

Registered pharmacy inspection report

Pharmacy Name: Boots, 4 Strathy Road, Off Willowbrook Drive,
CARDIFF, South Glamorgan, CF3 0SH

Pharmacy reference: 1043742

Type of pharmacy: Community

Date of inspection: 25/11/2019

Pharmacy context

This is a pharmacy situated in a small retail park next to a medical centre. The pharmacy sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides services including emergency hormonal contraception, 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	1.2	Good practice	Information about risk is reviewed and analysed to optimise the safety and quality of pharmacy services
2. Staff	Good practice	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their role 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	4.2	Good practice	The pharmacy has robust systems in place to ensure that patients prescribed high-risk medicines are appropriately counselled.
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. And it keeps people's private information safe. The pharmacy's team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

A range of written standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. The pharmacy had systems in place to identify and manage risk, including the recording and analysis of dispensing errors and near misses. Staff said that after several picking errors with eye and ear drops, these had been moved from the alphabetical storage system to a drawer of their own, which had reduced the incidence of near misses. However, they said that incorrect drug and strength errors had reduced dramatically since the introduction of the new Columbus pharmacy software programme. The software allowed many 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. Patient safety incidents throughout the company were collated and analysed and the learning points from the results were disseminated to the branches via a monthly superintendent newsletter that all staff had read and signed. Staff demonstrated that following a direction from the superintendent's office, they had used caution stickers to reduce the risk of incorrect selection with 'Look-Alike, Sound-Alike' or 'LASA' drugs. They also marked prescriptions to further alert staff to the risk of errors with these drugs. Lists of the most common LASA drugs were displayed at each labelling terminal for reference. The risks associated with the influenza vaccination service had been assessed and posters describing the process to follow in the event of needlestick injury, fainting, anaphylaxis and seizures were displayed in the consultation room.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of a recent survey displayed in the dispensary showed that this was overwhelmingly positive. A formal complaints procedure was in place and information about how to make complaints was included in the practice leaflet displayed in the retail area.

Evidence of professional indemnity insurance was available. All necessary records were kept and were properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. CD running balances were typically 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. Individual staff members had unique passwords to access the pharmacy computer.

A notice displayed at the medicines counter signposted people to the company website for information on the way in which personal data was used and managed. Leaflets displayed in the retail area explained how NHS Wales used prescription information to help it make better informed decisions

about medicines and patient services.

The pharmacists had undertaken level two safeguarding training and had access to guidance and local contact details that were available in the dispensary. Staff had received in-house training and were able to identify different types of safeguarding concerns. A summary of the chaperone policy was advertised in posters displayed in the consultation room and at a screened area of the medicines counter. Leaflets promoting children's mental well-being were displayed in the retail area. A poster in the staff room described the process that staff members should follow if they had safeguarding concerns about a colleague.

Principle 2 - Staffing ✓ Good practice

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

A regular pharmacist manager worked at the pharmacy on most days. He was absent on the day of the inspection and his role was being covered by a relief pharmacist. The support team consisted of a pharmacy technician and three dispensing assistants who worked well together. 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. Staff members had the necessary training and qualifications for their roles.

Targets were set for MURs but these were managed appropriately and the pharmacy technician said that they did not affect the pharmacists' professional judgement or compromise patient care. Staff said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist or Area Manager. They said that a whistleblowing policy for reporting concerns was available on the company's intranet system.

A member of staff working on the medicines counter was observed to use appropriate questions when selling over-the-counter medicines to patients and referred to the pharmacist on several occasions for further advice on how to deal with a transaction. Staff undertook online training on new products, clinical topics, operational procedures and services. They had recently completed a customer service training module and an assessment on the SOP for high-risk medicines. The pharmacy technician said that she understood the revalidation process. She said that she based her continuing professional development entries on situations she came across in her day-to-day working environment.

All staff were subject to annual performance and development reviews. They said they could informally discuss issues with the pharmacist whenever the need arose and did so on a regular basis.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean, tidy and well-organised, with enough space to allow safe working. However, some tote boxes containing stock were being temporarily stored on the floor in the retail area and posed a possible trip hazard.

The sink had hot and cold running water and soap and cleaning materials were available. A consultation room was available for private consultations and counselling and its availability was clearly advertised. A semi-private screened area of the medicines counter was used for quiet conversations and counselling. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. If it can't provide a service, it directs people to somewhere that can help. The pharmacy's working practices are safe and effective. The pharmacy's team members take extra care with high-risk medicines to help make sure that people use these safely.

Inspector's evidence

The pharmacy offered a wide range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. Prescriptions for patients with severe vision problems were marked with a note reminding staff not to stick labels over any Braille on drug packaging. Staff said that they would signpost patients requesting services they could not provide to nearby pharmacies or other providers such as the council's sharps collection service or the local community addiction unit. Some health promotional material was displayed in the retail area.

Dispensing staff used a colour-coded basket system to ensure that medicines did not get mixed up during dispensing and to differentiate between different prescriptions. 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. A list of checking initials was available in a folder in the dispensary for reference. Controlled drugs and insulin 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.

Patient information forms were added to each prescription to highlight issues such as a patient's eligibility for an MUR, or to make notes to convey information to the pharmacist. Coloured cards were used to flag up prescriptions for high-risk drugs such as warfarin, lithium and methotrexate. They included prompt questions to ensure that the member of staff handing out the prescription obtained all necessary information from the recipient, which was then recorded on the Patient Medication Record (PMR). Cards were also attached to prescriptions to highlight the fact that a CD requiring safe custody or fridge line needed to be added before the prescription was handed out, or that the pharmacist wished to speak to the patient or their representative at the point of supply. Stickers were used to identify dispensed Schedule 3 and 4 CDs awaiting collection and were marked with the date after which the prescription was invalid and could no longer be supplied.

The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacy technician said that one patient regularly prescribed valproate who met the risk criteria had been counselled and provided with appropriate information. An information pack for valproate patients was available in the dispensary. 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 to flag up areas where risk reduction could be improved within primary care.

Prescriptions awaiting collection were marked with five different coloured stickers that corresponded to specific weeks. Prescriptions remained in the retrieval area for three weeks before the patient was contacted as a reminder. After a further week the medicines were returned to stock if uncollected.

Staff said that there was a steady uptake of the common ailments service, with one or two consultations taking place each week. They said that they often had referrals for the service from both the local surgery and a nearby optician. Clients of the substance misuse service were allocated a section in a dedicated file which included their prescription, a copy of their signed contract if supervised, their personal details and details of any notes or messages.

Medicines were obtained from licensed wholesalers and generally stored appropriately. However, storage space for medicines was limited and some different products and different strengths of the same product were often stored very closely together, increasing the risk of errors. However, staff said that the Columbus software system would identify most incorrectly-selected items at the point of scanning. Medicines requiring cold storage were stored in two well-organised drug fridges. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in two well-organised CD cabinets and obsolete CDs were segregated from usable stock.

All stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacy received drug alerts and recalls via its NHS email account which was checked at the beginning and end of each day. Staff were able to demonstrate that they had dealt appropriately with a recent drug recall for ranitidine tablets. Affected stock had been quarantined and was waiting to be sent back to the supplier. The pharmacy had the necessary hardware and software to work in accordance with the Falsified Medicines Directive. However, the pharmacist said that their scanners did not always recognise 2D barcodes on drug packaging and so not all medicines could currently be checked or decommissioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. It makes sure these are always safe and suitable for use. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures were used for methadone. Triangles and a capsule counter were used to count tablets and capsules. A separate triangle was available for use with 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. 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.

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.