

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Unit 3, The Springs, Thorpe Park Approach,  
Leeds, LS15 8GG

**Pharmacy reference:** 9011013

**Type of pharmacy:** Community

**Date of inspection:** 21/05/2019

## Pharmacy context

The pharmacy opened in October 2018 and is in a large retail park on the outskirts of Leeds, close to the M1 motorway. The pharmacy dispenses NHS and private prescriptions. And it sells a range of over the counter medicines. The team provides medication in multi-compartmental compliance packs to help people take their medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy is good at providing team members with opportunities to develop their skills. And it supports team members who wish to take on more roles. Team members get feedback on their performance. And they have opportunities to complete more training and share best practice with others. So, they can keep their skills and knowledge up-to-date.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services. And it keeps the records it needs to by law. The pharmacy has written procedures that the team follows. And it has appropriate arrangements to protect people's private information. The pharmacy team members respond well when errors happen. And they discuss what happened and they act to prevent future mistakes. People using the pharmacy can raise concerns and provide feedback. The pharmacy team has training, guidance and experience to respond to safeguarding concerns to protect the welfare of children and vulnerable adults.

### Inspector's evidence

The pharmacy had a range of up to date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The SOPs covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The team had read and signed the SOPs signature sheets to show they understood and would follow them. The pharmacy had up to date indemnity insurance.

On most occasions the pharmacist when checking prescriptions and spotting an error asked the team member involved to find and correct the mistake. The pharmacy kept records of these errors. A sample of the error records looked at found that the team recorded details of what had been prescribed and dispensed to spot patterns. But team members did not always record what caused the error, their learning from it and actions they had taken to prevent the error happening again. The team reviewed these records each month to spot patterns and make changes to processes. The pharmacy team recorded dispensing incidents electronically. And sent the report to head office. The pharmacy had trained all the team to complete the report to ensure it was done in good time. The pharmacy undertook a monthly patient safety review. The dispenser led on this and shared the results with the team members. The dispenser displayed the outcome from the latest review in the dispensary for the team to refer to. A recent review reminded the team to ensure dose directions were fully printed on to the dispensing label. This review asked the team to double check the quantities of medication dispensed and to always double check the label generated against the prescription. The pharmacy had printed messages on labels that asked the team to select and speak the product selected. The team attached these labels to shelves holding items that looked and sounded alike (LASA). This included medication such as prednisolone and quinine.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy. And it had a leaflet providing people with information on how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy regularly checked CD stock against the balance in the register. This helped to spot errors such as missed entries. The pharmacy recorded CDs returned by people. A sample of Responsible Pharmacist

records looked at found that they met legal requirements. Records of private prescription supplies, and emergency supply requests met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The team had received training on the General Data Protection Regulations (GDPR). The pharmacy displayed details on the confidential data kept and how it complied with legal requirements. The pharmacy displayed a privacy notice in line with the requirements of the General Data Protection Regulations. The team separated confidential waste for shredding offsite. The pharmacy team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training in 2017. The team responded well when safeguarding concerns arose.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. It offers them opportunities to complete more training and they share best practice with others. The pharmacy provides feedback to team members on their performance. And they share information and learning particularly from errors when dispensing. So, they can improve their performance and skills. The team members discuss how they can make improvements. And they agree new processes to support the safe and efficient delivery of the pharmacy services.

### Inspector's evidence

Boots relief pharmacists covered most of the opening hours. Locum pharmacists provided support when required. The pharmacy team consisted of three qualified dispensers, two were the store manager and assistant store manager, a trainee dispenser and a healthcare assistant. One of the other assistant store managers had asked to do the dispenser training. At the time of the inspection a locum pharmacist, the qualified dispenser, the trainee dispenser and the healthcare assistant were on duty. The store manager and assistant store managers gave support to the team throughout the inspection. The full-time dispenser supported the trainee dispenser.

The pharmacy provided extra training through e-learning modules. The team members had protected time to complete the training. The team members read the publication sent from Boots Professional Standards team and signed it once they had read it. The pharmacy held morning team meetings. And it used a WhatsApp group to ensure all team members had up to date information about the general running of the pharmacy.

The pharmacy arranged performance reviews with the team. So, they had a chance to receive feedback and discuss development needs. One of the dispensers had asked about training to level 3 national vocational qualification (NVQ). The manager had supported this team member to take on the role of the monthly patient safety champion as part of their preparation for the level 3 NVQ training. Team members could suggest changes to processes or new ideas of working. The dispenser who managed the service that provided multi-compartmental compliance packs had suggested using a different section of the dispensary to prepare the packs. The team had used a section of the dispensary that was in full view of the pharmacy counter. But this had created distractions and risked errors being made. The team moved this activity to a section of the dispensary that was out of sight of the pharmacy counter.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and suitable for the services provided. And it has good arrangements for people to have private conversations with the team.

### Inspector's evidence

The pharmacy was clean, tidy and hygienic. It had separate sinks for the preparation of medicines and hand washing. The consultation room contained a sink and alcohol gel for hand cleansing. The team members used disposable gloves when dispensing medicines in to the multi-compartmental compliance packs. The team kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices.

