General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Unit 10, Alexandra Retail Park, Scotia Road Tunstall, STOKE-ON-TRENT, Staffordshire, ST6 6BE

**Pharmacy reference:** 1108370

**Type of pharmacy:** Community

**Date of inspection:** 18/06/2024

## Pharmacy context

This pharmacy is situated amongst other retail shops in Tunstall, Stoke-On-Trent. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medicines in multi-compartment compliance packs for some people, to help them take their medicines at the right time. It also provided a range of services including the NHS Pharmacy First 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 |
|---|---|---|---|---|
| **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 | 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 takes appropriate steps to manage the risks associated with its services. Its team members record their mistakes so that they can learn from them. And they take action to try and stop the same sort of mistakes from happening again. The pharmacy keeps the records required by law. Members of the team take the correct steps to keep people's private information safe and safeguard vulnerable people.

### Inspector's evidence

There were up to date electronic standard operating procedures (SOPs) for the services provided. Team members accessed them using an individual log on and they marked each SOP to show they had read and accepted them. Roles and responsibilities of the team members were set out in SOPs and members of the pharmacy team were aware of their duties.

Mistakes that were identified during the accuracy checking process, also known as near misses, were reported on an electronic near miss log and 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 store manager explained that most of the mistakes were due to the incorrect quantity of a medicine being dispensed and they had briefed the team to be more vigilant when assembling prescriptions. Mistakes that were identified after a person was supplied their medicines, known as dispensing errors, were also recorded electronically, and shared with head office for investigation.

The correct responsible pharmacist (RP) notice was displayed clearly. A complaints procedure was in place and copies of a pharmacy practice leaflet detailing how people were able to raise concerns were present in the retail area. The store manager explained they tried to resolve complaints in the pharmacy wherever possible, and referred people to the head office if it was unresolved.

The pharmacy had up-to-date professional indemnity insurance. The private prescription The pharmacy had up-to-date professional indemnity insurance. The private prescription record, emergency supply record, unlicensed medicines 'specials' record, responsible pharmacist (RP) record and the controlled drug (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 collected in a designated bin to be collected by an authorised carrier. And confidential information was kept out of sight of the public. The pharmacy team had completed electronic information governance training when they commenced their employment and received refresher training annually. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information. A privacy notice was displayed in the retail area explaining how the pharmacy intended to use people's personal data. Members of the pharmacy team had completed level 1 safeguarding training on e-learning and the pharmacist had competed level 2 safeguarding training. The contact numbers required for raising safeguarding concerns were present.

## 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. They have access to an ongoing, structured training programme to help develop their skills and knowledge.

### Inspector's evidence

The pharmacy team consisted of a regular pharmacist, a store manager who was also a dispenser, six trained dispensers and two medicines counter assistants. Annual leave and absences were covered by members of the team, but the store manager explained they could also request for a relief dispenser or pharmacist to cover when needed. The pharmacy also had a team of delivery drivers to deliver medicines to people's homes. They were not assigned to a specific branch and supported multiple pharmacy branches within the same company.

Team members completed ongoing e-learning training to help keep their knowledge up to date. This also included annual refreshers of important topics such as safeguarding and information governance. Appraisals were completed by the store manager, and they discussed general performance, patient safety incidents and training opportunities to help members of the team progress in their role. They also felt comfortable raising concerns and providing feedback to the store manager and head office.

A member of the pharmacy team working at the medicines counter was clear about their role. They knew what questions to ask when making a sale and when to refer people to the pharmacist. Another member of the team was clear which medicines could be sold in the presence and the short absence of a pharmacist. And they demonstrated a clear understanding of medicines liable to misuse and would speak to the pharmacist if they had concerns about individual requests. The store manager and pharmacist said there were targets in place for professional services, but they did not feel under pressure to achieve them.

## Principle 3 - Premises ✔ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy was clean and tidy. The dispensary was large enough for workload undertaken and cleaning was done on a daily basis. Work benches were clean and tidy which helped to make sure prescriptions were assembled safely. A clean sink was available to prepare medicines that required mixing before being supplied to people. Lighting and the ambient temperature of the pharmacy were adequately controlled and maintained.

The pharmacy's maintenance problems were added to a maintenance log and reported to head office. Team facilities included a microwave, kettle and fridge, WC with wash hand basin 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 people and are provided in a safe and effective manner. The pharmacy team carries out extra checks when supplying 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 safe to supply to people.

### Inspector's evidence

Access to the pharmacy was step-free with automatic doors leading into a large retail area. The consultation room was clearly signposted and was suitable for those with mobility issues or those with a wheelchair or pram. A selection of healthcare leaflets was available, and posters were displayed to advertise the services that the pharmacy provided.

The pharmacy provided a range of services including seasonal flu vaccinations, the New Medicine Service and the NHS Pharmacy First service. The relief pharmacist on duty had completed training on the Pharmacy First service and had signed the patient group directions (PGDs) to show they were able to provide the service. The store manager explained that the service was performing well, and the local doctor surgery was mainly referring people with sore throats and urinary tract infections.

The pharmacy received prescriptions electronically, but most of the workload was undertaken in the company's hub pharmacy. The hub pharmacy accepted prescription data from all of the company's pharmacy branches to help assemble prescriptions. For this to be completed, the pharmacy entered the prescriptions on the patient medication record (PMR) and then sent the data to the hub. The pharmacy team in the hub then assembled the prescriptions and delivered the medicines back to the pharmacy ready for them to be collected or delivered to people's homes. However, the hub did not assemble all of the prescriptions as some were excluded. For example, prescriptions containing a CD, medicines that required refrigeration or medicines that had to be split from the original pack were not dispensed by the hub and these were done by team members working in the pharmacy.

Prescriptions dispensed in the pharmacy were placed into tubs to help reduce the risk of different people's medicines getting mixed up. Team members signed 'dispensed-by' and 'checked-by' boxes to help create an audit trail to show who was involved in the dispensing and checking process in the event of a query or mistake. 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.

The pharmacy had laminated cards for warfarin, methotrexate, and lithium, which were kept with assembled prescriptions so that the pharmacist could provide appropriate counselling advice when handing out the prescription. The pharmacist was aware of the risks associated with the use of valproate containing medicines during pregnancy, and aware of the updated rules around original pack dispensing. A risk assessment had been completed on a person who received valproate containing medicines in a multi-compartment compliance pack. Patient information resources for valproate were present and were supplied with each valproate prescription.

Some medicines were dispensed into multi-compartment compliance packs to help people take their medicines correctly, and at the right time. The pharmacy maintained a record of the medicines for each person who received a pack and any changes to the treatment plan was detailed on the record. Completed packs had appropriate warning labels printed on them and the descriptions of the medicines were included to make it easier for people to identify their medicines. And team members supplied patient information leaflets for people to access additional information if needed.

Stock medicine was sourced from licensed wholesalers and specials from a suitable manufacturer. Stock was stored tidily. CDs were stored appropriately, and a CD key log was available. There were two clean fridges for medicines, equipped with thermometers, and the temperatures were checked and recorded daily. Different sections of stock medicines 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 to prevent the supply of expired liquid medicines. 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 uses them in a way to help protect privacy. And electrical equipment is regularly tested to make sure it is safe to use.

### Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information, for example, the BNF. 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 in February 2024 for safety.

There was a selection of clean liquid measures with British Standard and Crown marks. The pharmacy had clean equipment for counting loose tablets and capsules, including tablet triangles. Suitable equipment was available to use when the pharmacist provided the NHS Pharmacy First service. And the store manager was aware of the calibration requirements.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. Cordless telephones were available and were 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. |