

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 16 & 17, St Stephens Shopping Centre,
110 Ferensway, Hull, East Riding of Yorkshire, HU2 8LN

Pharmacy reference: 9011161

Type of pharmacy: Community

Date of inspection: 26/09/2019

Pharmacy context

This is a community pharmacy in a shopping complex within the town centre of Hull. The pharmacy is part of a larger health and beauty store. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, designed to help people remember to take their medicines. The pharmacy also supplies medicines to care homes in the region. And it provides NHS services such as flu vaccinations and supervised methadone consumption.

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	1.2	Good practice	The pharmacy team members consistently record and learn from the mistakes they make whilst dispensing.
2. Staff	Standards met	2.2	Good practice	The pharmacy encourages and supports the pharmacy team to learn and develop. And it engages its team members in regular learning to develop their skills and knowledge to help improve services.
		2.4	Good practice	Pharmacy team members are committed to working in an environment of openness and transparency. And they work together to support learning and development.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy is actively involved in the local community to help people improve their health and wellbeing.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The team members responsibly discuss mistakes they make during dispensing. They consistently record and learn from these. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. It provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as the dispensing prescriptions, high-risk medicines and controlled drugs (CD) management. The company reviewed these and every quarter sent out some for the team to read. The team completed quizzes at the end to test their understanding. The team could advise of their roles and what tasks they could do. The relief pharmacist advised she kept a list on the SOPs with her for reference. And had signed these at another branch where her line manager was based. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy. The team had a model day plan which they referred to ensure they kept on track with required tasks throughout the day. They had daily huddles to plan the work for the day and they discussed any issues.

The pharmacy had recently relocated from another location. There was a separate room upstairs for the pharmacy to prepare the care homes and the compliance packs. The downstairs dispensary had various workstations and the team used these depending in the number of items on the prescription. The pharmacy team members used tubs throughout the process to keep prescriptions and medicines together. They also had some red baskets for waiters and blue baskets for call backs. And used laminated cards which stated 'waiting' or 'call back'. This allowed the team members to prioritise the workload. They also had some larger trays which they used for bigger prescriptions to ensure they kept items neatly together.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. And there was a separate near miss log used in the care home and compliance pack room. Examples of near misses included, Sereflo 25mcg/125mcg when the strength supplied should have been 250mcg and the wrong quantity of 30 given when the prescription required 28. The checker told the team member straight away if they were present, in an 'in the moment' conversation. The person then filled in the comments for learning and any action required. In the care home the checker had picked up an error with the racking of an item, with both items having similar names and being pink in colour. They had also had some quantity near misses. The team members noted learning points and actions they required to take following these. The team members were good at recording the detail which assisted in learning. They noted actions to try to avoid distractions from walk-ins, particularly when they were busy. They used shelf alerts to alert the team to take care at the picking stage. And had all the Look Alike Sound Alike (LASA) drugs marked with shelf

alerts. And a list of the LASA drugs at the computer terminals. And the team members were reminded to ensure they put these drugs on all the pharmacist information forms (PIFs) as an extra check. They read the internal magazine, The Professional Standard, and shared learning from it. This month they had followed the journey of a child's prescription and discussed this. The pharmacy completed a Monthly Patient Safety report for both the downstairs and upstairs dispensaries. And all discussed this, read and signed these, if they worked in both areas.

The pharmacy had a practice leaflet which explained the complaints process. And there were slips of paper at the counter which the team gave to people, so they could provide feedback on their experience by contacting the customer care line or the website. There was a procedure to record and report dispensing errors on the company's internal system, PIERs. All the team knew how to record. A recent concern raised to the General Pharmaceutical Council (GPhC) had been logged following the company process. This was subsequently investigated within the store and the concern dealt with through the GPhC process. The team discussed any errors which had occurred at the monthly patient safety review. The manager discussed with individuals and with the group to share learning and improve. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records. The pharmacist had signed an advanced declaration for a couple of Sundays which allowed the team to assemble items until she arrived. The pharmacy kept the CD registers as required, with headings completed and running balances maintained. The register indicated weekly stock had been undertaken. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept private prescriptions and recorded these electronically. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy practice leaflet provided information on the confidential data kept and how it complied with legislation. The pharmacy did not have any notice with this information displayed. The team had read General Data Protection Regulation (GDPR) information and completed e-Learning on this. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate containers for offsite shredding. And kept records and any paperwork confidential. Safeguarding information including contact numbers for local safeguarding were available for the team. The pharmacists had undertaken training through CPPE. And the team had completed training online. If a team member had a concern about a child or vulnerable adult, they would discuss this with a pharmacist in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has good systems in place to make sure it has enough staff with the right skills to provide its services. The team members understand their roles and responsibilities. The pharmacy encourages and supports the pharmacy team to learn and develop. And it engages its team members in regular learning to develop their skills and knowledge to help improve services. Pharmacy team members are committed to working in an environment of openness and transparency. And they work together and support each other in their day-to-day work. They contribute to regular shared learning exercises relating to risk management and safety. They feel comfortable to discuss their development needs and raise any concerns if necessary.

