

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 7, The Peel Centre, Babylon Hill, YEOVIL, Somerset, BA21 5BT

Pharmacy reference: 1091091

Type of pharmacy: Community

Date of inspection: 09/01/2023

Pharmacy context

This is a midnight pharmacy located in a retail park in Yeovil, Somerset. It serves its local population and visitors to the town seven days a week, opening until midnight from Monday to Saturday. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations, a travel clinic and supplies medicines in multi-compartment compliance aids for people to use while living in their own homes. The pharmacy also supplies medicines for 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
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 identifies and manages the risks associated with its services well. It has up-to-date written procedures that the team follow and team members are well aware of their roles. The pharmacy completes all the records it needs to by law. And it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensing tasks in paper form and electronically. The team members accessed the electronic SOPs and answered a few questions to confirm they had read and understood them. The manager explained that having the SOPs electronically ensured that members of staff could move between branches and the SOPs would move with them and remain valid. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years by the superintendent pharmacist or earlier, if there were any significant changes. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The pharmacist and accredited checking technician (ACT) would discuss any errors found when checking with the members of staff involved and ask them to reflect on why it had occurred. The pharmacy team members recorded near misses on a near miss log and these were analysed at the end of each month as part of the pharmacy's Monthly Patient Safety Review by the ACT. The outcome from the review was shared with the whole team who would discuss them and implement any changes to prevent recurrences. The pharmacy manager explained that the team did not have many incidents since the Columbus system had been installed and most incidents were regarding quantity errors.

The team received a Pharmacy Standard newsletter at the end of each month from the superintendent pharmacist. The newsletters would inform team members of the trends in mistakes that had happened across the company and what they can do to prevent these mistakes from happening in their pharmacy. There was also a case study in the newsletter for the team members to attempt.

There was a workflow in the pharmacy where labelling, dispensing, checking were carried out at different areas of the work benches. The pharmacy also had two rooms upstairs which the public could not access for the preparation of multi-compartment compliance aids and for the and the preparation of medicines for care homes. The complaints procedure was detailed in a leaflet available in the consultation room. The leaflet explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS). A valid certificate of public liability and professional indemnity insurance was available. The controlled drug register was maintained, and a balance check was carried out every week. Records of this were complete. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately. The computers

were all password protected and the screens were not visible to the public. There were cordless telephones available for use and confidential wastepaper was collected in blue bags and later destroyed appropriately. The pharmacists and ACTs had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module from the company. The store manager also had Level 2 training. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident. There was also a safeguarding poster on display in the dispensary for the team members to refer to when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out well and they have regular ongoing training. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there were two regular pharmacists, one dispensing store manager, one ACT and eight dispensers. Due to the longer opening hours, the pharmacy had three regular pharmacists and dispensers who would work in shifts to ensure all working hours were covered. Staff were well trained and had all completed accredited training. Staff were multi-skilled and could work in each area of the pharmacy which allowed for continuity of service if there were any absences. The staff completed regular online training to ensure they were kept up to date with any professional changes and their knowledge of clinical subjects was maintained. The pharmacists also attended regular training sessions to keep her practical skills, such as vaccination training, up to date. The team completed a 'One Voice' staff satisfaction survey twice a year where their opinions about their job and working environment were taken into consideration and they could provide feedback to the company about their work. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. The store manager explained that she wanted to ensure the pharmacy environment encouraged all staff members to raise any concerns they had and to voice their opinions to help improve the service. There were targets in place, but the team did not feel pressurised to deliver the targets and would never compromise professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively and dedicated rooms for more risky medicines preparation. The pharmacy has a suitable soundproofed room for private conversations.

Inspector's evidence

The pharmacy building was located in a retail park with a free car park. The pharmacy included a medicine counter, dispensary and consultation room. There were also two purpose build rooms for the preparation of multi-compartment compliance aids and care home medicines. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy and there was a tape barrier to stop people coming through to the dispensary from the retail area. Blinds were also in place by the medicines counter to ensure that the 'P' medicines would be taken out of view if the pharmacy was closed. The consultation room was signposted clearly and was suitable for use. It was locked when not in use and included seating, a computer with the PMR system, locked storage, sharps bin and a clean sink with warm running water.

All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. A screen had been installed in front of the dispensary and medicines counter to help protect staff and the public from airborne viruses. The team members reported that they cleaned the pharmacy regularly and there was a cleaning rota available. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of the local community. And people can easily access these services. The pharmacy delivers its services safely and effectively. And team members make suitable checks to ensure people taking higher risk medicines do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

Inspector's evidence

There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy and a delivery service was available for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy. The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The pharmacy was in the process of completing an audit on valproates and had ordered more valproate information cards and leaflets to use when they dispense valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it. The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The dispenser explained that every month, they supplied each patient with the relevant Patient Information Leaflets. The store manager further explained that they completed an assessment of each person who had the compliance aids to see if they were suitable for their needs. If a compliance aid was found to be unsuitable for someone, they had different options available for them which could be more suitable. The pharmacy provided many services using Patient Group Directions. All the PGDs were appropriate, in date and signed by the relevant personnel. The pharmacy was an accredited Yellow Fever Centre and adhered to the code of practice defined by NaTHNaC (The National Travel Health Network and Centre).

The pharmacy obtained medicinal stock from the Alliance and Phoenix. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from their head office, and they were actioned appropriately. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations inside the consultation could not be overheard. Electrical equipment appeared to be in good working order.

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.