

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit Ff2, Ellesmere Shopping Centre, Bolton Road Worsley, MANCHESTER, Lancashire, M28 3ZD

Pharmacy reference: 1107388

Type of pharmacy: Community

Date of inspection: 14/06/2019

Pharmacy context

This is a pharmacy situated in a large modern retail unit within an indoor shopping mall, and it mainly serves the local population. It prepares NHS prescription medicines and orders repeat prescriptions on behalf of people. It also prepares medicines in weekly multi-compartment compliance aids to help make sure people take them safely. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) and 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	2.1	Good practice	The staff profile and skill mix are effective. The team does not feel pressurised and completes tasks properly and effectively in advance of deadlines.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy generally manages risk well. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. And it keeps people's information secure and understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that were regularly reviewed. These covered the safe dispensing of medicines, responsible pharmacist (RP) regulations and controlled drugs (CDs). Staff formally declared that they had read and understood each procedure. And pharmacists counter-signed each declaration when they observed each staff member consistently adhering to the procedure. Staff also had their knowledge of procedures regularly tested. So, each team member understood the procedures that were relevant to their role and responsibilities.

The pharmacy team discussed and recorded mistakes it identified while dispensing medicines. And it took steps to address each mistake in isolation. The team also reviewed the records each month. But it often did not record reasons why it thought it had made an error. So, it could be more difficult for the team to identify trends and mitigate risks in the dispensing process. A dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication. And it assisted with investigating and managing mistakes.

The pharmacy team received positive feedback in their last satisfaction survey. Publicly displayed leaflets explained how patients could feedback or make a complaint. Each team member had read the pharmacy's complaint procedures and passed a knowledge test on it. So, they could respond to complaints effectively.

The pharmacy maintained the records required by law for controlled drug (CD) transactions, private prescriptions and the responsible pharmacist (RP). And the RP displayed their RP notice so that the public could identify them. The pharmacy also maintained records for MURs and CD destructions. And it checked CD running balances regularly on a weekly basis, so could detect discrepancies at an early stage.

The regular pharmacist, who was not present, said that they asked patients the questions to make sure it was safe to administer the NHS flu vaccination. However, staff could not locate the related records, so the pharmacy may find it difficult to confirm the information obtained that supported the pharmacist's decisions if queried.

The pharmacy kept records of its specials medications that it had supplied to patients. However, it did not enter the patient's details on the records. So, it could be more difficult identifying the manufacturer and batch number for the medication supplied to the patient.

Patients frequently asked the pharmacy for an emergency medication supply during the weekend. And the pharmacy made records of these supplies. However, the entries sometimes did not include the nature of the emergency, as required by law. And it could be more difficult for the pharmacy to show why it supplied the medication.

All the staff had completed the pharmacy's annual data protection training. And the pharmacy completed a data protection audit. Staff stored and disposed of confidential material securely. They used passwords to protect access to electronic patient data. And each of them had their own security card to access electronic patient data. However, much of the time they shared each other's cards. So, it might be unclear who had accessed this information.

The regular pharmacist had level 2 safeguarding accreditation. And staff had completed the in-house safeguarding training. The pharmacy had the local safeguarding board's policies and procedures for safeguarding children and their contact details for children and vulnerable adults available for reference. However, it did not have the board's policies and procedures for vulnerable adults, but the manager subsequently obtained these.

The team had assessed whether each compliance aid patient needed their medication limited to seven day's supply, which helped them to avoid becoming confused. And staff said that they knew each of these patient's care arrangements. However, it did not make records that supported the assessments it had made or each patient's care arrangements. So, the team may not have easy access to this information if the pharmacy needed it urgently. Staff had reported concerns to the GP when patients had exhibited confusion. And they recorded their concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and efficient services. And the team has the skills and experience to work effectively. Each team member has a performance review and completes relevant training in good time, so their skills and knowledge are up to date.

Inspector's evidence

Staff present were the RP, who was an employee relief pharmacist providing temporary cover, two experienced full-time dispensers and a pre-registration pharmacist (pre-reg). The other staff included the regular full-time pharmacist who started around seven weeks ago, a second regular pharmacist who covered the other regular pharmacist's day off or leave, an experienced part-time dispenser and two trainee dispensers. The store manager, who started around seven weeks ago was also a dispenser.

The pharmacy had enough staff to comfortably manage the workload. It received most of its prescriptions via its prescription ordering and electronic prescription services. And it dispensed prescriptions it received via these services and provided the compliance pack service in good time. The pharmacy had a low footfall, and staff served people promptly. So, the team avoided sustained periods of increased workload pressure.

Each staff member worked well both alone and with the team. They effectively oversaw the various dispensing services and had the skills necessary to provide them. One of the experienced dispensers oversaw the compliance pack dispensing service. And a full-time dispenser and the manager provided support. The pharmacy had an effective contingency for planned staff absence. Only one staff member would be on leave at any time. And the other staff increased their working hours to cover their absence. Both trainees, who worked mainly in the store, would also be available to provide cover. And the manager believed the pharmacy had enough staffing resources to cover planned leave. So, it could maintain its services over the long term.

The first trainee's training had progressed well, and they were on schedule for accreditation within twelve months of them starting the course. The second trainee who started their employment three months ago had begun their training course promptly. The store manager intended to plan both trainee's time in the pharmacy to make sure store-based staff maintained their skills.

The pre-reg said that their training had progressed well. And they felt the pharmacy supported them through developing their skills and knowledge. The pre-reg received in-house training material on clinical, legal and professionalism. And they had four hours protected study-time each week, which they found enough. The rest of pharmacy team was up-to-date with its mandatory e-Learning training that covered its policies, procedures and services. And each team member had a recent performance appraisal.