The pharmacy had a large, sound proof consultation room. The team used this for private conversations with people. The room was in the optician section of the store. The team put a notice on the pharmacy counter to inform people that the room was available.

The premises were secure. The pharmacy had restricted access to the dispensary during the opening hours. The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area. And items for sale in this area were healthcare related.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services that support people's health needs. The pharmacy manages its services well. It keeps records of prescription requests and deliveries it makes to people. So, it can deal with any queries effectively. The pharmacy gets its medicines from reputable sources. And it stores and manages medicines appropriately.

### Inspector's evidence

People accessed the pharmacy via the store entrance through an automatic door. The pharmacy had an information leaflet that provided people with details of the services it offered and the contact details of the pharmacy. The team had access to the internet to direct people to other healthcare services. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. The team wore name badges detailing their role.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The team members referred to the prescription when selecting medication from the storage shelves. The pharmacy team used a pharmacist information form (PIF) to alert the pharmacist to information about the prescription or person obtained from the electronic patient medication record (PMR) during labelling. These forms included dose changes or new medication. The team also used alert cards for products such as warfarin to prompt the pharmacist to ask for information from the person. For example, their latest blood test results. And the team recorded this information when it was given. The PIF stayed with the prescription until the team supplied the medication. So, everyone could refer to the information captured on the PIF. The team used the PIF to record medicines that looked and sounded alike (LASAs), as these were often linked to errors. The team members used this as a prompt to check what they had picked. The pharmacy team had completed checks to identify patients that met the criteria of the valproate Pregnancy Prevention Programme (PPP).

The pharmacy provided multi-compartmental compliance packs to help people take their medicines. People received monthly or weekly supplies depending on their needs. One of the qualified dispensers managed the service. And got support from others in the team. To manage the workload the team divided the preparation of the packs across the month. The team usually ordered prescriptions two weeks before supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. Each person had a record listing their current medication, dosage and dose times. The team checked received prescriptions against the list and the backing sheet supplied with the packs. And queried any changes with the GP team. The team used a section of the main dispensary to dispense the medication. The dispenser usually dispensed the packs later in the day when

the team was less busy with other jobs. The team recorded the descriptions of the products within the packs to help people identify the medicines. And supplied the manufacturer's patient information leaflets. The team stored completed packs in box files labelled with the person's name and address. The pharmacy received copies of hospital discharge summaries via the NHS communication system, PharmOutcomes. The team checked the discharge summary for changes or new items. The team managed changes to packs already sent to people by getting them back and making the amendments. The pharmacist checked the packs and the team sent them back to the person.

The pharmacy supplied methadone as supervised and unsupervised doses. And it prepared the methadone doses before supply. This reduced the workload pressure of dispensing at the time of supply. The pharmacy suitably stored the prepared doses with the prescription attached to the dose due. This provided an opportunity to do another check at the point of handing over the dose. The pharmacy separated people's doses to reduce the risk of selecting the wrong one.

The team members provided a repeat prescription ordering service. They used an electronic system to remind them when they had to request the prescription. And used this as an audit trail to track the requests. The team usually ordered the prescriptions a week before supply. This gave time to chase up missing prescriptions, order stock and dispense the prescription. The team regularly checked the system to identify missing prescriptions and chase them up with the GP teams.

The pharmacy used clear bags to hold dispensed controlled drugs (CDs) and fridge lines. This allowed the team, and the person collecting the medication, to check the supply. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team completed the boxes. The pharmacy also had a quad stamp. The pharmacy used this as an audit trail of who had clinically checked, accuracy checked, dispensed and handed out the medication. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity. The team separated prescriptions with owings into ones with stock due and ones with long term supply issues. The pharmacy had a text messaging service to inform people when their repeat prescriptions or owings were ready. People liked this service as it helped to ensure they received their medication on time. The pharmacy kept a record of the delivery of medicines to people. This included an electronic signature from the person receiving the medication. The pharmacy obtained separate signatures for CD deliveries.

The pharmacy team checked the expiry dates on stock. And kept a record of this. The last date check was on 15 April 2019. The team used a 'caution short dated stock' sticker to highlight medicines with a short expiry date. And it kept a list of products due to expire each month. No out of date stock was found. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened. And check they were safe to supply. For example, an opened bottle of cetirizine oral solution with six months use once opened had a date of opening of 15 May 2019 recorded. The team recorded fridge temperatures each day. A sample looked at found they were within the correct range. The pharmacy had medicinal waste bins to store out of date stock and patient returned medication. And it stored out of date and patient returned controlled drugs (CDs) separate from in date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had no procedures or equipment to meet the requirements of the Falsified Medicines Directive (FMD) that came out on 9 February 2019. And the team hadn't received any training. The

pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert, actioned it and kept a record.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services and protect people's private information.

### Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up to date clinical information.

The pharmacy used a range of CE equipment to accurately measure liquid medication. And used separate, marked measures for methadone. The pharmacy had a fridge to store medicines kept at these temperatures. The pharmacy completed safety checks on the electrical equipment.

The computers were password protected and access to peoples' records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. And it held private information in the dispensary and rear areas, which had restricted access. The team members placed confidential waste into a separate marked bin. This was removed for offsite shredding. The team used cordless telephones to make sure telephone conversations were held in private.

### 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.