

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit A, Westcroft Retail Park, Barnsdale Drive, MILTON KEYNES, Buckinghamshire, MK4 4DD

Pharmacy reference: 1085119

Type of pharmacy: Community

Date of inspection: 24/09/2020

Pharmacy context

This is a community pharmacy in a busy retail park in Milton Keynes, Buckinghamshire. It sells a range of over-the counter medicines and dispenses prescriptions. It offers Medicine Use Reviews (MURs), New Medicine Service (NMS) checks and a prescription delivery service. It supplies medicines in multi-compartment compliance packs to a handful of people who need assistance in managing their medication. It also provides winter flu vaccinations and has a small number of people who receive instalment supplies for substance misuse treatment. This inspection was undertaken during the Covid-19 pandemic.

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 suitably manages the risks associated with its services. It keeps the records it needs to by law and people can provide feedback about the quality of services they receive. The pharmacy has procedures to learn from its mistakes so it can continually improve the safety of its services. And members of the pharmacy team keep people's personal information safe. They also understand how to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had made significant progress since the last inspection. The store manager, who was a qualified dispenser, said that he had made his mission to re-establish the pharmacy's reputation within the local community. Since the last inspection, approximately 15% of the pharmacy's dispensing workload had been transferred with people's consent to a dispensing hub in Preston. At the start of the inspection, the pharmacy was very busy. Members of the pharmacy team were coping with their workload adequately. The workflow in the pharmacy was organised. Posters giving information about Covid-19 were displayed throughout the store. Social distancing measures had been implemented in the pharmacy and floor stickers indicated where people should stand to allow safe distances between people. Members of the public were generally seen to be co-operating with the new requirements. Members of the pharmacy team were wearing personal protective equipment (PPE) and were using hand sanitisers frequently. The pharmacy had completed its health risk assessment for each staff member. And the pharmacy's business continuity plan had been updated to take into account any business disruptions due to the pandemic.

As found during the previous inspection, the pharmacy had a range of current standard operating procedures (SOPs) and these had been read and signed by team members. The store manager explained how team members would record any mistakes they made during the dispensing process. Mistakes that were detected before the medicines left the pharmacy (near misses) were recorded and reviewed each month to identify any emerging trends. Mistakes that had reached patients (dispensing errors) were reported on an electronic system called PIERS and submitted to the pharmacy's head office. The store manager said that the accuracy checking technician (ACT) was responsible for collating information about any dispensing incidents that may have occurred, and she completed a patient safety review report each month. These reports were available in the pharmacy. All dispensing incidents were discussed during a weekly team huddle to identify any learning points. And these were acted on to prevent similar events from happening again. A recent incident involving an incorrect handout of medicines had been fully reviewed and members of the pharmacy team had revisited the relevant SOP. The store manager said that he completed a weekly clinical governance check-list to ensure members of the pharmacy team were complying with company procedures. An observation and feedback tool was also used to ensure staff's adherence to SOPs. Observation notes were discussed with colleagues to enhance their development and identify any learning opportunities.

Members of the pharmacy team were able to describe what action they would take in the absence of the responsible pharmacist (RP) and they explained the tasks that could not be undertaken in such situations. The RP notice was clearly displayed so members of the public could see which pharmacist oversaw the operational activities on a given day. The RP records were complete and kept in line with requirements. The pharmacy's controlled drug (CD) registers were kept in accordance with statutory

requirements, with running balances checked regularly.

The pharmacy had appropriate insurance arrangements in place for the services it provided. Results of the 2019-2020 Community Pharmacy Patient Questionnaire (CPPQ) were available on the nhs.uk website. The results were generally positive and approximately 82% of the respondents had rated the pharmacy very good or excellent overall.

Completed prescriptions in the prescription retrieval system were out of public view in the dispensary. Confidential waste was separated from general waste and removed for safe disposal by a licensed contractor. A notice was on display to inform people about how the pharmacy protected their privacy and personal information. The pharmacy had procedures about protecting vulnerable people and both pharmacists had completed Level 2 safeguarding training. Details of local agencies to escalate any safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together and they can manage their current workload effectively. They have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the start of the inspection, the pharmacy was very busy. A pharmacy advisor was busy serving people and unpacking deliveries. The pharmacist was in the consultation room. There were about six to seven people waiting to be served. The store manager, a second pharmacist and a pharmacy advisor arrived shortly into the inspection to help support the team. The queue of customers was resolved subsequently, and the team were managing their workload adequately. Two members of the dispensing team were off work. Both pharmacists said that they were up-to-date with their dispensing workload and they were very well supported by their store manager. They felt able to exercise their professional judgement and didn't think that targets or incentives compromised patient safety.

A whistle blowing policy was in place and members of the pharmacy team knew how to raise concerns about the way the pharmacy operated. The store manager said the situation in the pharmacy had significantly improved since the last inspection. And he was very well supported by his area manager and regional team. Members of the pharmacy were working well together and said that having two regular pharmacists provided better continuity to both patients and staff.

Members of the pharmacy team were provided with regular updates from their head office and were supported with resources to help keep their skills and knowledge up to date. A monthly 'Professional Standards Bulletin' was sent from the pharmacy's head office and it informed the team about common dispensing errors and guidance about minimising risks in the pharmacy. It also shared learnings from incidents that had occurred in other branches and ways of minimising similar incidents happening.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and provide a suitable environment for people to receive healthcare services.

