

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Unit 5 Orbital Retail Centre, Voyager Drive,  
Cannock, Staffordshire, WS11 8XP

**Pharmacy reference:** 9011981

**Type of pharmacy:** Community

**Date of inspection:** 15/06/2023

## Pharmacy context

This is a community pharmacy located within a large Boots store on Orbital Retail Park, close to Cannock. The pharmacy is open extended hours over seven days. It dispenses NHS prescriptions and provides NHS funded services. Private services are also available, and these include travel vaccinations and chicken pox 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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 manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

### Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been implemented on various dates. A small section of SOPs was updated every few months to make it more manageable for pharmacy team to read and adopt them. SOPs were available electronically on the pharmacy's intranet system 'MyHub' which allowed the team members to view the SOPs relevant to their job role from their smart phone or from a computer. Each SOPs had a 'test your understanding' style quiz at the end so team members could demonstrate that they had understood the content. Online SOPs also allowed the store manager and head office to track when training had been completed and address any outstanding training requirements. The responsible pharmacist (RP) said that this provided a level of assurance that the team had received adequate training on the SOPs.

Near miss logs were in place with the dispenser involved being responsible for correcting their own error to ensure they learnt from the mistake. The near miss report contained notes about each near miss to aid the monthly review process. The pharmacists completed a monthly near miss review and action planning document. The outcome of the review was shared with pharmacy team members and the latest review was on display in the dispensary for easy access. Dispensing incidents were recorded using an online incident reporting system. A 'Professional Standard' newsletter was sent from the pharmacy superintendent every month. The newsletter included clinical governance updates and a case study.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of the team correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine containing medicines. The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions.

The complaints procedure was explained in the customer leaflet. The RP explained the process for handling a complaint or concern and how he would speak to the person first and would try to resolve the issue, but would refer to the store manager or head office if the complaint was unresolved. Customer feedback was gathered using questionnaires, customer satisfaction cards were handed out after people had received a private pharmacy service, and from verbal feedback. Customers could contact Boots Customer Care at head office by telephone, email, Twitter or Facebook with any feedback about the company or pharmacy. Various examples of how customer feedback had been used to make improvements were given. The pharmacy and pharmacists had received many compliments about the

vaccination services.

The pharmacy had up-to-date professional indemnity insurance in place. The RP notice showed the correct details and was clearly displayed. The RP log was maintained in a record book and was seen to be complete. Controlled drug (CD) registers also complied with requirements. A CD balance check was completed weekly and a random balance checked matched the balance recorded in the register. The balance check for methadone was done weekly and the manufacturer's overage was added to the running balance. A patient returned CD register was used. Private prescriptions were recorded electronically. Some of the records did not contain the details of the correct prescriber which could make it more difficult to explain what had happened if there was a query.

Confidential waste was stored separately to general waste and transferred to confidential waste bags for secure destruction offsite. The pharmacy team members completed an e-learning module on information governance. They had individual NHS Smartcards and confirmed that their passcodes were not shared. The pharmacy professionals had completed a training package on safeguarding. Other members of the pharmacy team completed an e-learning module on safeguarding every year as part of their annual compliance training. The safeguarding procedure and local contacts were available in the dispensary. The pharmacy team were aware of the 'Ask for ANI' codeword scheme for victims of domestic abuse and explained a situation where they had provided someone with assistance.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of two pharmacists, a store manager (pharmacy technician), an assistant manager (trainee pharmacy advisor) and three pharmacy advisors. A pharmacy advisor was the job title used in Boots for a member of staff that had completed or was working towards a combined dispensing assistant and medicines counter assistant qualification. There were other non-pharmacy team members working within the store such as customer advisors and beauty advisors. Locum and relief pharmacists worked at the pharmacy in addition to the regular pharmacists to provide cover in the dispensary whilst the regular pharmacist ran vaccination clinics. A delivery service was provided by an area team which covered several different Boots stores.

The staffing levels and core rota were reviewed by the store management team on a regular basis. The store manager was given staffing budgets by head office. Head Office had completed a time and motion study and informed store managers how many hours they should have in each job role based on the amount of pharmacy items, pharmacy services and retail sales they did each week. The team explained that the number of items dispensed at the pharmacy had recently increased due to two local pharmacies closing. The team appeared to be busy throughout the inspection, but the workload was manageable as the dispensary was organised and the team prioritised their workload well. A new member of the team had been recruited and was due to start work at the pharmacy in the coming weeks. The store manager and assistant manager also helped in the dispensary and on the medicines counter when required. Holidays were booked for the following financial year and authorised by the store management team to ensure there was sufficient cover available. Staff plans were completed a few weeks in advance and gaps in the plans were covered by other members of staff, this included the team of relief dispensers and pharmacy technicians.

