

Registered pharmacy inspection report

Pharmacy Name: Boots, 2 Brindley Place, BIRMINGHAM, West Midlands, B1 2JB

Pharmacy reference: 1105421

Type of pharmacy: Community

Date of inspection: 02/11/2022

Pharmacy context

This is a community pharmacy situated in a large canal-side development in the westside district of Birmingham. The pharmacy serves a mainly young professional population. It sells a range of over-the-counter medicines and dispenses prescriptions. And it offers substance misuse treatment to a handful of people. It also provides a prescription delivery service and seasonal flu vaccinations.

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	N/A	N/A	N/A
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 has good processes to manage higher-risk medicines so that people are provided with additional advice where appropriate.
5. Equipment and facilities	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 generally keeps the records it needs to by law, to show that medicines are supplied safely and legally. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information safely and its team members know how to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of in-date standard operating procedures (SOPs), and these had been read and signed by its team members. The correct responsible pharmacist (RP) notice was on display and members of the pharmacy team could describe the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy had systems to record dispensing incidents. Near misses (errors which were identified before the medicine was handed out to a person) and dispensing errors (errors that had been identified after people received their medicines) were routinely recorded and reviewed monthly as part of patient safety review process. A team member explained that the pharmacy did not have many dispensing incidents since the installation of a new IT system (Columbus) and the pharmacy's dispensing volume was very manageable. Members of the pharmacy team used warning stickers to highlight higher-risk medicines such as quetiapine, valproate, methotrexate and sulphonylureas to minimise the chances of picking errors during the dispensing process.

The pharmacy had current indemnity insurance. Records about controlled drugs (CDs) and private prescriptions were kept in line with requirements. A random balance check of a CD showed that the quantity of stock in the cabinet matched the recorded balance in the register. Running balances of CDs were kept and audited weekly. A separate register was used to record patient-returned CDs. The pharmacy's records about unlicensed medicines were not available as the RP did not have the key to the filing cabinet. Records about the RP were generally kept in line with requirements. But on the day of the visit, the RP had forgotten to make the record. This was addressed during the inspection.

The pharmacy had a complaints procedure and it encouraged people to give feedback about the quality of services received from the pharmacy. The pharmacy's fair data processing notice was on display and completed prescriptions in the retrieval system were stored securely. No person identifiable information was visible to the public. Confidential waste was separated from general waste, and this was taken away for secure destruction centrally.

The pharmacy had procedures about protecting vulnerable people and the RP had completed Level 2 safeguarding training. Details of local agencies to escalate any safeguarding concerns were available in the pharmacy. Members of the pharmacy team were aware of the Ask for ANI (action needed immediately) initiative to help people suffering from domestic abuse access a safe space. And the information about the safe space initiative was prominently advertised in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload. 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 a relief pharmacist (the RP during the inspection), a trained dispenser and a foundation trainee pharmacist. Members of the pharmacy team worked well together, and they were managing their workload comfortably. The foundation trainee pharmacist said that he had begun his training a few months back and he was very well supported by his tutor.

Members of the pharmacy team were supported with on-going training to help keep their skills and knowledge up to date and they were given time during working hours to help complete their training. A whistle blowing policy was available in the pharmacy and team members felt supported to raise any concerns or make suggestions to improve the pharmacy's services. The pharmacy was generally performing well against the targets set by the company. 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 has a professional appearance, and its team members keep it clean and tidy. And people visiting the pharmacy can have a conversation with a team member in private. The premises are kept secure from unauthorised access.

Inspector's evidence

The pharmacy was in a good state of repair and was generally well maintained. The dispensary was sufficiently spacious, and it was kept clean and tidy. A private, signposted consultation room was available for services and to enable people to have private conversation with a team member. The room was well-organised and tidy. The sinks in the dispensary and consultation room were clean and they had a supply of hot and cold running water. There was good lighting throughout the premises and the room temperatures were suitable for storing medicines safely. Members of the pharmacy team had access to clean hygiene facilities. The pharmacy was secured against unauthorised access when it was 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. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from licensed wholesalers, and it stores them appropriately. Members of the pharmacy team take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy had automated doors and its entrance was step-free. Its opening hours and the services it offered were well advertised in-store. There was seating available for people waiting for services. Members of the pharmacy team 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.

The workflow in the dispensary was well-organised. Members of the pharmacy team used containers 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 pharmacy used colour-coded cards to mark higher- risk medicines such as valproate, methotrexate, lithium, warfarin, and paediatric medicines, so that the pharmacist could provide additional advice and counselling to people at the time of supply. Clear bags were used for dispensed CDs and temperature-sensitive medicines to help team members query any items with people during hand-out.

Members of the pharmacy team knew about the Pregnancy Prevention Program for people in the at-risk group who were prescribed valproate containing medicines. The pharmacy had appropriate leaflets and information to be provided when supplying these medicines to people in the at-risk group.

The pharmacy had begun delivering its flu vaccination service in September and approximately 70 vaccinations had been administered to date. A needle-stick injury procedure and all the ancillary items such as gloves, swabs, hand-sanitisers, and anaphylaxis kit were available in the consultation room.

The pharmacy ordered its stock medicines from licensed wholesalers, and they were stored tidily on the shelves. No extemporaneous dispensing was carried out. Pharmacy-only medicines were restricted from self-selection and the pharmacy did not sell codeine linctus over the counter. Stock medicines were date checked at regular intervals and when medicines were checked randomly during the inspection, no date-expired medicines were found amongst the in-date stock. Liquid medicines with limited stability were marked with opening dates to ensure they were fit for purpose when supplied to people.

Temperature-sensitive medicines were stored appropriately, and the maximum and minimum temperatures were recorded daily. The records showed that the temperatures had been maintained within the required range of 2 and 8 degrees Celsius. All CDs were stored correctly in the CD cabinet. The cabinet was kept tidy and well-organised. Access to CD keys was managed appropriately. The pharmacy had denaturing kits available to dispose of waste CDs safely. Members of the pharmacy team knew that prescriptions for CDs not requiring secure storage such as pregabalin, had a 28-day validity

period. The pharmacy had a process to deal with safety alerts and medicine recalls to make sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Members of the pharmacy team had access to up-to-date reference sources. There was a range of clean crown-stamped measures, with separate marked measures used for certain liquids. Equipment for counting loose tablets and capsules was clean. And a separate triangle was used for cytotoxic medicines. Medicine containers were capped to prevent cross-contamination. The pharmacy's computers were password protected and computer terminals were not visible to people visiting the pharmacy. Hand-sanitising gel was available on the medicine's counter and in the dispensary for team members and for people visiting the pharmacy. All electrical equipment appeared to be in good working order, and it was PAT tested annually.

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.