

Registered pharmacy inspection report

Pharmacy Name: Boots, Harworth Primary Care Centre, 115 Scrooby Road, Bircotes, DONCASTER, South Yorkshire, DN11 8JT

Pharmacy reference: 1092489

Type of pharmacy: Community

Date of inspection: 11/06/2024

Pharmacy context

This busy community pharmacy is located within a medical centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides a seasonal flu vaccination service and some other NHS funded services including the Pharmacy First Service. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time.

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	1.2	Good practice	The pharmacy team records and analyses adverse dispensing incidents to identify learning points which it incorporates into day-to-day practice to help manage future risks. And the pharmacy completes regular checks and audits to make sure it is operating safely.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members have the appropriate skills, qualifications and competence for their roles. And the pharmacy supports their ongoing learning and development needs.
		2.4	Good practice	The pharmacy team works well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
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 effectively manages risks to make sure its services are safe. It accurately completes all the records that it needs to by law and it encourages its customers to give feedback. Pharmacy team members work to professional standards, and they are clear about their roles and responsibilities. They record their mistakes so that they can learn from them, and they act to help stop the same sort of mistakes from happening again. Team members have a clear understanding of how to protect vulnerable people and they follow written procedures to make sure they keep people's private information safe.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided. Most of the SOPs were available in electronic format and the store manager received an alert when there were new or reviewed SOPs for the team to read. Members of the pharmacy team confirmed electronically that they had read and accepted the SOPs and completed an assessment to test their understanding of each SOP. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. Team members were wearing uniforms and badges which identified their roles. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team reported near misses and dispensing incidents on the Boots electronic reporting system which could be viewed by the pharmacist superintendent's (SI) office. The store manager reviewed these on a monthly basis as part of a patient safety review and discussed them with the team at patient safety huddles. Learning points were identified and the team were usually set three areas to focus on for the following month. The pharmacy's Patient Medication Record (PMR) system had an added patient safety feature using bar code technology which checked that the medicine selected was the one that was prescribed. One of the current areas that the team were working on was to always highlight when a medicine's bar code had not been recognised by the PMR, so a manual accuracy check would be made. A 'Professional Standards Bulletin' was received from head office each month which staff read and signed. This was displayed on the team's notice board. It included case studies on incidents that had happened in other pharmacies, with points for reflection, and suggestions to help prevent re-occurrences. Look-alike and sound-alike drugs 'LASAs' were highlighted with stickers on the edge of the dispensary shelves. For, example, quetiapine and quinine. Clear plastic bags were used for assembled controlled drugs (CDs) and insulin to allow an additional check at hand out. A pharmacist's log was completed daily and weekly by the RP. The fridge temperature, RP notice, CD key security and records were checked as part of this. A weekly clinical governance checklist was carried out by the store manager which included a check on the pharmacy log, confidential information, and staffing levels.

New Services were assessed before the pharmacy started offering them. For example, the pharmacy completed checks before it provided its seasonal flu vaccination service. There were notices displayed in the consultation room explaining the symptoms and treatment of fainting, seizures and anaphylaxis, and the process to follow after a needle-stick injury or accidental exposure to blood. This helped the team to manage the risks associated with the flu vaccination service. Head office issues 'Pharmacy

Helpdesk Clinical Focus Bulletins' which gave guidance on a variety of subjects. For example, veterinary prescriptions and signed orders.

There was an SOP for dealing with complaints. 'About this pharmacy' leaflets were on display which gave details of the complaints procedure and encouraged people to give suggestions or feedback on the pharmacy services. 'How did we do' survey cards were attached to prescriptions to encourage people to give feedback on their experience. The store manager explained that feedback was generally always positive. For example, one person had recently reported that she had a good experience when she received treatment for shingles following a Pharmacy First consultation with the RP. There were several thank you cards on display from grateful patients who had received good service. The store manager said she couldn't recall any recent complaints or negative feedback.

Professional indemnity insurance arrangements were in place. Private prescription records, the RP record, and the CD registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

All the pharmacy team had completed 'e-learning' training on information governance including confidentiality. Confidential waste was collected in designated bags which were sent to head office for destruction. A team member correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public.

The pharmacist and accuracy checking technicians (ACTs) had completed level 2 training on safeguarding. Other team members had completed training at a level appropriate to their role. A member of the team said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a safeguarding policy in place and a notice showing the safeguarding leads in the company. The pharmacy had a chaperone policy, and this was highlighted to people. The pharmacy was registered as a 'Safe Space' for victims of domestic abuse, and there was a notice on display showing this, with other useful signposting information produced by Nottinghamshire's Women's Aid.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are well trained, and they work effectively together in a busy environment. The pharmacy encourages team members to keep their skills up to date and supports their development. Team members have opportunities to discuss issues together. They are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

The RP, two ACTs and three NVQ2 qualified dispensers (or equivalent) were on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other and people who visited the pharmacy. There was also a trainee pharmacist, an NVQ 3 qualified dispenser and two other NVQ2 qualified dispensers on the pharmacy team. Planned absences were organised so that no more than two people were away at a time. Absences were usually covered by re-arranging the staff rota. There was also an option to transfer staff from neighbouring branches or contact the relief team for assistance if necessary.

