

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 3 Hatchford Brook Road, SOLIHULL, West Midlands, B92 9AG

**Pharmacy reference:** 1094205

**Type of pharmacy:** Community

**Date of inspection:** 30/09/2019

## Pharmacy context

This is a community pharmacy located in a residential area of Solihull in West Midlands. It dispenses prescriptions and sells a range of over-the-counter medicines. It offers Medicines Use Reviews (MURs) and New Medicine Service (NMS) checks. And it offers a flu vaccination service in the winter months. It dispenses medicines in multi-compartment compliance packs to a small number of people who need assistance in managing their medicines. The pharmacy also offers a prescription delivery 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy supports its team members well in keeping their skills and knowledge up to date.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	Members of the pharmacy team take extra care with higher-risk medicines to make sure people take their medicines safely.
<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. Its team members record and review their mistakes so that they can learn from them. And they keep the records they need to by law to ensure medicines are supplied safely and legally. The pharmacy asks people for their views and uses their feedback to improve services where possible. It keeps people's private information safe. And it has safeguarding procedures and its team members understand how they can help protect vulnerable people.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) for the services it offered. Members of the pharmacy team had read and signed the SOPs relevant to their roles and responsibilities. A Responsible Pharmacist (RP) notice was prominently displayed. The roles and responsibilities of team members were set out in the SOPs and they were aware of the tasks not to be undertaken in the absence of a pharmacist.

Members of the pharmacy team kept records of near misses and dispensing errors in line with company procedures. And they completed monthly patient safety reviews to identify learning points. The pharmacy manager said that the pharmacy had very few near misses or dispensing errors. She routinely reminded team members to refer to the 'Prescription Accuracy Checking Tool' which provided step by step guidance on how to dispense prescriptions accurately. And this was routinely discussed during team huddles. Members of the pharmacy team were aware of a list of 'look alike' and 'sound alike' (LASA) medicines. These had been previously separated on the shelves. But recently, in preparation for the launch for new electronic patient record system, Columbus, the shelves had been reorganised and the level of separation had been reduced.

Members of the pharmacy team understood the company's complaints procedure. The pharmacy's practice leaflet, which was available, explained the procedure. The team members also routinely handed out survey cards to enable people to provide feedback on-line. An annual survey of people who used the pharmacy was undertaken and the pharmacy had been rated excellent or very good overall by 99% of respondents. There was some feedback about the comfort and convenience of the waiting area. The pharmacy manager said that the retail area was very small and it was not possible to add any more chairs. But people could wait in the consultation room if needed.

The pharmacy had appropriate indemnity insurance arrangements. Records about controlled drugs (CDs) were kept in line with requirements and running balances were recorded and checked at regular intervals. A random check showed that the amount of stock in the cabinet matched the running balance in the register. CDs returned by people for disposal were recorded in a separate register when received and denaturing kits were used for safe disposal. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The team members had all signed confidentiality agreements and had undertaken training about the General Data Protection Regulation. People's personal information was kept away from the public view. Confidential waste was separated and disposed of securely. The pharmacy's computers were password protected and they were positioned away from public view. Members of the pharmacy team used their

own smart cards to access electronic prescriptions. And a 'Boots fair data processing' notice was advertised and it informed people about the management of their private information by the company.

Members of the pharmacy team had all completed safeguarding training relevant to their job roles. And they were clear about what they would do and who they would report to if they had any safeguarding concerns. The pharmacy manager had completed Level 2 safeguarding training. Contact details for local safeguarding agencies were available for staff to escalate any safeguarding concerns. The pharmacy had not had any safeguarding concerns to report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for the services provided, and they work effectively together and are supportive of each other. They have the appropriate skills, qualifications and training to deliver services safely. Team members get time set aside for on-going structured training. This helps them keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy manager, a pre-registration trainee and two trained pharmacy advisors were on duty on the day of the inspection. The pharmacy had one part-time dispenser on long term absence. The team members did extra hours to help manage the absence. The team were managing their workload adequately and worked well together. The team members were observed to have a good rapport with people visiting the pharmacy. The pharmacy manager had worked for the same branch for over 12 years and said that she had many regular loyal customers.

Members of the pharmacy had access to on-going training via the company's training portal to help keep their skills and knowledge up to date. They had time set aside to complete the training and they had recently completed training about the new electronic patient record system and head lice treatments. And they had all completed the mandatory training required for the accreditation as a Healthy Living Pharmacy. Records of completed training were kept and were available during the inspection. The pre-registration trainee said she was very well supported by her tutor (the pharmacy manager) and had time set aside to complete her training at work. And she attended monthly clinical days organised by the company. A monthly 'Professional Standards Bulletin' was sent from the Chief Pharmacist's office and it informed the team about common dispensing errors and guidance about minimising risks in the pharmacy. It also shared learnings from incidents that had occurred in other branches and ways of minimising similar incidents happening. There was evidence to show that members of the pharmacy team had read and signed the bulletins.