Inspector's evidence

The pharmacy premises were clean, tidy and in a good state of repair with access via an automated door to the large car park outside. The dispensary provided enough space to work safely and effectively. The dispensary consisted of two workbenches at the front that were screened and most of the walk-in prescriptions were assembled from this space. A spacious area at the rear of the dispensary had enough space to store medicines. And it was used to assemble multi-compartment compliance packs and repeat prescriptions. The medicine counter adjacent to the dispensary had a Perspex screen fitted to help reduce the spread of the coronavirus. The dispensary sink had hot and cold running water with handwash and sanitising gel available. Room temperatures were appropriately maintained to keep staff comfortable and were suitable for the storage of medicines. There was good lighting throughout the premises. A spacious consultation room was suitable for services and private conversations. The room was clean, signposted and kept locked when not in use. Members of the pharmacy team had access to hygiene facilities. The premises could be secured against unauthorised access when the pharmacy was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services safely to help make sure that people receive appropriate care. The pharmacy sources, stores and manages medicines safely, to ensure that all the medicines it supplies to people are fit for purpose.

Inspector's evidence

The entrance to the premises was step-free and had automated doors. The pharmacy's opening hours and a list of services offered were displayed in the shop window. There was a selection of healthcare leaflets and posters on display. And there were seats available for people waiting for services. A prescription delivery service was offered to people who couldn't come to the pharmacy to collect their medicines. The store manager said that the demand for the delivery service had increased significantly during the pandemic. But the company's delivery drivers had coped well with their workload. Deliveries were recorded to keep an audit trail.

Members of the pharmacy team used plastic tubs when assembling people's prescriptions. This helped them prioritise workload and reduce the risk of errors. And they used a dispensing audit trail which included initialling 'dispensed by' and 'checked by' boxes on the medicine label. This helped identify who had undertaken each task. Owing notes were issued to provide an audit trail when prescriptions could not be fully supplied. Members of the pharmacy team attached pharmacist information forms (PIFS) during assembly to alert the pharmacist of any dose changes or new medicines. Clear bags were used for assembled CDs and refrigerated medicines to allow an additional check at hand out. Laminated cards were used to highlight higher-risk medicines such as anticoagulants, methotrexate, CDs and children's medicines so that people could be provided with appropriate advice when these were handed out. And the pharmacist confirmed that they recorded evidence of therapeutic monitoring such as INR levels on the person's medication records.

The pharmacy provided substance misuse treatment to a handful of people. Early in the pandemic they had all been switched to weekly or bi-weekly collections and were no longer being supervised while taking their medicines. The pharmacy had begun to offer some face-to-face services such as flu vaccinations and MURs. The uptake for flu vaccinations had been particularly high and the pharmacy had currently run out of the vaccines. The RP said that they were waiting for stock to arrive so that the service could be resumed. Multi-compartment compliance packs were assembled at the rear of the dispensary away from distractions. The packs were supplied either weekly or monthly depending on the person's needs. Prescriptions were cross-checked with individual record sheets to ensure all items prescribed were current. And any changes to the person's regime were documented to keep an audit trail. A pack checked during the inspection included patient information leaflets, descriptions of individual medicines contained within it and the initials of the people who had assembled and checked it.

Members of the pharmacy team were aware about the contraindications when dispensing sodium valproate to people in the at-risk group. There was an aide memoire in the dispensary to remind the team members to dispense according to the Valproate Pregnancy Prevention Programme. And to supply appropriate literature and warning cards when supplying valproate to people in the at-risk group.

The pharmacy ordered its medicines and medical devices from licensed wholesalers. Medicines were well organised on the shelves and stored in their original container. There was a date checking system and short-dated medicines were marked and removed at an appropriate time. Liquid medicines with limited stability were marked with opening dates to ensure they were fit for purpose when supplied to people. Members of the pharmacy team kept records of when medicines were date checked. A random sample of stock was checked, and no expired medicines were found.

The medical refrigerator in the dispensary was equipped with a thermometer. The fridge maximum and minimum temperatures were recorded daily, and records showed they were within the required range of 2 and 8 degrees Celsius. CDs were appropriately stored. Obsolete CDs were stored separately from in-date stock and members of the pharmacy team kept records of patient-returned CDs. Denaturing kits for the safe disposal of CDs were available in the dispensary. Completed prescriptions for all CDs (including the ones that didn't need secure storage) were highlighted with a CD sticker and an expiry date. This helped to ensure that they weren't inadvertently handed out after the 28-day expiry of the prescription.

The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). The store manager said that a new electronic patient record system, called Columbus, had recently been installed in the dispensary. And this required medicines to be scanned when dispensing to ensure they were correct. The store manager was not sure when the pharmacy would become FMD compliant. The pharmacy had procedures for handling waste medicines, and these were stored in designated containers. A process was in place for dealing with alerts and recalls about medicines and medical devices. Records of these and the action taken by the team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its equipment and facilities well.

Inspector's evidence

Members of the pharmacy team had access to the internet and current versions of pharmaceutical reference sources. Glass calibrated measures were available for measuring liquid medicines. Separate measures were marked for use with CDs. Clean counting triangles were available for counting loose tablets and capsules. Hand sanitisers, cleaning materials and PPE were available for staff to use to help with infection control during the pandemic. The pharmacy's disposable containers for dispensing purposes were clean and stored appropriately. The CD cabinets were fitted in line with statutory requirements. The cabinets had enough space to store dispensed items and CD stock. A medical fridge was in good working order and cold chain medicines were stored tidily. All other electrical equipment appeared to be in good working order. The pharmacy's computer terminals were password protected and screens were positioned out of public view. Telephone calls could be taken out of earshot of the counter if needed.

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.