

Registered pharmacy inspection report

Pharmacy Name: Boothtown Pharmacy, Boothtown Medical Centre,
Woodside Road, HALIFAX, West Yorkshire, HX3 6EL

Pharmacy reference: 1091595

Type of pharmacy: Community

Date of inspection: 28/08/2024

Pharmacy context

The pharmacy is located next door to a medical centre in a residential suburb of Halifax. The pharmacy changed ownership in 2023. It mainly dispenses medicines and supplies some people with medicines in multi-compartment compliance packs to help them manage their medicines. The pharmacy also provides other services such as the NHS Pharmacy First, COVID-19 and seasonal flu vaccinations and the Hypertension Case-finding service.

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 risks, and it takes steps to improve patient safety by reviewing and acting on mistakes that happen. It completes the records that it needs to by law. Members of the pharmacy team work to professional standards, and they are clear about their roles and responsibilities. They keep people's private information safe, and they understand how to protect the welfare of vulnerable people. People using the pharmacy's services can provide feedback. And the pharmacy acts upon the feedback to improve the level of service it offers.

Inspector's evidence

Standard operating procedures (SOPs) were available. They had been issued and reviewed by the head office team. Team members had read and signed the SOPs to demonstrate they had completed this. The superintendent pharmacist (SI) had last reviewed the SOPs when the pharmacy changed ownership.

Dispensing mistakes which had been identified before a medicine was supplied to people (near misses) were handed back to the team member involved in the dispensing process, who was asked to identify the error, rectify it and make a record on the near miss log. Patient safety reviews were completed each month to help identify any trends or patterns. The team had noticed that there was a reduction in the number of near misses over time following changes implemented after the reviews. The procedure for dealing with any instances where a dispensing mistake had happened, and the medicine had been supplied to the person, (dispensing errors) had recently changed. The team were making a record of the incident on the near miss log as well as completing an incident report form. A copy of the completed form was sent to the SI. The responsible pharmacist (RP) explained that following an incident where the wrong strength of a medication had been supplied, he reviewed the incident and made changes to the way in which assembled medicines were checked particularly those which had been split from the original pack and dispensed into plain boxes.

A correct RP notice was displayed. When questioned, one of the team members was unsure if assembled prescriptions that had been checked could be handed out in the absence of the RP. A discussion was held to explain what activities could not be carried out if the RP was not present. The pharmacy had current professional indemnity insurance. A complaints procedure was available, and the pharmacy manager was usually the first point of contact for people. They referred to the SI if they were unable to resolve the complaint. People also left reviews online. Following feedback about the telephones not being answered promptly, the team had introduced a team rota and an additional phone line had been installed. After receiving feedback from a care home, the team called care homes twice daily at fixed times to check if they had any issues.

Controlled drug (CD) registers and RP records were well maintained. Running balances for CDs were recorded and regularly checked against physical stock held in the pharmacy. A random balance was checked and found to be correct. CDs that people had returned to the pharmacy were recorded in a register and appropriately destroyed. Private prescription and emergency supply records were said to be kept electronically. However the pharmacy had recently installed a new computer system and there had been no private prescriptions dispensed or emergency supplies made. The pharmacy had not recently supplied any unlicensed medicines, but team members were able to describe the records they

would keep.

There was an information governance (IG) policy and team members had completed training about it. This training was refreshed annually. Confidential waste was separated and sent to the head office for destruction. Assembled prescriptions were stored on shelves that were not visible to people using the pharmacy.

A safeguarding policy was available. Team members had completed safeguarding training and approached the pharmacist if they had any concerns. Contact details were available for local safeguarding boards. Delivery drivers were based at another store and completed training there, the RP was unsure of what the training comprised of but provided an assurance to speak to the SI.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide its services effectively. Team members are appropriately trained for their roles and the tasks they complete. The pharmacy helps its team members to keep their knowledge and skills up to date. They get regular feedback and are supported when completing accredited courses. And the pharmacy team can provide feedback and relay any concerns about the pharmacy's services to the pharmacy manager.

Inspector's evidence

The pharmacy team included a pharmacist and two trained dispensers, one of who was on the pharmacy technician course. Another trained dispenser was on leave and was training to complete accuracy checks. There was another regular pharmacist who worked two days. Absences were covered by team members, or the head office team sent dispensing assistants from other nearby branches to help. The RP felt there were enough staff when all the team members were in. The team were seen to be up to date with their workload.

Team members asked appropriate questions and counselled people before recommending over-the-counter medicines. They were aware of the maximum quantities of medicines that could be sold over the counter and referred requests for multiple quantities to the RP.

Staff performance was managed formally, team members had appraisals twice a year and were provided with feedback from the pharmacists. And there was an opportunity for team members to progress in their roles.

Team members on formal training courses were well supported by the RP and other members of the team. They were provided with time to complete their training. To keep up to date, team members completed ongoing training and were also given time to complete this. The pharmacists completed training when new services were due to be launched and team members were provided with material to read about the services. Other training was completed in line with NHS schemes.

