

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit C3, Havens Head Business Park, The Docks, MILFORD HAVEN, Dyfed, SA73 3AU

Pharmacy reference: 1043305

Type of pharmacy: Community

Date of inspection: 29/06/2023

Pharmacy context

This is a pharmacy situated in a retail park. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. Some NHS prescriptions are assembled off-site at another pharmacy owned by the company. It offers a wide range of services including emergency hormonal contraception, smoking cessation, treatment for minor ailments and a seasonal 'flu vaccination service for NHS and private patients. Substance misuse services are also available.

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	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their roles and are supported to address their learning and development needs.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Its team members record and review their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law. It asks people to give their views about the services it provides. It keeps people's private information safe. And its team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the recording and monthly analysis of dispensing errors and near misses. The pharmacist explained that incorrect drug and strength errors had reduced dramatically since the introduction of the current pharmacy software system. The software allowed most prescription items to be scanned so that the drug field in the patient medication record could be populated directly from the barcode. If the wrong item was scanned, the system would not generate a label. The pharmacist said that analysis of near misses showed that some quantity errors still occurred. As a result, staff were required to circle quantities on packaging to show that these had been double checked as correct. Posters describing the processes to follow in the event of needlestick injury and anaphylaxis were displayed in the consultation room. A range of electronic standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. Members of the pharmacy team had completed an online declaration and assessment for each SOP. They understood which activities could and could not take place in the absence of the responsible pharmacist.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, but these had been suspended during the pandemic and had not yet resumed. Cards displayed at the medicines counter asked customers to complete an online survey about customer care. The pharmacist said that verbal feedback about the service provided by the pharmacy was mostly positive. A formal complaints procedure was in place and information about how to make complaints was included in the pharmacy's practice leaflet which was displayed at the medicines counter.

Evidence of current professional indemnity insurance was available. All necessary records were kept and were properly maintained, including responsible pharmacist (RP), private prescription, emergency supply and controlled drug (CD) records. CD running balances were checked weekly.

Staff received annual training on the information governance policy and had signed confidentiality agreements. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. A poster outlining the general data protection regulations was displayed in the staff area. A notice displayed at the medicines counter provided information on the way in which personal data was used and managed by the pharmacy.

The pharmacist and some of the pharmacy team had undertaken formal safeguarding training. All team members had received internal training and had access to safeguarding guidance that was displayed in the dispensary. Local safeguarding contact details were also available in a folder in the dispensary. The pharmacy team had been trained to provide the 'Safe Spaces' and 'Ask for Ani' domestic abuse services,

although they had not yet had any requests for these. A flowchart illustrating the process to be followed if a person made a request for the 'Ask for Ani' service was displayed in the dispensary. Posters advertising the 'Safe Spaces' service were displayed near the medicines counter and inside the consultation room. A summary of the chaperone policy was also displayed inside the consultation room. A notice in the staff room described the process that staff members should follow if they had safeguarding concerns about a colleague. Adverts for a local counselling service were displayed in the retail area.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

The pharmacist manager worked at the pharmacy on most days. His absences were covered by relief pharmacists employed by the company. The support team consisted of five dispensing assistants, one of whom was a trainee and one of whom was enrolled on a pharmacy technician training course. Two staff members had not received any pharmacy training. The pharmacist said that they did not work in the dispensary or cover the medicines counter and referred any requests for advice or medicines to trained staff. There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection and the staffing level appeared adequate for the services provided.

Members of the pharmacy team working on the medicines counter were observed to use appropriate questions when selling over-the-counter medicines to patients. And they referred to the pharmacist on several occasions for further advice on how to deal with transactions. Staff members undertook online training on new products, clinical topics, operational procedures and services. They had recently completed a mandatory health and safety training module on the safe selling of chemicals. All staff members were subject to six-monthly performance and development reviews which included both personal and company objectives. They could also discuss issues with the pharmacist informally whenever the need arose.

Some targets were set for the services provided, but these were managed appropriately and did not affect the pharmacist's professional judgement or compromise patient care. The pharmacy team worked very well together in a supportive environment and the atmosphere in the pharmacy was calm and professional. The pharmacy served a small and close-knit community and the team had an obvious rapport with customers. Members of staff said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist or Area Manager. The company's whistleblowing policy was displayed in the staff area.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was clean and tidy. The dispensary was small but well-organised, with enough space for safe working. Some flooring in the dispensary was damaged, and this posed a potential trip hazard. The pharmacist said that new anti-fatigue matting had been ordered which would cover the damage and reduce the risk of tripping. The sinks had hot and cold running water and soap and cleaning materials were available. A cleaner attended daily during working hours. Hand sanitiser was available for staff use. A consultation room was available for private consultations and counselling. But it was not visible from the retail area and it was not prominently advertised, so people may not have known it was available. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy effectively promotes the services it provides so that people know about them and can access them easily. If it can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are safe and effective. It stores medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a wide range of services which were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. The pharmacy team signposted people to nearby pharmacies or other providers such as local sexual health services. Some health promotional material was available in the retail area. The pharmacy manager had recently visited local surgeries to discuss and promote services as part of a health board funded collaborative working initiative.

