

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 5A, Racecourse Retail Park, Aintree,
LIVERPOOL, Merseyside, L9 5AN

Pharmacy reference: 1095061

Type of pharmacy: Community

Date of inspection: 11/07/2022

Pharmacy context

The pharmacy is situated on a retail park, in the Aintree area of Liverpool. The pharmacy premises are accessible for people, with adequate space in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. It has a consultation room available for private conversations. And some medicines are dispensed into multi-compartment compliance aids, 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 records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	All members of the pharmacy team receive regular training and assessment to make sure they know how to protect confidential information.
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	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again. The pharmacy keeps the records required by law.

Inspector's evidence

An audit stamp was used on prescriptions to record who had clinically checked, dispensed, accuracy checked and handed out. There were up to date standard operating procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties.

Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were reported online on a near miss log. The near misses were discussed with the pharmacy team member at the time. A member of the pharmacy team had been nominated as patient safety champion and together with the pharmacist and store manager, they reviewed the near miss log to identify learning points, which were then shared with the team. The near miss log was last reviewed in June 2022. A dispenser explained that because of several near miss errors with co-codamol and co-dydramol, stock of these medicines had been separated.

The pharmacy team members adhered to social distancing measures when possible. For example, they maintained a minimum of a two-metre distance from colleagues during the dispensing process. All team members were encouraged to wear protective equipment (PPE) throughout the day, which included a facial mask. And they had access to alcohol hand gel. The store manager had carried out covid-19 risk assessments for the pharmacy and for individual team members.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place and copies of a practice leaflet with details of how people were able to raise concerns were displayed in the retail area. A member of the pharmacy team explained that she aimed to resolve complaints in the pharmacy at the time they arose, although she would refer the person to the store manager, pharmacist, or head office if they felt it was unresolved. A customer satisfaction survey was carried out annually.

The company had up-to-date professional indemnity insurance in place. The private prescription record, emergency supply record, unlicensed specials record, responsible pharmacist (RP) record and the CD registers were in order. Records of CD running balances were kept and these were audited regularly. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was being collected in a designated bin to be collected by an authorised carrier. Confidential information was kept out of sight of the public. The pharmacy team had completed information governance training on e-learning when they commenced their employment and received refresher training annually. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient

information from being visible. A privacy notice was displayed in the retail area. Members of the pharmacy team had completed level 1 safeguarding training on e-learning. The contact numbers required for raising safeguarding concerns were present. The pharmacist had completed level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team has access to ongoing training.

Inspector's evidence

There was a relief pharmacist, a store manager who was trained as a dispenser, and one other dispenser on duty. The pharmacy team appeared to manage the workload adequately and work well together. They used e-learning to ensure their training was up to date. A dispenser explained they were expected to complete training on an ongoing basis, and she had completed online SOP training recently. She felt that the store manager and pharmacist were supportive with learning and were happy to answer any questions. Team members were allowed time to complete training when the workload permitted.

The dispenser had received an informal appraisal with the store manager in the last six months and said that she had found it useful. They were regularly given feedback. For example, they would be told about near miss errors or any outstanding training. Staff were aware of the whistleblowing policy and knew how to report concerns if needed. Details outlining the policy were available for reference.

A dispenser who was covering the counter was clear about her role. She knew what questions to ask when making a sale and when to refer the patient 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 abusing medicines such as co-codamol which she would refer to the pharmacist for advice. The pharmacist said there were targets in place for professional services, but he did not feel under any pressure to meet them in his role as a relief.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team explained that dispensary benches, the sink and floors were cleaned regularly, and a record was kept. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

Any maintenance problems were added to a maintenance log and reported to head office. Team facilities included a microwave, kettle and fridge, separate ladies and gents WCs with wash hand basins and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people, and they are well managed, so people receive their medicines safely. The pharmacy team makes extra checks when supplying some higher-risk medicines, to make sure they are being used properly. It sources and stores medicines appropriately and carries out checks to help make sure that they are kept in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets and posters in the retail area. Members of the pharmacy team were clear about what services were offered and where to signpost for services the pharmacy did not provide. For example, travel vaccinations. The opening hours and a list of the pharmacy's services were displayed in the window.

The workflow in the pharmacy was organised into separate areas, with adequate dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the dispensing labels to provide an audit trail. Plastic containers were used to separate prescriptions during dispensing, to reduce the risk of medicines becoming mixed up.

Schedule 2 CDs awaiting collection had a laminated CD label attached to the prescription. A dispenser explained that this was to act as a prompt to add the CD before handing out. Schedule 3 and 4 CDs had a CD expiry date sticker attached to the prescription, as a reminder to check that the prescription was still valid when the medicines were collected. A pharmacist information form (PIF) was attached to assembled prescriptions to highlight important information to the pharmacist such as a change in dose.

Laminated cards for warfarin, methotrexate, valproate and lithium were kept with assembled prescriptions in the prescription retrieval system so that the pharmacist could provide appropriate counselling when handing out the prescription. And INR results were added to the computer patient medication record (PMR) for people prescribed warfarin. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were present.

The dispenser provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for mid-cycle changes to medication. Disposable equipment was used. Patient information leaflets for the medicines supplied were provided to people routinely with each supply of medication. Hospital discharge prescription summaries were kept for the pharmacist to refer to. The assembled compliance aids packs currently awaiting collection had individual medicine descriptions and patient information leaflets included. The pharmacy provided a prescription delivery service. A member of the pharmacy team and the delivery driver both signed a prescription delivery record to provide an audit trail for delivery. If a person was not at home at the time of delivery, a note was left, and the prescription medicines were returned to the pharmacy.

Stock medications were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using

denaturing kits. A CD key log was available. There was a clean fridge for medicines, equipped with a thermometer, and the temperature was checked and recorded daily. Different sections of stock medication in the dispensary and retail area were date checked each month and a record was kept. Short-dated medicines were highlighted with a sticker added to the medicine container. No out-of-date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via NHS email, MHRA and head office. These were acted on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information, for example, Medicines Complete. A copy of the BNF and BNFc were present. Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order and had been PAT tested for safety in January 2022.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A telephone situated away from the medicines counter was used to hold private conversations with people when needed.

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.