Members of the pharmacy team carrying out the services had completed appropriate training. Team members used an e-Learning system to ensure their training was up to date and they had regular protected training time. Recent training had been completed on customer service and the NHS Pharmacy First service. The RP was the regular pharmacist and confirmed that he was competent to carry out all the consultations required for the NHS Pharmacy First services and had received training on the use of the otoscope for ear examinations. The trainee pharmacist was given an hour and a half each day to complete their training requirements and they were able to use a room in the medical centre when quiet study was necessary. The store manager was an ACT. The NVQ3 qualified dispenser had recently completed their course and had applied to be registered as a pharmacy technician. Two of the NVQ2 dispensers were on NVQ3 courses. The store manager had 'set up' conversations with all members of the team when she commenced her role, and team members received six monthly reviews where performance and development were discussed. The team used an electronic messenger system and a notice board for communication and to ensure they were all kept up to date. Daily huddles were used to plan and organise the day ahead, and weekly huddles were used to discuss a variety of issues and the pharmacy's performance against targets. A member of the team felt there was an open and honest culture in the pharmacy and said they would feel comfortable talking to the store manager or regular pharmacist about any concerns they might have. They said team members could make suggestions or criticisms informally and were listened to. There was a whistleblowing policy and details about this, and the grievance process were on display in the staff area.

The RP felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. He said targets were set for most services and these were closely monitored, but he didn't feel targets ever compromised patient safety and he didn't feel under excessive pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a consultation room so people can receive services and have confidential conversations with members of the pharmacy team in private.

Inspector's evidence

The pharmacy premises were clean and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with one chair. The temperature and lighting were adequately controlled. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue. Staff facilities included a small staff room with a kitchen area, and a WC, with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

The consultation room was equipped with a sink, and was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as flu vaccinations and when customers needed a private area to talk. An area of the counter was screened which allowed a degree of privacy when prescriptions were being handed out.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are suitably well managed and easy for people to access. The pharmacy sources, stores, and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. Services provided by the pharmacy were advertised in the pharmacy and outlined in the 'About this Pharmacy' leaflet. Health guides were available which gave more details about the services offered including the New Medicine Service (NMS) and the NHS Pharmacy First Service. There was a local health zone which displayed posters advertising local services. For example, Harworth tea and talk wellbeing café and the south Yorkshire and Bassetlaw Healthier together website with QR codes to help people access information on asthma, bronchitis, and diarrhoea and vomiting. Leaflets were also available on cancer support. There was a home delivery service with associated audit trail. Each delivery was recorded electronically, and a record of who had accepted the delivery was reported. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves and carousel were well organised, neat, and tidy. Tubs were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. Pharmacist's information forms (PIFs) and laminated care labels were used to highlight that a fridge line, CD, or new medicine had been prescribed or if any other counselling was required. For example, with warfarin, methotrexate, and valproate prescriptions. Counselling points were printed on the back of the relevant care cards to remind staff of the important points. The team were aware of the requirements for a Pregnancy Prevention Programme to be in place for people in the at-risk group who were prescribed valproate. An audit had been carried out and three people in the at-risk group had been identified. These people had discussions with their GP or the pharmacist about pregnancy prevention and were given periodic reminders. The RP was aware that original packs should always be used when dispensing valproate containing medicines.

The pharmacy received a small number of electronic prescriptions each week from the pharmacy's online prescribers. These included weight loss injections. The RP said he was not required to make any checks or give advice to people about how to use the injections, as this was all done through the online doctor service. He confirmed that the pharmacy had the required equipment to check people's BMI but said he had never been told this was a requirement. He confirmed that if he had any concerns that the person collecting the injection did not meet the criteria for licensed use, then he would contact the prescriber, and he said he had not had any concerns about this so far.

A new system called Advanced Due Date Dispensing (A-DDD) had been introduced where the required stock for each prescription was collected and sent from the hub. This increased efficiency and bar code technology ensured accuracy. When the system was first introduced, around 2500 items were dispensed and checked by team members, before they felt comfortable relying on the technology for

the accuracy check. Around 37 % of prescriptions were currently dispensed by this process. A grid was completed on the prescription to show who had made the data entry, dispensed, clinically checked, and handed out the prescription. ACTs or the RP completed an accuracy check of the data entry and completed accuracy checks of the assembled prescriptions which had been assembled outside of the A-DDD process. Dispensed by and checked by boxes were initialled on the medication labels for these prescriptions. This provided an audit trail of the person who had accuracy checked the medicine and these details were also added to the grid on the prescription.

The multi-compartment compliance aid pack service was well managed with an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed, and medicine descriptions were usually included on the labels to enable identification of the individual medicines. Staff confirmed packaging leaflets were included so people were able to easily access additional information about their medicines. Disposable equipment was used. An assessment was made by a member of the pharmacy team as to the appropriateness of a pack or if other adjustments might be more appropriate to the person's needs. Some people received Medicine Administration Record (MAR) charts as an appropriate adjustment, rather than a compliance aid pack.

A dispenser explained what questions she asked when making a medicine sale and she knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist, and understood what action to take if she suspected a customer might be misusing medicines, such as a codeine containing product. Team members used the mnemonics 'WWHAM' and 'CARE' to remind themselves of the questions to ask when they were asked to recommend a product or when customers asked for specific medicines by name.

CDs were stored in three CD cabinets which were securely fixed to the wall or floor. The keys were under the control of the RP during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages from the NHS area team and also from head office. These were read and acted on by a member of the pharmacy team. A copy was retained in the pharmacy with a record of the action taken. This meant the team was able to respond to queries and provide assurance that the appropriate action had been taken.

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 pharmacist could access the internet for the most up-to-date reference sources. The RP said he used an App on his mobile phone to access the electronic British National Formulary (BNF) and there was a variety of other reference sources in the pharmacy which he found useful.

There were two clean medical fridges for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. There was suitable blood pressure testing equipment. The RP explained that this was replaced every twelve months to ensure that it was accurate. An otoscope was available for use in the Pharmacy First service. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules. A dispenser confirmed that she would use a separate tablet triangle for cytotoxic drugs and wash it thoroughly after use, but explained that most of the cytotoxic medicines were obtained in foil strips to minimise the use of handling.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. 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.