

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Unit E, Eastgate Centre, Eastgate Road,  
BRISTOL, BS5 6XX

**Pharmacy reference:** 1089407

**Type of pharmacy:** Community

**Date of inspection:** 25/11/2019

## Pharmacy context

This is a community pharmacy on a retail shopping park in the Northern suburbs of the city of Bristol. It is open every day. A wide variety of people use the pharmacy. It dispenses NHS and private prescriptions and sells over-the counter medicines and many other items. The pharmacy supplies medicines in multi-compartment compliance aids to help people in their own homes to take their medicines. It also supplies medicines to a number of people in local care homes.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.4	Good practice	The team members are encouraged to keep their skills up-to-date and they do this in work time. Those members in training are well supported.
		2.5	Good practice	The team members are comfortable about providing feedback to their manager to make sure that they don't fall behind with their work schedule and this is acted on.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy offers a good range of services and everyone can access these.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective. It asks people for their views and uses the feedback to improve services. The pharmacy is appropriately insured to protect people if things go wrong. It generally keeps the up-to-date records that it must by law. The pharmacy team members keep peoples private information safe and they know how to protect vulnerable people. But, they could learn more from mistakes to prevent them from happening again.

### Inspector's evidence

The pharmacy team identified and managed most risks. And, there had been a good improvement in the organisation of the pharmacy since its previous inspection in April 2019.

Dispensing errors and incidents were recorded, reviewed and appropriately managed. There had been a recent quantity error where it had been identified that the box had not been marked as a 'split' box. Because of this, all the staff had been told to clearly mark any split boxes and to thoroughly check the quantities of all boxes. Near misses were recorded in the three dispensing areas; downstairs, the multi-compartment compliance aid room and the care home room. Some learning points were recorded but there were no specific actions to reduce the likelihood of recurrences. The near miss log was reviewed each month as part of a patient safety review. The risk of picking errors with 'look alike, sound alike' drugs was identified such as propranolol and prednisolone. The Superintendent's Office had recently sent a laminated sheet containing several such drugs. These were displayed near all the computer monitors with instructions that they should be highlighted on the 'Pharmacist information Forms' (PIFs) that were attached to all prescriptions. The Superintendent's Office also sent monthly professional standards bulletins which all the staff signed to demonstrate that they had been read. The current bulletin was displayed.

The downstairs dispensary was limited in size, but the space was well utilised. It was tidy and organised with labelling, assembly, waiting to be checked and checking areas. Upstairs, there were two spacious rooms. One of these was used for the care home prescriptions and the other, for the domiciliary compliance aids. Both rooms were tidy and organised with clear labelling, assembly and checking areas. The care home room also had a dedicated administrative area and an area for any interim prescriptions. There was also a dedicated manager in charge of all the procedures for the care homes.

Coloured cards were used which highlighted, amongst others, patients who were waiting, those calling back and prescriptions containing fridge items, paediatric doses, warfarin, methotrexate and controlled drugs. All assembled prescriptions examined had a completed PIF where any relevant information was recorded. High-risk drugs and high-risk patients were identified and appropriately counselled.

There was a clear audit trail of the dispensing process and all the 'dispensed by' and 'checked by' boxes on the labels examined had been initialled. In addition, all prescriptions contained a four-way stamp which included the initials of who had done the clinical check, the dispensing, the accuracy check and the hand-out or the 'priming' for the care homes. Regular audits were undertaken by the area manager. Risk assessments were performed, such as, one in September 2019 prior to the seasonal flu vaccination service being offered.

Up-to-date, signed and relevant Standard Operating Procedures (SOPs), including SOPs for services provided under patient group directions, were in place and these were continually reviewed by the Superintendent Pharmacist. The roles and responsibilities were clearly set out in the SOPs and the staff were clear about their roles. A care card for medicines sales was displayed close to the medicine counter. This included local additions, such as, Viagra Connect, but, it was dated June 2018. The questions to be asked of customers requesting to buy medicines were displayed on the till. A NVQ2 trainee dispenser reported that she would refer all requests for customers on prescribed medicines to the pharmacist. 'Care cards' were attached to the storage positions of items that should be referred to the pharmacist, such as, 'prescription only medicine' (POM) to 'pharmacy only medicine' switches, such as Ella One and fluconazole capsules. The staff were also prompted by a message on the till to refer the sale of some items to the pharmacist.

