provide the NHS Pharmacy First Plus service. Team members received annual appraisals to review progress and identify any individual learning needs. And they had informal professional conversations throughout the year. Team members were observed asking the appropriate questions when selling over-the-counter medicines. And they explained how they would handle repeated requests for medicines liable to misuse, such as codeine-containing medicines, by referring to the RP for supportive discussions.

There was a culture of openness and honesty within the pharmacy. And team members were encouraged to make suggestions to improve their ways of working. The RP had quarterly meetings with the area manager and other branch managers within the company. This provided an opportunity to raise any concerns and for peer review. There was a whistle blowing policy in place and team members explained they would feel comfortable raising concerns with the pharmacy manager or area manager, should they need to. Team members were set targets by the company but felt these were manageable and they were not under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and provides a professional environment suitable for the services it delivers. And it has a consultation room to allow people to have private conversations with a member of the pharmacy team if required.

Inspector's evidence

The pharmacy premises were clean, secure, and provided a professional appearance. There was a large retail area with chairs for people waiting that led to a healthcare counter and dispensary. The healthcare counter acted as a barrier to prevent unauthorised access. The dispensary was laid out in a way that allowed the pharmacist to supervise the sale of medicines and intervene in a sale where necessary. But also allowed for privacy during the dispensing process. Medicines were stored neatly on shelves around the perimeter of the dispensary. The dispensary was of adequate size with appropriate work bench space. Work benches were busy with prescriptions awaiting a final accuracy check, but they were well-organised, and the team managed the space well. It had a sink with access to hot and cold water for professional use and hand washing. There was a second separate area used for the assembly and storage of multi-compartment compliance packs. There was an area used for storage of online orders awaiting collection and a separate area used for storage. There was a large area upstairs used to store retail stock and where staff facilities were located. They were hygienic with access to hot and cold water.

The pharmacy had a consultation room that was good-sized, clean, and fit for use. And a second private area used for the supervision of substance misuse medicines. Lighting and temperature were kept to an appropriate level throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy team members provide the pharmacy services safely and effectively. And it makes them easily accessible to people. The pharmacy sources its medicines from recognised suppliers, and it stores them appropriately. And team members carry out the suitable checks to ensure medicines are kept in good condition.

Inspector's evidence

The pharmacy had good physical access by means of a small ramp which led to an automatic door. It advertised its opening hours in the main window. And services available in the local community such as help to stop smoking. There was a range of healthcare leaflets for people to read or takeaway with information on topics such as health and wellbeing advice. Team members provided large-print labels to help people with visual impairments take their medicines safely. And they explained how they would communicate with people who did not use English as their first language, by accessing an online translator service. The pharmacy purchased medicines from recognised suppliers, and it stored them appropriately. For example, liquid medicines that had been opened were clearly labelled with the date they were opened, and the date they should be safely disposed of. Team members checked the expiry dates of medicines and recorded their actions on a date-checking matrix. And they attached coloured stickers to the boxes of medicines with a shorter expiry date to indicate it should be used first. Records seen showed date checking was up-to-date and a sample of 20 medicines showed none had expired. The pharmacy used one well-organised fridge to store its medicines and prescriptions awaiting collection that required cold storage. Team members recorded the temperature daily to ensure it was operating within the recommended limits of between 2 and 8 degrees Celsius.

Team members used baskets during the dispensing process to separate people's prescriptions and prevent medicines from becoming mixed-up. They used an electronic handheld device to scan a barcode on people's prescription bags before they handed it out to people. The handheld device prompted them to provide advice and complete a set of patient safety questions. This included for higher-risk medicines that required further counselling such as methotrexate, with questions such as when their last blood test was. The handheld device also alerted team members if the prescription contained a fridge line or CD. Team members were aware of the Pregnancy Prevention Programme and the risks associated with supplying valproate-containing medicines. They always supplied valproate-containing medicines in the manufacturers original packaging and provided patient information leaflets (PILs) and patient alert cards with each supply. The pharmacy received Medicines Healthcare and Regulatory Agency (MHRA) product recalls and patient safety alerts via email and actioned these on receipt. Team members held paper-based records of action taken for future reference.

Some prescriptions were assembled using a semi-automated process within the pharmacy, known as Assisted Due Date Dispensing (ADDD). Team members used barcode technology to enter the prescription details on the patient medication record (PMR). Once all prescription information was entered, the RP carried out a clinical check of the prescriptions. A data accuracy check was performed if there were changes to a prescription, for example a change to directions for administration. When the stock for the prescriptions arrived in the pharmacy, barcode technology was used to match the medicines to the correct prescription. Prescription labels were printed and attached to the medicines. The medicine stock and prescription were scanned again to ensure the correct medicine was put in the

correct person's bag. Prescriptions were then placed on retrieval shelves for people to collect. If there was an error at any point, the barcode technology would alert a team member and an accuracy check was then performed by the RP. Some people received serial prescriptions under the Medicines: Care and Review service. Team members prepared prescriptions in advance of expected collection dates. And they kept records of each supply and expected collection dates. This helped team members plan their workload in advance and allowed the pharmacist to identify any issues with people not taking their medicines as they should. The pharmacy provided a text message service to let people know their prescription was ready to be collected. They obtained consent for this service and kept records of this.

The pharmacy supplied medicines in multi-compartment compliance packs to people who needed help to take their medicines properly. Team members worked to a four-week cycle, and they used a progress log for each person to record details such as when the prescription was ordered from the GP practice, and when the prescription was received at the pharmacy. This allowed sufficient time to resolve any queries related to people's medication. They maintained a record of each person's current medication on a master sheet. This was checked against prescriptions before dispensing. Team members attached dispensing labels to each pack that included directions for use, a description of what each medicine looked like and warning labels for each medicine. They included PILs every month to ensure people had up to date information relating to their medicines.

The pharmacist was an independent prescriber (PIP) and provided the NHS Pharmacy First Plus service. They treated several common clinical conditions including those affecting the skin, throat, and ears. They were supported by other prescribers within the company and worked to an agreed formulary that listed the medication that could be prescribed, supporting information for prescribers and when referral to a GP would be appropriate. They held consultation records electronically and these were communicated to people's GP via email. This ensured their medical records were kept up to date. The pharmacy provided a local NHS injection equipment provision service. This included providing equipment as well as advice and other services that may be of use. Team members kept non-identifiable information by using reference numbers on an online platform where any concerns or notable information were then recorded. They were supported by local substance misuse colleagues.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Team members have access to the appropriate equipment they need that is fit for purpose and safe to use. And they use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

They pharmacy had up-to-date written resources available such as the British National Formulary (BNF) and the local health board NHS Pharmacy First formulary. And team members had access to internet services to obtain current information and guidelines to support them in their roles.

There was a range of equipment for use in the consultation room that allowed the PIP to provide the NHS Pharmacy First Plus service including, a blood pressure monitor, otoscope, and thermometer. Electrical equipment was visibly free from wear and tear. And they used single-use earpieces when taking people's temperature. The pharmacy had a set of clean CE-stamped measuring cylinders and tablet counters that were fit for use. Team members used a manual dispensing pump to dispense substance misuse liquid medicines. They cleaned it after each use and had the first dose checked each time to ensure it measured accurate doses. It was calibrated annually to ensure it remained fit for use.

Prescriptions awaiting collection were stored on shelves behind the healthcare counter. And confidential information was not visible from the waiting area. Computers were password protected and positioned in a way that protected them from unauthorised view. Team members had access to a cordless phone to allow private conversations in a quieter area.

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.