

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 8A, Trafford Retail Park, Urmston,
MANCHESTER, Lancashire, M41 7FN

Pharmacy reference: 1089099

Type of pharmacy: Community

Date of inspection: 25/11/2019

Pharmacy context

This pharmacy is situated in a large retail park in a suburban residential area, serving the local population. It mainly supplies NHS prescription medicines and orders prescriptions on behalf of people. It also provides other services such as influenza vaccinations.

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	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy responds effectively to changes in its staffing levels so that they remain appropriate.
		2.2	Good practice	Staff complete regular ongoing training relevant to their roles to help keep their skills and knowledge up to date. And they are allocated training time so they can complete learning during work hours.
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

On the whole, the pharmacy manages the risks associated with its services well. The pharmacy team follows written instructions to help make sure it provides safe services. The team records and reviews any mistakes so that it can learn from them. Team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that were regularly reviewed. These covered the safe dispensing of medicines, responsible pharmacist (RP) regulations and controlled drugs (CDs). The core staff had formally signed to declare that they had read and understood each procedure. The store manager, who occasionally provided dispensing support, had read but not signed them. The RP, who was the main resident pharmacist, counter-signed each declaration when he observed each staff member consistently adhering to the relevant procedure. Staff also had their knowledge of procedures regularly tested. So, each team member understood how they should carry out tasks relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes. The pharmacy recently had a new PMR system installed. It required medications selected for dispensing to be barcode scanned to confirm they were correct. The RP said that trials of the system suggested a significant reduction in dispensing errors or near misses that reached the accuracy checker.

The pharmacy team members discussed and recorded any mistakes they identified while dispensing medicines and took steps to address each mistake separately. Staff also participated in reviewing these records each month, but they often did not record the cause of each error. So, they could miss additional opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, which helped people to identify them. The pharmacy maintained the records required by law for the RP and CD transactions. And it checked its CD running balances regularly, so could detect any discrepancies at an early stage. It also maintained its records for CD destructions, flu vaccinations, minor ailments and Medicines Use Reviews (MURs). The pharmacy also kept records of medicines manufactured under a specials licence that it had obtained and supplied.

Pharmacy kept electronic records of medicines it had dispensed against private prescriptions. However, in recent times these records did not always include the correct date of prescription issue or medication supply, and records had not been made for a few recent prescriptions. The record reference details printed on prescriptions were sometimes difficult to read, which could delay dealing with queries when necessary.

All team members had completed the pharmacy's annual data protection training. They used passwords to protect access to people's electronic data, disposed of confidential material securely, and used their own security card to access people's NHS electronic data. The store manager regularly completed the monthly data protection audits. The pharmacy also had systems for reporting data protection risks and breaches to its superintendent office. However, the team had positioned a

computer screen on the top of its front counter at an angle that meant people's information could be seen from the public area, but it subsequently addressed this oversight. The pharmacy had obtained people's written consent to access their information in relation to the prescription ordering, flu vaccination, minor ailment and MUR services.

All the resident pharmacists had level 2 safeguarding accreditation, and all the other staff had completed the pharmacy's safeguarding training. The pharmacy had its own safeguarding policies and procedures, and those that the local safeguarding board had issued, available for reference. The team kept records of the care arrangements for people who had their medicines supplied in multi-compartment compliance pack. This included their contact and any next of kin details, and any delivery arrangements, which made it easier to access to this information if needed urgently. However, the pharmacy had not formally assessed all these people to determine whether any of them needed to be limited to seven days' medication per supply, which could help them to avoid becoming confused.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe services and it monitors its staffing levels so that it can respond to changes in workload. Team members have the skills and experience needed for their roles. And each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

The staff present included the RP and an experienced dispenser. The other staff, who were not present, included three other resident pharmacists, two dispensers, the store manager and assistant store manager who was a trainee dispenser.

The pharmacy usually had enough staff to comfortably manage the workload. The team had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when patients needed them. The pharmacy received most of its prescriptions via the repeat prescription ordering and electronic prescription services (EPS), which supported dispensing efficiency. The staff promptly served regular waves of one or two people who presented, and the management team provided dispensing support on the rare occasions when it was necessary. So, the team avoided sustained periods of increased workload pressure. Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision.

The pharmacy effectively maintained services during planned staff leave. It only allowed one team member to take leave at any one time, and the management team provided cover when one of the dispensers were either on planned or unplanned leave. The pharmacy's area management team arranged cover for the pharmacists when they took leave.

The team was up-to-date with the pharmacy's mandatory e-Learning training that covered its policies, procedures and services. And staff were given protected study time to complete their training. Each team member also had a recent performance appraisal.

