

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit D; The Shires Retail Park, LEAMINGTON SPA, Warwickshire, CV34 6RH

Pharmacy reference: 1085117

Type of pharmacy: Community

Date of inspection: 05/02/2020

Pharmacy context

This is a community pharmacy located in a large retail park on the edge of Leamington Spa in Warwickshire. The pharmacy has extended opening hours. It dispenses NHS and private prescriptions. The pharmacy sells a range of over-the-counter medicines and delivers medicines. It offers Medicines Use Reviews (MURs) and the New Medicine Service (NMS). And it supplies multi-compartment compliance packs to people if they find it difficult to manage their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Overall, the pharmacy manages risks suitably. The team protects the welfare of vulnerable people and people's private information appropriately. The pharmacy largely maintains its records in accordance with the law. And the regular pharmacist monitors the safety of the pharmacy's services by recording the team's mistakes. But the records don't always contain details about how the mistakes were made. This could make it harder for the team to spot patterns, learn from the mistakes and help prevent the same things happening again.

Inspector's evidence

Only two members of staff were present during the inspection, one of whom was the responsible pharmacist (RP). The pharmacy was currently recruiting and the staffing situation was being managed appropriately (see Principle 2). The team was up-to-date with the workload. Walk-in trade was slow but steady and staff stated that the pharmacy was usually busier.

The pharmacy was clean and tidy. The workflow involved staff processing prescriptions on the front workstation in the dispensary. This was described as required so that they could monitor the medicines counter and serve here as well. The RP checked prescriptions for accuracy in the enclosed dispensary behind. This helped minimise distractions. Staff on the front described acknowledging people who were waiting and tried to finish assembling the prescription first before serving people. This was in order to help prevent mistakes from happening. To maintain people's privacy on the front bench, confidential information was hidden from view and confidential waste was placed into a separate designated bin before it was disposed of through the company's procedures. Sensitive details on dispensed prescriptions could not be seen from the counter. The RP had accessed Summary Care Records for emergency supplies, and he obtained consent for this activity from people verbally. However, there was no information on display to inform people about how the pharmacy maintained their privacy. This was discussed during the inspection.

The pharmacist recorded the team's near misses as opposed to the staff completing this. Their mistakes were discussed with them at the time and they had been collectively reviewed every month by the RP. Since the pharmacy had changed its system, the team's near misses had reduced because staff were scanning medicines, and this helped to identify errors. The RP explained that errors with quantities were seen more often due to the system not easily picking this up when packs of medicines were scanned. This had been highlighted to the team. Medicines involved in mistakes had also been separated although, other than quinine and quetiapine given as an example, no other details could be recalled. The pharmacist had routinely filled in the 'comments' section in the near miss log which reflected the root cause but because he was entering the details on behalf of staff, the 'what happened' section was consistently left blank. Encouraging the team to enter their own mistakes and to think about the situation as well as the root cause of errors was advised at the time. This could help staff to fully learn from mistakes.

Staff attached the company's pharmacist information forms (PIFs) to all prescriptions. This helped identify relevant information during the clinical and accuracy check as well as when handing out prescriptions. Look-alike and sound-alike medicines were identified. Incidents were handled in line with the company's standard operating procedure (SOP), reported on the company's internal reporting

system and investigated by the store manager. They were discussed with the team. The pharmacy's practice leaflet which contained information about the complaints procedure was on display in the retail area.

Staff knew the process to take if people showed signs of a safeguarding concern. In the event of a concern, they informed the RP. The member of staff present had been trained through her additional studies, but the company also provided the team with an e-Learning module. The procedure to follow with relevant and local contact details were accessible. The RP had completed training in 2019 to level 2 via the Centre for Pharmacy Postgraduate Education and his certificate to verify this was seen.