The staff were clear about the complaints procedure and reported that feedback on all concerns was actively encouraged. The company operated a continual feedback procedure and till receipts gave instructions on how to provide feedback and raise concerns. All feedback was collated by the company's Head Office and passed onto the store if appropriate. In addition, there were cards close to the till giving customers instructions on how to provide feedback. The store manager looked at this feedback regularly. An annual pharmacy specific customer satisfaction survey was also done. In the 2019 survey, 90% of customers who completed the questionnaire rated the pharmacy as excellent or very good overall. 5% of people had provided feedback about the pharmacy having medicines in stock. Because of this, the pharmacy tried to sign up any appropriate people to their managed repeat prescription service where regular medicines were ordered well in advance. A text service was offered whereby a message was sent to patients letting them know that their prescriptions or items that were owed to them were ready to collect.

Current public liability and indemnity insurance was in place. The Responsible Pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, fridge temperature records and date checking records were all in order. Some of the specials records did not include the details of the patient as required by law.

There was an information governance procedure and the computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Sensitive telephone calls were taken in the consultation room or out of earshot. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had completed the company's e-Learning module on the safeguarding of both children and vulnerable adults. The pharmacist and technicians had also completed training provided by the Centre for Pharmacy Postgraduate Education (CPPE). The procedures to follow in the event of a safeguarding concerns were displayed as were the local telephone numbers to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. And, it has procedures to cope with sickness and holidays. The team members are encouraged to keep their skills up-to-date and they do this in work time. Those members in training are well supported. The team members are comfortable about providing feedback to their manager to make sure that they don't fall behind with their work schedule and this is acted on.

### Inspector's evidence

The pharmacy was on a retail shopping park in the Northern suburbs of the city of Bristol. They mainly dispensed NHS prescriptions. A large proportion of the business at the pharmacy was the assembly of medicines into compliance aids for domiciliary patients and medicines for care home (nursing and residential) residents. Few private prescriptions were dispensed.

The current staffing profile was two full-time pharmacists (working two shifts), one full-time accuracy checking technician (ACT), the care home manager, three full-time NVQ2 qualified dispensers, four part-time NVQ2 qualified dispensers and one full-time NVQ2 trainee dispenser. The store manager and assistant managers were also trained or trainee dispensers. And, the pharmacy could call on the help of relief dispensers in the area if necessary. The care home manager had been employed for six months. The care home room was organised and the staff were well on top of their work schedule. The newly appointed care home manager had clearly made a big difference to the organisation of this room since the last inspection in April 2019.

The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal with a six-monthly review where any learning needs could be identified. Review dates would be set to achieve this. The staff were encouraged with learning and development and completed regular e-Learning and '30-minute tutors'. The staff said that they spent about 30 minutes each week of protected time learning. Staff enrolled on accredited courses, such as the NVQ2 trainee dispenser course, were allocated further time for learning. All the dispensary staff said that they were supported to learn from errors. The GPhC registrants reported that all learning was documented on their continuing professional development (CPD) records.

The staff knew how to raise a concern and reported that this was encouraged and acted on. A qualified dispenser had recently raised that there were several consecutive staff holidays booked in October 2019. Because of this, contingency plans had been put in place to ensure that the work in the care home room did not fall behind schedule.

The pharmacist said that she was set overall targets, such as for Medicine Use Reviews (MURs). She said that she only did clinically appropriate reviews and did not feel unduly pressured by the targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy looks professional. The work areas are tidy and organised. The pharmacy signposts its consultation room well, so it is clear to people that there is somewhere private for them to talk.

### Inspector's evidence

The pharmacy was well laid out and presented a professional image. The dispensing benches were uncluttered and the floors were clear. The premises were clean and well maintained.

The consultation room was spacious and well signposted. It contained a computer and a sink. Conversations in the consultation room could not be overheard. The computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout. The general medicine aisles were in the close vicinity of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a good range of services and everyone can access these. The services are generally effectively managed to make sure that they are provided safely. The pharmacy team members make sure that people have the information they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources. The medicines are stored and disposed of safely. The team make sure that people only get medicines or devices that are safe.

### Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room with automatic opening front door. The store had a translation application on their iPad for non-English speakers. The pharmacy could print large labels for sight-impaired patients. A portable hearing loop was available.

Advanced and enhanced NHS services offered by the pharmacy were Medicine Use Reviews (MURs), New Medicine Service (NMS), Community Pharmacy Consultation service (CPCS), emergency hormonal contraception (EHC), urgent repeat medicine service, supervised consumption of methadone and buprenorphine and seasonal flu vaccinations. The latter was also provided under a private agreement as was malaria prophylaxis against private prescriptions.

The regular pharmacists had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis and training on the provision of the free NHS EHC service. They had also completed the Gateway training on the prophylaxis of malaria. Recently, they had completed training on the new CPCS scheme. The pharmacist said that they had had a few referrals since the service became operational.

A large proportion of the business at the pharmacy was the assembly of medicines into compliance aids for domiciliary patients and the assembly of medicines for the residents of several care homes (nursing and residential). These were assembled in two separate spacious rooms upstairs.

The domiciliary compliance aids were assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. There was a clear progress log of the entire process. There were dedicated folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. The company had introduced new procedures for the domiciliary trays. This required that, following any changes, a new sheet was to be completed. The old sheets were kept, but potentially the poly-pockets could become overly full. In addition, there was no clear concise chronological audit trail of changes or issues. This denied the checking pharmacist easy reference to the past clinical history or any other issues with the patient. The surgeries for these patients did not always let the pharmacy staff know if patients, who were prescribed high-risk medicines, such as methotrexate or warfarin were receiving the appropriate blood tests. The pharmacy had to contact the appropriate surgeries to ask about the blood tests.

Services for the care homes were well organised and there was a newly appointed dedicated care home manager. However, the staff reported that they used to use dedicated communication diaries for each home where any issues were recorded. This system made it easy for them to refer to any past issues. The company had changed these procedures. Now a separate sheet had to be filled in. These had to be

filed which was time consuming. In addition, it was extremely difficult to easily locate previous issues. The homes ordered prescriptions on behalf of their patients, but the prescriptions were not sent to the homes for checking. The pharmacy sent query sheets to the homes about any changes or other issues. The surgeries did not send the pharmacy written confirmation of any changes. Any faxed interims prescriptions were reconciled the same or the next day.

The homes were visited by a pharmacist once or twice a year, according to the size, to check on medicines management and other issues. The staff at the homes followed the Boots training which included some face-to-face training. The pharmacy staff gave any required advice over the telephone if necessary.

There was a good audit trail for all items dispensed by the pharmacy, but any items ordered on behalf of patients using Webscript only documented the number of items ordered and not the exact details. The pharmacists routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were recorded. Most acute 'walk-in' patients were counselled. The pharmacist also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out. All the staff were aware of the new sodium valproate guidelines.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist on the PIFs. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Suitable patients were encouraged to use the company's managed repeat prescription service so that all regular prescribed items ran in line to reduce wastage, to optimise the use of medicines and to identify any non-adherence issues. Patients were asked to check when they collected their medicines if they still needed everything that they had ordered the previous month. Any patients giving rise to concerns were referred to the pharmacist for counselling.

Medicines and medical devices were obtained from Alliance Healthcare, AAH and Boots Head Office. Specials were obtained from Alliance Specials. Invoices for all these suppliers were available. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were several few patient-returned CDs and a few out-of-date CDs. These were well labelled and well separated from usable stock but were occupying valuable space in the cabinet. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. Other stock was stored tidily on the shelves. Date checking procedures were in place with signatures recording who had undertaken the task. Designated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances and list of such substances that should be treated as hazardous for waste purposes. The pharmacy staff were aware of the Falsified Medicines Directive but the pharmacy had no scanners to check for falsified medicines.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 6 November 2019 about paracetamol tablets. The pharmacy had none in stock and this was recorded.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose.

### Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 - 250ml). There were several tablet-counting triangles, some of which were kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. There was access to the internet and to Medicines Complete.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

### 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.