Staff members had access to a range of different learning opportunities and could complete them at work, or at home, dependent on their personal preference. All members of staff had to complete yearly mandatory e-learning based training. This was audited by head office and the store manager was accountable for ensuring the training is up to date.

The team appeared to work well together during the inspection and team members were observed helping each other and moving onto the medicines counter when there was a queue. As the pharmacy team members worked closely together on a daily basis they discussed any near misses, incidents and pharmacy issues on a regular basis within the dispensary rather than at a formal meeting. The pharmacy team said that they could raise any concerns or suggestions with the RP, assistant managers or store manager. If they wanted to raise a serious concern they could contact a confidential helpline.

The contact details for the helpline were on display in the staff area of the store.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

### Inspector's evidence

The premises had been open since November 2022 having relocated from another unit on the retail park. It had been fitted out to a high standard. There were two private consultation rooms which were both professional in appearance and bright. One was particularly large so that couples and family groups could be seen together. Both rooms contained computers and sinks which meant that the pharmacists could make notes for the professional services and wash their hands before delivering a vaccination without having to leave the room.

The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. The team were using a moveable trolley to provide extra storage space and free up the dispensing benches. Dispensing and checking activities took place on separate areas of the worktops. An area of stock room was used to store dispensary sundries such as capped medicine bottles and dispensing bags. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was clean and tidy with no slip or trip hazards evident. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. Maintenance issues were reported to head office. The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy was located on an edge-of-town retail park and there was free parking outside. The pharmacy had step free access from the car park and an automatic front door. A home delivery service was available for people that could not easily access the pharmacy. The pharmacy opened for longer hours than many other pharmacies in the area, including evenings, and on Saturday and Sunday. Private services were popular due to the edge of town location and extended opening times. The pharmacy team referred people to other local services, such as the smoking cessation services, when necessary. The pharmacy staff used local knowledge and the internet to support signposting.

The information for each of the Boots private services was available for the pharmacists to refer to. The RP explained the patient journey for the travel vaccination and the chicken pox vaccination services, and the training that he had undertaken before becoming accredited to offer these services. Appointments were booked in advance for most services, so the pharmacist could plan their daily workload and offer more appointments when a second pharmacist was present.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions.

A dispensing stamp was used on prescriptions to identify which members of the team had been involved in different parts of the dispensing process. A sample of prescriptions checked identified the stamp was being routinely used. And prescriptions had computer generated pharmacist information forms (PIF) attached. These forms allowed the pharmacist to be alerted to any information about the prescription, such as whether it was a new medicine, or a change of dose and they supported the clinical assessment of the prescription and any counselling the person needed. Prescriptions were either dispensed as 'due now' or 'due date'. Due now was used for prescriptions that were to be dispensed immediately and due date was for prescriptions to be dispensed the following day. The details for due date prescriptions were entered into the patient medication record (PMR) and the stock for the prescriptions arrived the following day. The prescription labels were generated once the barcodes had been scanned and then the prescriptions were assembled.

Prescriptions containing high risk medicines such as anticoagulants, methotrexate, CDs or valproate containing products, had a coloured, laminated card attached to alert the staff member handing out the prescription that extra counselling or checks were required. This ensured the person received the information they needed about the prescription. The original prescription for any items owing and an



owing docket was kept until hand out to allow for any counselling to be given. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available.

The pharmacy's computer system included a barcode scanning requirement to support dispensing accuracy and stock management. The product barcode was scanned during the dispensing process and the system would not allow the dispenser to continue if the computer had identified that the barcode did not match the product selected on the computer. The team explained that barcode scanning had vastly reduced the number of near misses due to selection errors and they were now more commonly as a result of quantity or errors.

A section of the dispensary was date checked weekly and records were kept for date checking. A short-dated item list was kept and medicines due to go out of date in the next few months were recorded. The list was checked in advance and short dated medications were removed from the shelf to ensure they were not supplied. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. A range of licenced wholesalers was used. Split liquid medicines were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug alerts from head office using the company intranet. There was a record for drug alerts that alerts had been checked twice a day. The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Out of date CDs were clearly marked and were separated from normal stock. There was a medical fridge in place to hold stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses it in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Counting triangles were available. Computer screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

### 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.