The pharmacy held a range of documented SOPs to cover the services provided. They were dated from 2017 to 2019. Team members had signed to state that they had read the SOPs and staff understood their responsibilities. Their roles and responsibilities were defined within the SOPs. The correct RP notice was on display and this provided details of the pharmacist in charge on the day. However, it was somewhat hidden behind a stand used to hold leaflets. Moving this stand or moving the notice to a more prominent location was advised.

In general, the pharmacy maintained its records in line with statutory requirements. This included records of unlicensed medicines and a sample of registers seen for controlled drugs (CDs). Balances for CDs were checked and documented every week and on selecting a random sample of CDs, the quantities held corresponded to the running balance stated in the registers. The CD returns register provided a full audit trail of CDs that were destroyed at the pharmacy and the pharmacy held appropriate professional indemnity insurance arrangements to cover its services. The minimum and maximum temperatures of the fridge were monitored. This helped to ensure that medicines were stored within the correct temperature range and records had been maintained to verify this. However, there were a few areas for improvement seen. The RP had signed out before his shift had finished. Occasional records of emergency supplies were missing details about the nature of the emergency and incomplete or incorrect prescriber information was seen documented in the electronic private prescription register. This could mean that the team may not have enough information available if problems or queries arise in the future.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate numbers of staff to manage its workload safely. The pharmacy's team members are suitably qualified or are undertaking appropriate training. The company provides them with resources to help keep their skills and knowledge up to date.

Inspector's evidence

Staff present during the inspection included the regular RP and a trained dispensing assistant who was on a zero hours contract but was currently working full-time. The pharmacy was recruiting for two full-time positions; the assistant manager had been enrolled onto accredited training for dispensing and the store manager was also an accuracy checking technician. The latter was described as helping in the pharmacy quite often but only in a dispensing capacity. Contingency for the pharmacy was through relief dispensers and pharmacists. Overall, despite there being few staff present, the RP described managing with the situation and the team was up-to-date with the pharmacy's routine tasks. The RP also explained that there had been targets set to complete services. The company used a score-card to monitor completion of them. The targets included completing the maximum number of Medicines Use Reviews (MURs) for the year. This was described as not being manageable and the pharmacy was currently behind with attaining this. However, according to the RP, he did not feel pressurised with this situation.

Staff wore name badges. Their certificates of qualifications obtained were not seen. Established sales of medicines protocols were used before medicines were sold over the counter and staff referred to the RP appropriately. The company provided e-Learning modules to assist with ongoing training needs and staff were able to complete them at work. The team was also briefed through the RP and store manager. They also described reading the SOPs. Relevant information was conveyed verbally on a one-to-one basis. The inspector was told that although the dispensing assistant's progress was regularly monitored verbally by the store manager, the member of staff present had not had a formal appraisal (as a sit-down process) in the last two years.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment for the delivery of healthcare services. The pharmacy is clean and well presented.

Inspector's evidence

The pharmacy was clean and professional in its appearance. It was suitably lit and appropriately ventilated. The pharmacy consisted of a spacious retail area and a small-sized dispensary which was situated at the rear, on the left-hand side of the entrance. The dispensary was made up of a front work bench which contained a few units, one of which was enclosed to the public. The rest of the dispensary was also enclosed. There was an adequate amount of space to carry out the pharmacy's dispensing activities safely. Pharmacy (P) medicines were stored behind the front pharmacy counter. There was a barrier on one side of the counter and dispensary to prevent people from entering this area. Staff were also always within the vicinity to help prevent these medicines from being self-selected. A signposted consultation room was available for private conversations or services. The room was of an adequate size for its intended purpose. The door was kept closed but unlocked, there was no confidential information accessible and a curtain could be pulled across the door to maintain people's privacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are largely delivered in a safe manner. The pharmacy obtains its medicines from reputable sources. It usually stores and manages its medicines appropriately. Team members routinely identify people receiving higher-risk medicines. But they don't always record relevant information. This makes it harder for them to show that people are provided with the right advice to take their medicines safely.