Inspector's evidence

There were two pharmacists, three accuracy checking technician (ACT), 18 pharmacy advisors (dispensers) and 15 customer advisors who worked in the pharmacy. The pharmacists worked full-time and they had an overlap of five hours daily. The store manager and the assistant store manager were both dispensers. And occasionally worked in the dispensary but more often helped at the counter. One ACT worked full-time and the others part-time. The pharmacy advisors worked in the dispensary and the customer advisors worked on the counter. Since moving to the new premises and new environment, the manager had reviewed the roles and skill mix. Several of the team were good at certain jobs due to their experience and capable of other tasks. So, the manager had restructured the roles to allow them to multi-skill. This allowed better cover in the various parts of the pharmacy. The team members received training, including shadowing in different roles, in various areas to up their skills. This assisted in improving cover if required. The pharmacy had recently appointed a care services partner to manage the care homes. She was a dispenser and had nearly completed the technician's course. The pharmacy had some new starters and their training was being managed by splitting the time they spent in the different areas. And not overloading any area with several trainees. One member of the team was on maternity leave and two of the part-time members worked extra to cover these hours. The pharmacy had had some challenges with sickness over the last few months and had help from other branches during this time.

Certificates and qualifications were available for the team. Pharmacy team members completed mandatory e-Learning modules each month. The modules covered various pharmacy topics, including mandatory compliance training covering health and safety, customer service and General Data Protection Regulation. Recent training on 'just culture' had identified and involved discussion on why the team did certain tasks and not 'just because' they had to undertake the learning. They received and completed The Tutor, internal training modules received on paper each month. These modules covered health related topics, such as new products and seasonal health conditions. The company tested pharmacy team member's knowledge of The Tutor modules every quarter via an online quiz. The team members were all up-to-date with learning. The manager provided in-house training and often undertook role play in the store. She would put her coat on and come to the counter and play out a scenario, asking questions at the counter. The store manager observed the team members doing tasks and provided them with feedback. The pharmacy had a yearly appraisal process. Pharmacy team members discussed their performance with the manager and area manager. The assistant manager had discussed during performance reviews that she had wanted a new challenge and had commenced

training in management. The store manager had received a company award for being an inspiring leader.

The team said they could raise concerns about any issues within the pharmacists, store manager or assistant store manager. The pharmacy team members worked closely together and assisted each other in tasks when required. There was a formal whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. And, it has facilities where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy had opened in May. It was clean, tidy, hygienic and fitted to a good standard. There was the main dispensary downstairs and a room, for the preparation of medicines for care homes and compliance packs, upstairs. There was plenty space for dispensing, storing stock and medicines and devices waiting for collection. The sink in the dispensaries for preparation of medicines were clean. Separate hand washing facilities were in place for the team. The team had a rota to ensure that they maintained all cleaning tasks. They had a routine that they cleaned first thing each morning and at night before closing. And external clearers cleaned the floors and general areas.

The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit. The pharmacy had a good sized, signposted, sound proofed consultation room for use. And there was a screened area which provided privacy for methadone supervision. The handle of the consultation room broke, and a team member reported it, so someone would come to fix it. There were retractable barriers in place to prevent members of the public accessing the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people. It is actively involved in the local community to help people improve their health and wellbeing. The pharmacy provides its services using a range of safe working practices. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with additional advice. They dispense medicines into compliance packs to help people remember to take them correctly. And they deliver medicines to peoples' homes. The pharmacy gets its medicines from reputable suppliers. It adheres to storage requirements during the dispensing process. It takes the right action if it receives any alerts that a medicine is no longer safe to use. And takes the correct action to return it to the supplier.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The premises opened directly on to the shopping concourse and the doors remained open during the day. On entering people could clearly see the word 'Prescriptions' which was eye-catching and directed them to the pharmacy. At the counter the pharmacy had an express lane which they directed people to if they were collecting their medicine. People using this had received a text which had advised them that their medicines were ready to collect. The pharmacy kept pharmacy medicines behind the counter and the team members assisted people wishing to purchase these items.

The pharmacy displayed its services and hours of opening in the window and within the pharmacy. It had a Health Zone with some topical information and healthcare leaflets as the end of a unit. And a monitor for promoting services. The screen was promoting the flu vaccinations. There was some customer seating. And a working hearing loop in place. The team members wore name badges with their role. Some of the staff who worked in the pharmacy had undertaken training as ambassadors for Macmillan cancer services. And they offered additional care for people. The care included information on pain relief using heat pads and some also provide advice on makeup. The trained MacMillan members had this indicated on their name badges. The advisors attended hospices and Look Good Feel Good events.