The pharmacy team had a good relationship with the local surgery teams, including practice pharmacists, which meant that queries and problems were usually dealt with efficiently and effectively. About 25% of the pharmacy's prescription items were assembled offsite at the company's hub pharmacy. The hub pharmacy could not assemble split packs, fridge lines, most controlled drugs or multi-compartment compliance aid trays and these continued to be dispensed at the branch. Prescription items sent to the hub pharmacy were generally returned to the branch within 48 hours, although there were occasional delays. A text messaging service was available to let people know their medicines were ready for collection. Prescriptions remained on the shelf for four weeks before the patient was contacted and the medicines were returned to stock if they were not collected or required.

Dispensing staff used a basket system to help ensure that medicines did not get mixed up during dispensing. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. The endorsing machine or a quad stamp marked each prescription with a four-way grid that was initialled by all members of staff who had been involved in the dispensing process. Controlled drugs requiring safe custody and fridge lines were dispensed in clear bags to allow staff members to check these items at all points of the dispensing process and reduce the risk of a patient receiving the wrong medicine.

Each prescription awaiting collection was assigned to a specific storage location in the dispensary. When staff needed to locate a prescription, the patient's name was typed into a handheld device and this brought up a list of locations in which their items were being stored, including the drug fridge or CD cabinet where applicable. In addition, coloured cards were attached to prescriptions to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. Cards were also used to identify patients prescribed paediatric medicines for counselling. The pharmacist said that stickers marked with an expiry date were usually attached to prescriptions for schedule 3 and 4 CDs. This was to help ensure that the medicines would only be supplied if the prescription was still valid. However, two prescriptions for tramadol were present that had not been marked in this way. All staff were dispensary trained and those present said that they would recognise prescriptions for schedule 3 or 4 CDs and check that these were still valid before handing them out.

Coloured cards were attached to prescriptions for high-risk medicines such as warfarin, lithium and methotrexate to identify the patient for counselling. The pharmacy team were aware of the risks of

valproate use during pregnancy. The pharmacy did not currently have any patients prescribed valproate who met the risk criteria, but the pharmacist said that any such patients would be counselled and provided with information at each time of dispensing. The pharmacy carried out regular high-risk medicines audits commissioned by the local health board. These audits were used to collect data about the prescribing, supply and record-keeping associated with high-risk medicines, and to flag up areas where risk reduction could be improved within primary care.

Medicines were supplied in disposable compliance aid trays for a number of people. New patients requesting the service were assessed for suitability. Trays were labelled with descriptions of the medicines they contained, so that individual medicines could be easily identified, and patient information leaflets were routinely supplied. A list of compliance aid patients was available in a file for reference. Each patient had a clear plastic wallet that included their personal and medication details, collection or delivery arrangements, details of any messages or queries for communication purposes and any relevant documentation, such as repeat prescription order forms and discharge summaries. Progress logs showed the status of each patient's compliance aid at any given time.

The pharmacy offered a wide range of services. Demand for the emergency supply of prescribed medicines service and the EHC/bridging contraception service was high, as the pharmacy was situated in a busy tourist area and was open on Saturdays, unlike many other local pharmacies. There was also a high demand for the pharmacy's palliative care services and the pharmacy team had a close relationship with local district nurses as a result. There was a steady uptake of the common ailments service. The pharmacy offered both supply only, and supply and monitoring smoking cessation services, but did not currently have any clients using the supply and monitoring service. Uptake of the discharge medicines review service was low. The pharmacy offered a needle exchange service and a waste sharps disposal service. It planned to offer a seasonal influenza vaccination service for NHS and private patients during the 2023/24 season; vaccine stock had been ordered and an online appointment booking system was available.

The pharmacy provided a prescription collection service from three local surgeries. It also offered a free prescription delivery service. The service was managed electronically: patients or their representatives signed a handheld electronic device to acknowledge receipt of delivery as an audit trail. Separate signatures were obtained for deliveries of controlled drugs. The pharmacist said that patients due to receive a delivery were telephoned beforehand to ensure that they would be at home. However, in the event of a missed delivery, the delivery driver put a notification card through the door and brought the prescription back to the pharmacy.

Medicines were obtained from licensed wholesalers and were generally stored appropriately. However, some medicines that had been removed from their original packaging were not adequately labelled either as stock or named-patient medication, increasing the risk of errors. The pharmacist disposed of these appropriately as soon as this was pointed out. Medicines requiring cold storage were stored in a well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in a well-organised CD cabinet and obsolete CDs were separated from usable stock.

Stock was subject to regular documented expiry date checks. Date-expired medicines were disposed of appropriately, as were waste sharps and patient returns. The pharmacy received drug alerts and recalls via its NHS email account which was checked at the beginning and end of each day. The pharmacist was able to describe how he had dealt with medicines or medical devices that had been recalled as unfit for purpose by contacting patients where necessary and returning quarantined stock to the relevant supplier. Drug recalls were printed and filed for reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities it needs to provide the services. And it makes sure these are always safe and suitable for use.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures were used for methadone. Triangles and capsule counters were used to count loose tablets and capsules and these were washed after being used to count loose cytotoxics. The pharmacy had a range of up-to-date reference sources. All equipment was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested. Staff had access to personal protective equipment such as face masks and gloves. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the pharmacy software system was protected with a password and the consultation room was used for private consultations and counselling. Dispensed prescriptions could be seen from the retail area but no confidential information was visible.

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.