

Registered pharmacy inspection report

Pharmacy Name: Boots, Halewood Primary Care Resource Centre,
Roseheath Drive, Halewood, LIVERPOOL, Merseyside, L26 9UH

Pharmacy reference: 1097344

Type of pharmacy: Community

Date of inspection: 13/07/2022

Pharmacy context

This is a community pharmacy inside a medical centre alongside three GP practices. It is situated in a residential area of Halewood in Knowsley, Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the 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	Good practice	1.2	Good practice	The pharmacy has systems to review when things go wrong, and to help identify learning in order to help reduce the chances of similar mistakes happening again.
		1.4	Good practice	The pharmacy has active feedback systems to obtain regular feedback from people who use their services to help react to any negative experiences.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team are routinely completing learning and this is well documented to show how they are developing.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Good practice	4.2	Good practice	The pharmacy provides services safely, and it routinely identifies high-risk medicines to encourage conversations about people's medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. Members of the pharmacy team use active feedback systems to help identify any positive or negative experiences from people who use the pharmacy. And members of the team record things that go wrong and review them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were routinely updated by the head office. Members of the pharmacy team had signed to say they had read and accepted the SOPs. A daily checklist was completed to check compliance with a number of professional requirements, including fridge temperature records, expiry date checks, weekly controlled drug (CD) balance checks, and display of responsible pharmacist (RP) notice.

The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and their learning outcomes. Near miss incidents were recorded on a paper log. The pharmacist said he would highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. The records were reviewed each month by the trainee pharmacy technician. There were recorded examples of learning which had been identified, such as asking members of the team to double check the quantity of medication by marking the box as a reminder. The company circulated a professional standard bulletin to share learning between pharmacies. Amongst other topics they covered common errors and professional matters. Members of the pharmacy team were required to sign the bulletin to confirm they had read it.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser was able to explain what his responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. Staff wore standard uniforms and had badges identifying their names and roles.

The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were referred to the pharmacy manager and followed up. Members of the pharmacy team also gave people a 'share your thoughts' cards, which included a link for an online survey. These were handed out with dispensed medicines and there was an incentive for people to complete the survey by being entered into a monthly prize draw. The pharmacist said he would instantly review and take appropriate action to any negative feedback, but all of the recent comments had been positive.

A current certificate of professional indemnity insurance was available. Records for the RP, private prescriptions and emergency supplies appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed annual IG training and had confidentiality agreements in their contracts. When questioned, a dispenser was able to

explain how confidential information was segregated to be removed by a waste carrier. Information about how patient data was handled by the pharmacy was on display in the retail area. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them to develop and keep their knowledge up to date. They get regular feedback from their manager to help them improve.

Inspector's evidence

The pharmacy team included two pharmacists, a pharmacy technician, a trainee pharmacy technician, and seven dispensers, three of whom were in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was two pharmacists supported by six members of the pharmacy team. The volume of work appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed regular training. This was presented in various formats, such as learning identified from mistakes, learning from the professional standards bulletin, learning new pharmacy processes, or completing an electronic training package about a healthcare topic. There were generally two to four training topics per week, and there was a training log to show who had completed training. Staff were allowed learning time to complete training.

A trainee dispenser was currently completing his training about selling over-the-counter medicines. He gave examples of how he would sell a pharmacy only medicine using a suitable questioning technique, refuse sales of medicines he felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement, and this was respected by the area management team.

Members of the pharmacy team were seen to be working well together. Different members of the team said they felt a good level of support from the pharmacist and other senior members of the team. And if they needed additional support, they felt able to ask for it. Appraisals were conducted quarterly by the pharmacist. This covered any training or development requirements and areas for improvement. Members of the pharmacy team held morning huddles about issues that had arisen, including when there were errors or complaints. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. The pharmacist said he did not feel under pressure to achieve any targets set by the company for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was adequate for the workload. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of an air conditioning system. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

Perspex screens had been installed at the medicines counter to help prevent the spread of infection, and markings were used on the floor to help encourage distancing. Staff were wearing masks and hand sanitiser was available.

A consultation room was available with access restricted by use of a lock and was clean in appearance. The space was clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✓ Good practice

Summary findings

The pharmacy's services are easy to access. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy provides services safely, and additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters and leaflets gave information about the services offered and information was also available on the website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics. The pharmacy had a delivery service. A record was kept providing an audit trail of delivered medicines.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. A quadrant stamp was used and initialled to provide an audit trail showing who was responsible for each stage of the dispensing process, including dispensing, clinical check, accuracy check and handout. Any information which the team thought the pharmacist may need when checking the prescription was printed from the PMR and kept with the prescription until handout. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and laminates were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted to remind members of the team to counsel patients. Members of the team were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacy team said they were not aware of any current patients who met the risk criteria and would refer people who did to the pharmacist to check the supply was suitable.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a three-monthly basis. A date checking matrix was signed by staff as a record of what had been checked. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had

the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the head office. Alerts were printed, action taken was written on, initialled and signed before being filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter, and a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was 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.