Inspector's evidence

During the dispensing process, staff used plastic tubs and trays to hold prescriptions and items, and this helped prevent their inadvertent transfer. A dispensing audit trail from a facility on generated labels as well as a quad stamp on prescriptions assisted in identifying staff involved. Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The team used laminated cards and PIFs to highlight relevant information such as fridge items, CDs (Schedules 2 to 4) and higher-risk medicines. Staff placed fridge and CD items into clear bags once they were assembled, this helped to identify them more easily when they were handed out. They checked uncollected prescriptions every five weeks.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Unlicensed medicines were received from Alliance Specials. Staff did not hold any knowledge about the processes involved for the European Falsified Medicines Directive (FMD) and the pharmacy had not yet started to comply with the decommissioning process. Medicines were stored in an organised manner and they were date-checked for expiry every week. The date-checking schedule was complete to verify this. Staff used stickers to highlight short-dated items. There were no date-expired medicines or mixed batches seen and liquid medicines were marked with the date upon which they were opened. The keys to the CD cabinets were maintained in a manner that prevented unauthorised access during the day as well as overnight. A CD key log was completed as an audit trail for this. Drug alerts were received through the company system, the team checked for affected stock and acted as necessary. An audit trail had been retained to help verify this process.

Unwanted medicines returned by people for disposal, were accepted by staff and stored within designated containers. However, there was no list available for the team to identify hazardous and cytotoxic medicines and no designated containers to store these medicines. People returning sharps for disposal, were referred to the local GP surgery or council. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their destruction. Relevant details were taken and noted.

There were automatic doors at the front of the pharmacy and entry into the pharmacy was from the street. This coupled with the clear, open space inside the pharmacy and wide aisles assisted people with wheelchairs to use the pharmacy's services. There was also a lowered counter to help with this, however, this was full of leaflets and their stands with no clear space for people to use. Staff explained that they would speak slowly as well as clearly for people who were partially deaf. To assist people who were visually impaired, staff described supplying packs of medicines with braille or reading out details to them. Two seats were available for people waiting for prescriptions. The pharmacy's opening hours and a small selection of leaflets were also on display. There were plenty of car parking spaces available

outside the pharmacy.

The pharmacy supplied people with multi-compartment compliance packs after the pharmacist conducted an assessment to determine their suitability for this. The pharmacy ordered prescriptions on behalf of people and staff cross-referenced details on prescriptions against individual records. This helped them to identify any changes and records were maintained to verify this. All medicines were de-blistered into the compliance packs with none supplied within their outer packaging. They were not left unsealed overnight when assembled. Descriptions of medicines were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes involved the compliance packs being retrieved and new ones being supplied. The pharmacy also provided a delivery service and it maintained audit trails to verify when and where medicines had been delivered. This included highlighting CDs and fridge items. The company's drivers obtained signatures from people when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people of the attempt made and medicines were not left unattended.

The RP described MURs being beneficial for people as they had helped to identify side effects such as muscle aches when people had been prescribed statins. Appropriate referrals to the person's GP had therefore been possible. Staff checked relevant information for people prescribed higher-risk medicines, such as asking about the dose, strength and blood test results. This included the International Normalised Ratio (INR) levels for people prescribed warfarin. However, details were not routinely seen to be recorded as some people's records had last been updated in 2019 but others were from 2018. This could have helped verify that these checks had routinely been happening. Staff were aware of the risks associated with valproates for people who could become pregnant; the pharmacy team was advised to ensure they held or could easily provide the relevant educational material upon supply during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the relevant equipment and facilities it needs to provide its services safely. Its equipment is clean and protects people's privacy in a suitable manner.

Inspector's evidence

The pharmacy held current versions of reference sources and relevant equipment. This included the medical fridge which was operating at the appropriate temperature. There were clean, crown stamped, conical measures available for liquid medicines and counting triangles. The sink in the dispensary used to reconstitute medicines was clean. Antibacterial hand wash and hot as well as cold running water was available. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff held their own NHS smart cards to access electronic prescriptions and they took them home overnight.

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.