

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 3 Cambridge Retail Park, Newmarket Road, CAMBRIDGE, Cambridgeshire, CB5 8WR

Pharmacy reference: 1085016

Type of pharmacy: Community

Date of inspection: 19/06/2019

Pharmacy context

This community pharmacy is in a Cambridge retail park. It dispenses NHS prescriptions which it receives from several local surgeries. The pharmacy is used by a range of people and opens until midnight every day. It provides several services including Medicines Use Review (MUR) and New Medicine Service (NMS) consultations.

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	The pharmacy encourages its team members to undertake ongoing training and gives them time set aside to complete it. This helps them to keep their knowledge and skills up to date.
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 manages its risks well. Its team members monitor risks and make improvements to the pharmacy's dispensing service. The pharmacy keeps the legal records that it needs to and generally makes sure that these are accurate. Its team members manage confidential information appropriately. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services and they were generally kept up to date. The pharmacy's team members signed individual SOPs to confirm their understanding.

Team members recorded their near misses on a template. The template was regularly reviewed by the 'Patient Safety Champion', a pharmacy technician. The Patient Safety Champion also was responsible for promoting company safety initiatives and encouraging the team to work according to SOPs.

The pharmacy team had highlighted 'lookalike and soundalike' (LASA) medicines. The team had added medicines to the list when they noticed common mistakes. Several notices were stuck next to medicines to help make sure that team members picked the right medicine.

The company's head office managed the pharmacy's current insurance arrangements.

The pharmacy kept appropriate controlled drug (CD) records and maintained running balances. It checked CD running balances each week to make sure its records were accurate. Two CDs were chosen at random and matched the recorded running balances.

Private prescription records were made electronically and were generally accurate. Four recent private prescription records were chosen at random and checked in the electronic register. There were three records which did not include the correct prescriber details or prescription date. This was highlighted to the team to be corrected.

Other records about the responsible pharmacist, returned CDs, emergency supplies and specials were kept and maintained adequately.

People visiting the pharmacy were provided with annual surveys to provide feedback. The latest results were positive. The pharmacy team also encouraged people to complete company surveys about their visit to the pharmacy. Team members said that they received positive feedback which was shared and discussed. The pharmacy had a SOP about managing complaints. Information about how the pharmacy dealt with complaints was available in the pharmacy's practice leaflet.

Team members had received training about safeguarding vulnerable people through the pharmacy's e-learning platform. The pharmacy had contact details to escalate concerns to local safeguarding organisations. One team member said that there hadn't been any previous concerns.

The pharmacy provided training to its team members about information governance. Team members

said that they received training through the SOPs and the e-learning platform. Confidential waste was segregated so that it could be appropriately destroyed. The pharmacy's team members had their own NHS smartcards to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS Code of Conduct on Confidentiality was in the pharmacy's practice leaflet.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide its services. Its team members are appropriately qualified and perform their roles well. The pharmacy encourages its team members to undertake ongoing training and gives them time set aside to complete it. This helps them keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (relief pharmacist) and two pharmacy advisors present. The pharmacy advisors had completed appropriate qualifications to work in the dispensary and medicines counter. The store manager and an assistant manager were also qualified as dispensers so could provide additional cover. The staffing level appeared adequate to manage the workload.

The store manager said that most staff absences were planned which allowed the management team to arrange suitable cover to maintain the staffing level.

The pharmacy's team members referred to the pharmacist where appropriate. They knew which tasks could not be completed if the pharmacist was absent.

The pharmacy kept records which showed team members had completed the right pharmacy qualifications for their role. Team members described further training that was provided in updated SOPs and the e-learning platform to keep their knowledge up to date. Some training was monitored to make sure it was completed. A pharmacy advisor said that she had also received information about new medicines from a pharmaceutical company. The pharmacy provided training booklets regularly. Team members said that these were supplied every four weeks and provided information about minor ailments and over-the-counter medicines. They said that this training was followed up and discussed. The team were provided with dedicated time to complete training.

The pharmacy had targets. Its team members said that they did not feel undue pressure to achieve the targets. Formal appraisals were completed four times a year to provide feedback to the pharmacy's team members. The manager said that she provided additional verbal feedback when needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises.

Inspector's evidence

The pharmacy was generally clean. The team managed available space well which meant that workbenches remained clear. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available.

The pharmacy had a consultation room which was suitable for private consultations and conversations. The pharmacy had appropriate security arrangements to safeguard its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. It manages its medicines well and makes sure that they are safe for people to use. The pharmacy's team members identify higher-risk medicines and provide people with appropriate information so they can use them safely.

Inspector's evidence

The layout of the pharmacy and step-free access meant it was wheelchair accessible. Leaflets in the retail area provided information about the pharmacy and its services. The pharmacy supplied medicines to six people in a care home. It supplied the medicines in their original packaging.

The pharmacy supplied medicines in multi-compartment compliance packs to around 35 people in the community. The pharmacy kept records about medicines, changes to medicines and administration times. Assembled packs included descriptions which allowed individual medicines to be identified.

The pharmacy received prescriptions from several local surgeries. It kept records about prescriptions it ordered to make sure they were correct. A record of invoices indicated that medicines were obtained from licenced wholesalers. Stock requiring cold storage was stored in two fridges. The pharmacy kept temperature records to make sure fridges stayed at the right temperature.

The pharmacy stored CDs appropriately. Expired CDs were separated from other stock. The pharmacy regularly checked its medicines' expiry dates. It kept records about completed checks and highlighted medicines if they were approaching their expiry dates. Several medicines were chosen at random and were in date. The date was marked on bottles when liquid medicines were used. This was so the team could make sure the medicines remained fit for purpose.

Expired and returned medicines were segregated and placed in pharmaceutical waste bins. These bins were kept safely away from other medicines. The pharmacy had a separate bin to segregate cytotoxic medicines. The team members said that they could ask the pharmacist to find out if medicines were cytotoxic.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to produce an audit trail. The pharmacy team used written notes to highlight key messages to the pharmacist. This was used for every prescription. The forms were used to communicate clinical information and eligibility for MUR or NMS consultations.

The pharmacy used laminated notes to highlight higher-risk medicines. The notes included key prompts to ask people who collected the medicines. Team members said that they would escalate any queries to the pharmacist. The pharmacy recorded relevant blood test results when people were supplied with warfarin.

The pharmacy's team members were aware about pregnancy prevention advice to be given to people in the at-risk group when they were supplied with sodium valproate. The pharmacy had the relevant guidance materials available. The pharmacy delivered some people's medicines. It kept records about deliveries which included recipient signatures. This helped it show that the medicines had been

delivered safely.

The pharmacy had not yet made any adjustments in line with the Falsified Medicines Directive. Its team members said that the pharmacy was changing its dispensing software to meet the requirements. The pharmacy received messages from its head office about medicine recalls. It kept records about the actions which it had taken. This included a recent recall about co-amoxiclav.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services safely, and it maintains them properly.

Inspector's evidence

The pharmacy's equipment appeared to be maintained appropriately. The pharmacy's team members said they would refer maintenance issues to their head office. Confidential information could not be seen by people using the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records.

Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had up-to-date reference sources available on paper and on the internet.

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.