The pharmacy had targets for the number of MURs, NMS, patients that used its prescription ordering service and electronic prescription service (EPS) nominations that it achieved. Staff believed that the targets were realistic. And the manager supported this view as they said the pharmacy usually met its MUR target. Staff commented that the team could usually manage the competing MUR and dispensing work loads. For example, staff would advise patients of a slightly longer wait while the pharmacist did an MUR consultation. The manager added that the regular pharmacists had told them that they did not

feel pressure in meeting the MUR target.

The pharmacy obtained written patients consent for the MUR, prescription ordering, EPS and flu vaccination services. So, it could effectively confirm each patient that requested any of these services.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, safe, secure and spacious enough for the pharmacy's services. And it has a consultation room, so members of the public can have confidential conversations.

Inspector's evidence

The premises' cleanliness was appropriate for the pharmacy's services. And it had the space necessary to dispense medicines safely. The premises could be secured to prevent unauthorised access. The consultation room offered the privacy necessary to enable confidential discussion. But its availability was not prominently advertised. So, patients may not always be aware of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices help make sure people receive safe and efficient services. It obtains its medicines from licensed suppliers and generally manages its medicines well to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened seven days a week, so patients could easily access its services. It had a step-free entrance with automatic doors. And the pharmacy team could see people entering the premises. So, it could assist anyone having difficulty.

The pharmacy team prompted patients to confirm the repeat medications they required. This helped limit medication wastage and patients received their medication on time. And the team made records of these requests. However, it did not record the individual medications requested. So, it could find it difficult to effectively resolve queries about requests.

The pharmacy team scheduled when to order compliance aid patients' prescriptions. So, it could supply patient's medication in good time. The team kept a record of each patient's current medication that also stated the time of day they were to take them. This helped it effectively identify and query any medication changes with the GP surgery.

The pharmacy wrote detailed records for verbal communications it had about medication queries or changes for compliance aid patients. So, it had a record that helped it make sure these patients received the correct medicines.

The team regularly checked that its warfarin and methotrexate patients had a recent blood test. And it recorded the test results if patients made them available. However, it did not ask methotrexate patients for their last test date if they did not have their results, as required under the pharmacy's procedures. The pharmacy routinely counselled patients on their dose of higher-risk medicines. So, patients consistently got the support and information they needed.

Staff had training on dispensing valproate via the superintendent office's case studies. The pharmacy had audited all its patients prescribed valproate. And it had identified one patient in the at-risk group, who it subsequently counselled. The pharmacy also had the MHRA approved valproate booklets and cards.

The pharmacy team consistently used its formal checklist to review and communicate clinical matters about each patient's prescription. So, it had a system to help make sure it checked important matters about each patient. The team used baskets during the dispensing process to separate the medications it dispensed. This helped to avoid each patient's medicines becoming confused with others. And the team marked part-used medication stock cartons. This helped make sure it gave patients the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. The staff had the training to comply with the Falsified Medicines Directive (FMD). And they said that the pharmacy would have the software and hardware to comply with the FMD in early July 2019. The

manager subsequently said that the pharmacy now had the hardware. And the software would be installed between September 2019 and November 2019. So, the pharmacy's system for following the FMD was not yet live, as required by law.

The pharmacy team suitably secured its CDs and stored them in an organised manner. It properly segregated its date-expired and patient-returned CDs. And the pharmacy had destruction kits for destroying CDs, which reduced the risk of it supplying these medicines.

The pharmacy team suitably stored medicines that needed to be refrigerated. And it monitored the refrigeration storage temperatures. So, they made sure these medicines stayed fit and safe for patient use. Records indicated that the team monitored medicine stock expiry dates over the long-term. So, they made sure patients received medication before its expiry date.

The pharmacy team checked each CD prescription issue date at the point of supply. And it applied a sticker to the prescription bag that had the date by which to supply the CD. The team also regularly checked each week the supply deadline date for dispensed CDs awaiting collection. So, it had a system to make sure it only supplied CDs against a valid prescription.

The pharmacy team used an alpha-numeric system to store bags of dispensed medication. So, it could efficiently retrieve patient's medicines when needed. The pharmacy asked recipients of medication supplied via its delivery service to sign its electronic record, meaning it could confirm safe and secure supply. However, staff did not know how to access the record. So, it could be difficult for the pharmacy to effectively handle queries about its service. The pharmacist initialled each supply entry in the CD register. So, the pharmacy could identify the pharmacist responsible for CDs supplied, including those it delivered.

The team disposed of obsolete medicines in waste bins kept away from medicines stock. So, it reduced the risk of supplying medicines not fit for purpose to patients. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose. It also made records of the action that it had taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively.

Inspector's evidence

The pharmacy team kept its dispensary sink clean. It also had hot and cold running water and an anti-bacterial hand-sanitiser. So, it had facilities to make sure they did not contaminate medicines they handled. The team also had a range of clean measures. So, it could accurately measure and give patients their prescribed volume of medicine. The team had access to the latest versions of the BNF and cBNF. So, it could refer to the latest clinical information for patients.

The pharmacy team had facilities that protected patient confidentiality. It viewed electronic patient information on screens not visible from public areas. The pharmacy's PMR system regularly backed up patient data. So, it secured patients' electronic information and could retrieve their data if the PMR system failed.

The team had a consultation room to enable confidential discussion with people. And it had facilities to store bags of dispensed medicines and their related prescriptions away from public view. The pharmacy had an open-plan front counter and dispensing area. So, there was a small risk that written patient information in the dispensing area could be seen from the public area, which the team agreed to address.

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.