The team held a catch-up each Monday and had a monthly patient safety huddle. Team members provided feedback, ideas and suggestions to the RP. Targets were set for services provided, there was some pressure to meet the targets with a message sent each morning to show how the branch was doing. But the RP said targets didn't affect his professional judgement in any way.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy's team members in private.

Inspector's evidence

The pharmacy was clean, tidy and organised. The dispensary was of a reasonable size and had ample workspace which was allocated for certain tasks. There was a dispensary sink for preparing medicines that needed mixing before being supplied to people. Cleaning was done by team members daily. The premises were kept secure from unauthorised access.

A signposted consultation room was available and suitable for private conversations. The consultation room was used to store paperwork and the RP explained that people were never left unaccompanied within the room. There was a glass window on the door leading into the room from the shopfloor. The RP explained that people using the room were seated in a way to maintain their privacy. All areas of the pharmacy were well lit and air conditioning was fitted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services safely. It obtains its medicines from licensed sources and manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy was easily accessible from the car park. The shop floor was clear of clutter with easy access to the medicines counter. Team members used translation applications if needed. A hearing loop was available. When necessary, the team signposted people who needed services that the pharmacy did not offer to other healthcare providers and a record of this was made. Posters were displayed in the pharmacy which had information about the services provided and the team placed flyers in people's bags when services such as the flu vaccination were being provided. The pharmacy had a good working relationship with the surgery and left flyers at reception.

The RP felt the NHS Hypertension Case-finding service had the most positive impact on the local population as it was accessible to most people. The RP had come across a number of people who had not been aware that they had hypertension and had been referred back to their GP. In many cases, people who had been referred and been subsequently prescribed anti-hypertensives. Prior to the launch of the Pharmacy First service the RP had completed online training, the SI had sent a folder with all the training requirements and had asked for certificates to be sent to her. The RP had spent some time with a GP to gain experience on using an otoscope and watched training videos to support their learning.

There was an established workflow within the dispensary and prescriptions were assembled by the dispensers and checked by the RP. 'Dispensed-by' and 'checked-by' boxes were available on dispensing labels, and these were routinely signed to create an audit trail showing who had carried out each of these tasks. Baskets were used to separate prescriptions, to prevent them being mixed up. There was an allocated shelf for storing prescriptions with omissions.

The pharmacy team were aware of the risks associated with the use of valproate containing medicines. The pharmacy team had run a report of everyone who was supplied with valproate, and they had all been provided with literature. A written risk assessment had been completed for a patient who was supplied with valproate in a multi-compartment compliance pack. Team members were also aware of the guidance for dispensing topiramate. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring.

Methadone was pre-packed by one of the pharmacists on a weekly basis to help manage the workload. The prepacked methadone was stored in an organised fashion in the CD cabinet in labelled baskets and the original containers were retained. However, the individual bottles were not labelled with a description of the contents, batch number or expiry date. This could mean that the pharmacy would not be able to identify which batch each of the bottles had come from if there was an issue or a recall. The bottles were labelled before people were supplied their medicine. The RP provided an assurance that individual bottles would be labelled with details of the contents as well as the batch number and expiry date.

Some people's medicines were supplied in multi-compartment compliance packs. Packs were prepared by the dispensers. Each person had an individual record sheet which had information relating to all the medicines they were prescribed on a regular basis. Any changes were recorded, but the notes were not always retained. The team members provided an assurance that they would keep this information. Assembled packs were labelled with the mandatory warnings. There were no product descriptions included, but the dispenser agreed she would ensure this was included. There was an audit trail to show who had prepared and checked the packs. Patient information leaflets were not routinely handed out. The team provided an assurance that they would issue these monthly.

The pharmacy also supplied medicines in compliance packs to people residing in a care home. Medication administration charts (MAR) were provided. A team member called the care home daily as part of which they checked if there were any acute medicines which required delivery.

The pharmacy offered a prescription delivery service and had a designated delivery driver. The driver had a delivery log sheet and signatures were obtained from people when CDs were delivered. If someone was not available to receive a delivery, the medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and stored appropriately. Fridge temperatures were monitored daily and recorded; they were seen to be within the required range for storing temperature-sensitive medicines. Team members explained that date checking was done monthly and a date checking matrix was available to demonstrate this. A random sample of stock was checked, and no date-expired medicines were found. Out-of-date and other waste medicines were separated and then collected by licensed waste collectors. Drug recalls were received electronically. The team would check the stock and take the action as required; alerts were printed and signed once they had been actioned and then filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacy had calibrated glass measures. Separate measures were available for liquid CD preparations to avoid cross contamination. Tablet counting equipment was available. Equipment was clean and ready for use. Two medical fridges were available. A blood pressure monitor, otoscope, pulse oximeter, forehead thermometer and ambulatory blood pressure monitor were available. The blood pressure monitor was replaced by the head office team on a regular basis.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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. |