

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 91 Jubilee Crescent, Radford, COVENTRY,  
West Midlands, CV6 3EX

**Pharmacy reference:** 1093100

**Type of pharmacy:** Community

**Date of inspection:** 14/06/2023

## Pharmacy context

This is a community pharmacy situated on a busy road in Radford, Coventry. It sells a range of over-the-counter medicines and dispenses prescriptions. And it provides substance misuse and offers a seasonal flu vaccination service. The pharmacy also provides the New Medicine Service (NMS) and dispenses medicines in multi-compartment compliance packs to a handful of people who need assistance in managing their medication at home.

## 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	2.2	Good practice	Members of the pharmacy team are well-supported by their manager with on-going training to help to ensure their knowledge and skills remain up to date.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has safe and effective working practices. It has written procedures to help deliver its services safely. And it keeps the records it needs to by law, to show that medicines are supplied safely and legally. Members of the pharmacy team routinely record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information securely and its team members know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOP), and these had been read and signed by its team members. The correct responsible pharmacist (RP) notice was on display and team members could explain what they could and couldn't do when a pharmacist was not present.

The pharmacy had systems to record and review dispensing mistakes. Near misses (mistakes which were identified before the medicine was handed out to a person) and dispensing errors (mistakes that were identified after people collected their medicines) were routinely recorded and reviewed monthly as part of a patient safety review process. The store manager, who was RP during the inspection, explained that the pharmacy did not have many dispensing mistakes since the new IT system had been installed, and the pharmacy's dispensing volume was manageable. Higher-risk medicines and medicines with similar names, such as quetiapine, quinine, omeprazole, olanzapine, methotrexate and valproate had been highlighted and separated to minimise the chances of picking errors.

The pharmacy had a complaints procedure and it encouraged people to give feedback about the quality of services received from the pharmacy. The RP explained that she would always endeavour to resolve complaints in-store and would refer people to head office where appropriate. The pharmacy's fair data processing notice was on display. No person identifiable information was visible to the public and completed prescriptions in the retrieval system were stored securely. Confidential waste was disposed of securely. Members of the pharmacy team used their own NHS smartcards and the pharmacy's computers were password protected.

The pharmacy had current professional liability and public indemnity insurance, confirmed by head office. Records about RP and controlled drugs (CDs) were kept in line with requirements. CD running balances were kept and audited weekly. A separate register was used to record patient-returned CDs. The CD stock picked at random matched the recorded balance in the register. Private prescriptions were recorded electronically and included all the required information.

The pharmacy had procedures about protecting vulnerable people and the RP had completed Level 3 safeguarding training. Team members had completed e-learning about domestic abuse and were aware of the 'safe space' initiative. A chaperone policy was available and displayed in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its current workload adequately. Members of the pharmacy team work well together, and they can raise concerns or make suggestions to help improve the pharmacy's services. And they have access to training resources to help keep their skills and knowledge up to date.

### Inspector's evidence

At the time of the inspection, the pharmacy was staffed by the store manager (RP), two trained dispensers and a trainee healthcare advisor. Members of the pharmacy team worked well together, and they were managing their workload comfortably. Team members were well supported with on-going training to help keep their skills and knowledge up to date and they were given time during working hours to complete their training. Certificates of completed training were very well organised and available during the inspection. Team members had recently completed training on a range of topics including domestic abuse, antimicrobial stewardship and infection control. A whistle blowing policy was available and team members felt supported by their store manager to raise any concerns or make suggestions to improve the pharmacy's services. The RP did not feel patient safety or the team's professional judgements were compromised by targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are safe and adequately maintained. And people visiting the pharmacy can have a conversation with a team member in private.

### Inspector's evidence

The pharmacy's front fascia and its public facing areas were in an adequate state of repair. The dispensary had enough space to store medicines safely, and it was kept tidy. A private, signposted consultation room was available for services and to enable people to have a private conversation with a team member. The sinks in the dispensary and consultation room were clean and they had a supply of hot and cold running water. Room temperatures in the pharmacy were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. The premises were secured against unauthorised access when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services well to ensure people get appropriate care and support to manage their medicines safely. And people with different needs can access its services. The pharmacy gets its medicines from licensed wholesalers and team members take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy had automated doors and its entrance had a ramp from the outside pavement to help assist people with mobility difficulties. Its opening hours and services it offered were well advertised in-store. A range of well-organised healthcare leaflets were available on the pharmacy's healthy living notice board. There was seating available for people waiting for services. Team members used their local knowledge to signpost people to other providers where appropriate. The pharmacy offered a prescription delivery service and people signed to acknowledge receipt of their medicines.

Team members used containers to prioritise their dispensing workload and to minimise the risk of medicines getting mixed up. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The workflow in the dispensary was calm and efficient. Dispensing labels were initialled at the dispensing and checking stages to create an audit trail showing who had been involved in these tasks. Designated areas of the dispensary were used for separate tasks such as assembling compliance packs, dispensing walk-in prescriptions and checking prescriptions, to help keep the workflow safe and efficient.

Team members used laminated cards when dispensing higher-risk medicines such as methotrexate, lithium, valproate, paediatric prescriptions, and CDs, so that the pharmacist could provide additional advice to people when these were handed out. Clear bags were used for dispensed CDs and temperature-sensitive medicines, so that these could be double-checked before hand-out. The pharmacy had recently completed its clinical audit for valproate, and it did not have any person in the at-risk group. The stock packs on the shelves included warning cards and alert stickers. Additional patient information leaflets and warning cards were available to supply to people if a complete pack was not dispensed. The pharmacy had a handful of people receiving their weekly medicines in multi-compartment compliance packs. A completed pack during the inspection did not include all the descriptions of the medicines it contained within it. The RP said that this could be due to a glitch in the software, and they would ensure this was addressed imminently. Patient information leaflets were supplied routinely.

The pharmacy ordered its stock medicines from licensed wholesalers, and they were stored tidily on the shelves. No extemporaneous dispensing was carried out. Some of the pharmacy-only medicines were stored in unlocked glass cabinets. But there was a notice alerting people that these were not for self-selection and to seek assistance when wanting to buy such medicines. The pharmacy did not sell codeine linctus over the counter.

All CDs were stored correctly in the CD cabinet. Access to the CD keys was managed appropriately. The pharmacy had denaturing kits available to dispose of waste CDs safely. Team members knew that prescriptions for CDs not requiring secure storage such as tramadol and pregabalin, had a 28-day

validity period. And stickers were used to mark such prescriptions to minimise the risk of inadvertently supplying these beyond their validity period. Expired medicines and patient-returned medicines were kept in pharmaceutical bins, but these were stored in the toilet. This was discussed with the RP who gave assurances that these would be transferred and stored in the dispensary.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And members of the pharmacy team used the equipment in a way that protects people's privacy and dignity.

### Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated glass measures available for measuring liquid medicines. And separate measures were kept to dispense certain medicines. Equipment for counting loose tablets and capsules was available and it was kept clean. Medicine containers were capped to prevent cross-contamination. All electrical equipment including the medicine fridge was in good working order. The pharmacy had a cordless telephone which meant that conversations could take place in private if required.

### 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.