A whistleblowing policy had been signed by all team members and they said they could raise concerns in various ways including using a company telephone line should they wish to raise their concerns anonymously. The team said that they were very well supported by their pharmacy manager and area manager. They felt able to exercise their professional judgement and didn't think that targets or incentives compromised patient safety. The team had delivered their MUR target and felt they were performing well against targets. Performance appraisals were carried out twice a year and included any development needs or areas for further improvement. The team said that their pharmacy manager gave regular feedback about their performance and often encouraged them to celebrate their successes and positive compliments received from their regular customers.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are safe, secure and adequate for the services it provides. And people visiting the pharmacy can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was small and its public facing areas were generally clean and tidy. The dispensary was compact and it had not been refitted for quite some time. And this was reflected in the appearance of some of its fixtures and fittings. But overall, they were fit for purpose. There was just about adequate storage and bench space available to manage the current workload safely. The pharmacy's non-public facing areas were cluttered with redundant fixtures and fittings and these partly obstructed the washroom. The sink in the dispensary for preparation of medicines was clean and it had a supply of hot and cold running water. The dispensary was clearly separated from the retail area and afforded some privacy for the dispensing operation and any associated conversations and telephone calls. The pharmacy's consultation room was clean and tidy. And it was suitable for private consultations and counselling. Its location was away from the dispensary but its availability was advertised. The premises were lockable and could be secured against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. And people with a range of needs can access its services. The pharmacy gets its medicines from reputable suppliers and manages them appropriately. It takes the right action in response to safety alerts, so that people are supplied with medicines and medical devices that are fit for purpose. Members of the pharmacy team mark prescriptions for higher-risk medicines so that people can be provided with the advice they need to take them safely.

### Inspector's evidence

The pharmacy had a step-free entrance and automated doors to help assist people with mobility difficulties. Its opening hours and services offered were advertised in-store. There were chairs available for people waiting for services. The aisle leading to the dispensary was clear of any slip or trip hazard. A range of healthcare leaflets were on display and team members participated in the Healthy Living campaigns. The pharmacy manager said she routinely displayed leaflets in the health hub of the local library to coincide with the campaigns the pharmacy was running such as mental health, healthy heart, awareness about antibiotics and smoking cessation. Members of the pharmacy team were aware of signposting requirements and used their local knowledge to signpost people to other providers if a service someone needed was not offered at the pharmacy.

A delivery service was offered to people requiring their medicines to be delivered at home and signatures were obtained from recipients to show that medicines had reached the right people. A note was left if nobody was available to receive the delivery and the medicines were returned to the pharmacy. The workflow in the dispensary was adequately organised. Trays were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing notes were issued to provide an audit trail when the prescription could not be fully supplied. Members of the pharmacy team used a four-way stamp (quad stamp) on prescriptions. And they initialled 'dispensed by' and 'checked by boxes' on the dispensing labels to provide an audit trail to show which members of staff had been involved at various stages of the dispensing process.

The pharmacy had begun offering its winter flu vaccination service in September. It had in-date patient group directions in place and the pharmacist had received appropriate training to deliver the service. The vaccines were stored in accordance with the manufacturer's instructions. Procedures to follow in the event of a needle stick injury, fainting, seizures and anaphylaxis were in place. And the anaphylaxis kit was in-date. Each person requesting the vaccination was required to complete a consent form before being administered the vaccine. And the copy of the consent was sent to the GP where appropriate. The pharmacy's chaperone policy was advertised.

Members of the pharmacy team were aware about conducting a needs assessment for people requesting their medicines to be dispensed in multi-compartment compliance packs. They said that the company had recently introduced a 'Medicines Support Questionnaire' to help staff conduct a needs assessment. But the pharmacy had not had any new requests for compliance packs. The pharmacy had some people who were currently being supplied with their medicines in compliance packs. Members of the pharmacy team had a tracking system to prompt them when people's prescriptions were to be ordered so that medicines were supplied in a timely manner. And they kept records of each person using the service which included the current medication the person was on and the time of day it

should be taken. The pharmacy kept records of any communication about medication changes, which helped make sure people received the correct medicines in their compliance packs. A pack checked during the inspection included descriptions of medicines contained within it. The dispensing labels were initialled and patient information leaflets were supplied.

Clear bags were used for assembled CDs and refrigerated medicines to allow an additional check at hand out. Pharmacist information forms (PIF) were used and attached to the prescriptions to alert the pharmacist of any dose changes or new medicines. The pharmacy manager said that the team added the dispensed date on assembled Fostair® inhalers at hand out so that people were counselled about its shelf life of 5 months once kept out of the fridge. And they were also routinely reminded to rinse their mouth after each time they used the inhaler to reduce local side effects.

Laminated cards were used to highlight higher-risk medicines such as anticoagulants, methotrexate, CDs and children's medicines so that people could be provided with appropriate advice when these were handed out. And the pharmacy recorded evidence of therapeutic monitoring such as INR levels on the person's medication records. The pharmacy manager said that they only had a handful of people taking warfarin. Alternatives such as Rivaroxaban were now more commonly prescribed. Prescriptions for CDs were marked with the date the 28-day validity limit would be reached to ensure supplies were made lawfully. Members of the pharmacy team were aware of the valproate Pregnancy Prevention Programme (PPP) and knew which patient groups needed to be provided with advice about the medicine's contraindications and precautions. Patient information leaflets and guides were available in the pharmacy. The pharmacy did not have anyone currently in the at-risk group taking valproate.

The pharmacy obtained its medicines from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. At the time of the inspection, the pharmacy was not fully compliant with the Falsified Medicines Directive (FMD). Members of the pharmacy team had some knowledge about the directive but were awaiting further guidance from their head office. Medicines were stored in an organised fashion and the team had recently date-checked their stock medicines in preparation for the new electronic patient record system. Short-dated medicines were highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Medicines requiring refrigeration were stored correctly between 2 and 8 degrees Celsius. Fridge temperatures were checked and recorded each day. All CDs were stored appropriately. And the cabinet was kept tidy. Designated bins were available to store waste medicines. And denaturing kits were available to denature waste CDs safely. The pharmacy had a process in place to deal with safety alerts and drug recalls. Records about these and the actions taken by members of the pharmacy team were made and kept in the pharmacy.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the equipment and facilities it needs to provide pharmacy services safely. And its equipment is adequately maintained.

### Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. A consultation room was available for private conversations and counselling. Equipment for counting loose tablets and capsules was clean. And a range of clean, crown-stamped, glass measures were available. All 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.