The pharmacy had targets for the number of EPS nominations, prescription items, flu vaccinations and MURs it achieved, based on its historic performance, so these were realistic and usually achievable. The team had an effective strategy for managing competing workloads; it completed a large proportion of its MURs before the flu vaccination season. And the low dispensing volume meant there was usually a minimal queue of prescription medicines to be supplied when the pharmacist returned from providing the flu or MUR services.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a purpose-built unit. It had shop and dispensary fittings that were suitably maintained, modern and professional in appearance. The retail area and counter could accommodate the number of people who usually presented at any one time. The open-plan dispensary provided enough space for the volume and nature of the pharmacy's services. The consultation room was accessible from the retail area and could accommodate two people, but its availability was not prominently advertised, so people may not know about this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are suitably effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them effectively to make sure they are in good condition and suitable to supply. And the team effectively advises people receiving high-risk medicines.

Inspector's evidence

The pharmacy was open from 9am to 8pm Monday to Saturday and 11am to 5pm on Sunday. A step-free entrance with automatic doors and wide aisles lead to the pharmacy at the rear of the store. The RP and two resident pharmacists who worked over the weekend had flu vaccination accreditation, so the service was available across most of the week. And they followed appropriate written procedures, which helped to make sure the service was delivered safely.

Team members had discussed valproate case studies that the superintendent office had issued, so they knew about dispensing it safely. The pharmacists had previously checked for any people prescribed valproate, which confirmed the pharmacy did not have anyone in the at-risk group. The pharmacists were also completing an additional audit on people prescribed valproate. The pharmacy's patient medication record (PMR) system alerted staff to people prescribed valproate when they dispensed their prescription. And the pharmacy had the MHRA approved valproate advice cards to give to people in the at-risk group.

The pharmacy had written procedures for dispensing high-risk medicines including, warfarin, methotrexate and lithium. The team consistently checked patients had a recent blood test for warfarin, methotrexate and lithium and made corresponding records to this effect. Staff used reminder cards that listed the clinical points they should check with each of these people. And the RP routinely counselled them, including anyone using fentanyl patches. So, people consistently got the support and information they needed.

The team scheduled when to order compliance pack people's prescriptions, so that it could supply their medication in good time. And it kept a record of these people's current medication that also stated the time of day they were to take them, which helped it effectively identify and query any medication changes. The pharmacy recorded verbal communications about medication changes for people on compliance packs, which helped make sure these people received the correct medicines. The team labelled compliance packs with a description of all the medicines inside them, which helped people to identify each of them.

The team prompted people to confirm the repeat medications they required, which helped limit medication wastage and people received their medication on time. The team made records of these requests, but they did not record the individual medications requested. So, it could struggle to effectively resolve queries about the prescriptions if needed.

The team consistently used its formal checklist to review and communicate clinical matters about people's prescriptions. It used tubs and trays during the dispensing process to separate the medications it dispensed, which supported organising the dispensing service. And the team marked part-used medication stock cartons, which helped make sure it gave people the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The system for complying with the Falsified Medicines Directive (FMD) had not yet been installed, and staff did not know when they would receive it.

The team suitably secured its CDs, and quarantined date expired and patient returned CDs, and could obtain destruction kits for denaturing them. Staff monitored the refrigerated medication storage temperatures daily. Records indicated that the team had monitored medicine stock expiry dates, but it was difficult to tell from them alone how consistently each section of stock was checked due to the lack of records. Staff recalled that they had checked all the stock every two months over the long term. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and recorded the action that it had taken. The pharmacy disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The team wrote the supply deadline date on stickers attached to dispensed CDs and checked these dates at the time of medication supply and on a weekly basis. This helped the pharmacy make sure that it only supplied CDs when it had a valid prescription. The team used an alpha-numeric system to store patient's bags of dispensed medication, which meant it could efficiently retrieve people's medicines when needed. The pharmacists initialled each CD register supply entry, so there was an audit trail that identified who was responsible for each supply, including on the rare occasions when the pharmacy delivered CDs.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively, which it properly maintains. And it has the facilities to secure people's information.

Inspector's evidence

The pharmacy team kept the dispensary sink clean and it had access to hot and cold running water and an antibacterial hand sanitiser. The team had a range of clean measures, so it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. The team had access to the latest version of the BNF and a recent cBNF, which meant it could refer to pharmaceutical information if needed.

The pharmacy's PMR system could retrieve people's electronic information stored on it in the event of its failure. And the pharmacy had facilities to store people's medicines and their prescriptions far enough away from public view.

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.