The store manager was involved in community organisations and had been part of the Hull bidding for funding for events. This included putting forward ideas for events. One event was taking part on the day of the inspection. This was a student event in the shopping centre. The pharmacy had a table with information for students to take away. At the recent MacMillan event in the shopping centre the team involved had worn green. And the pharmacy had a table with information on cancer research .

The pharmacy provided Medicine Use Reviews (MUR) and New Medicines service (NMS) when required. The pharmacy had started providing flu vaccinations and had undertaken about 30 this season. The team members had completed training on flu vaccinations and they were reminding people when picking up their medicines about the flu vaccination service. They assisted with bookings and completion of some paperwork. They booked appointments when there were two pharmacists and had a cut-off point when the second pharmacist left for the day. The pharmacy also had several walk-in

people due to the new location. The pharmacy had promoted the service to local businesses. And the pharmacy team advised that if there were any corporate flu bookings then the pharmacy would obtain a third pharmacist to provide this service.

The pharmacy is in the process of planning the service for Travel vaccinations due to the new location. The team members advised that from the end of the month the company was charging for deliveries. They had spoken to the people and the deliveries had fallen from 30 to five. They had signposted people to another Boots pharmacy closer to them or one with free parking which would assist them in collecting their items. Smoking cessation was not a commissioned service and the team signposted to the provider for this service. The pharmacy undertook the Minor ailments service and followed the limited formulary. It provided Emergency Hormonal Contraception (EHC) when the pharmacists were able but often signposted to the sexual health clinic.

The pharmacy supplied medicines to several people in multi-compartmental compliance packs to help them take their medicines. The doctors sometimes undertook the assessments for people to receive their medication in compliance packs. The pharmacy also used a toolkit to undertake assessments. And would still use the toolkit checklist to ensure a patient was suitable to receive medication in a compliance pack if referred by a doctor. It also supplied to a large number of care homes with a range of bed size from three to 80. The team followed the process for the supply in the compliance packs. And had various tracker in place to ensure the supplies were ready in time. They made up four-weeks at a time. And they had developed a process for supplies of pregabalin and gabapentin to ensure that they made these supplies with a valid prescription. They crossed through the prescription token and wrote the date when the prescription would be available to obtain this prior to the supplying the pack. The compliance packs were clearly marked with the date for collection. And the team used the pharmacist information forms (PIFs) to convey any required information. The team member supplied any external items with the first supply of the cycle. People ordered their own additional items which did not go in the packs.

The team members worked on the care homes on a four-weekly cycle. And had robust systems for processing the homes. They ordered the stock when they prepared the Medicine Administration record (MAR) sheets. They used the company care service PIFs and indicated any information such as interactions or dose changes to alert the pharmacist. And kept the patients records updated with any information. The pharmacist the clinically checked prior to the team assembling the medicines. The team members worked a few days ahead which allowed them time to deal with any changes or queries prior to the supply. Three of the homes received the medicines racked for supply and the others received supplies in original boxes. The team had a process for dealing with any interim items required. They ensured they had a clinical check and then they prepared the items. And put into a red tray which indicated that the pharmacist needed to prioritise this for a check. The pharmacy offered a substance misuse service and had around nine people for supervision methadone and three people who received buprenorphine. The team prepared the items for the week and highlighted if the formulation was sugar free or not to avoid confusion. Most people were supervised on the day of collection.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team used a quadrant stamp on the prescription to show that the pharmacist had completed a clinical check. It also showed who had labelled, dispensed, accuracy checked and handed out the items. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so the contents could be checked again, at the point of hand-out. The team members used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers had a

space to record the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. There was a selection of laminated cards which the team used to add to the tubs during the dispensing process to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling. They completed the PIFs with any required information such as to text once completed or if an MUR was suitable. The pharmacy team noted on PIFs if any of the items dispensed was one of the Look Alike Sound Alike (LASA) drugs. This highlighted the extra vigilance when dispensing and checking.

When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy had a designated shelf for any prescriptions with owings and routinely checked this after each order. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And explained the information they provided to the 'patients in the at-risk' group. The pharmacy provided a repeat prescription collection service. But the process for ordering was changing and people would be ordering their own medication in the future. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had refrigerators from a recognised supplier. They were appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings in the daily log book and they checked these to ensure the refrigerators remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use. The pharmacy obtained medicines from reputable sources. Most team members were aware of trials in the company for the changes in the processes required for the Falsified Medicines Directive (FMD). The manager was not sure when the pharmacy would implement any change in process. The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken. These were recorded on the monthly patient safety review to raise awareness to the team.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways to protect people's confidentially.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used medicine complete as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures which the team had marked for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. Methotrexate was available in blister packs. The team members had access to disposable gloves and alcohol hand washing gel.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use. The computer screens were out of view of the public. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations. And went in to more private areas when they required more privacy.

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.