

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Longfleet Road, Poole, BH15 2JB

**Pharmacy reference:** 9012137

**Type of pharmacy:** Hospital

**Date of inspection:** 16/04/2024

## Pharmacy context

This is an outpatient pharmacy in a large General Hospital based in Poole. The hospital is part of a multi-site Trust covering Bournemouth and Poole. The pharmacy provides services to people receiving outpatient treatment at the hospital. The main hospital activity is regulated and inspected by the Care Quality Commission (CQC).

## 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's working practices are mostly safe and effective. It has suitable written instructions for members of the team to follow to help to manage risks in providing its services. Team members learn from their mistakes and take action to prevent the same thing happening again. The pharmacy keeps the records it needs to by law to show how it supplies its medicines and services safely. Members of the pharmacy team protect people's private information. And they understand their role in safeguarding the welfare of vulnerable people.

### Inspector's evidence

There were a range of policies and protocols in place both electronically and in paper format, including standard operating procedures (SOPs). These were reviewed every two years or when there were any significant changes. They covered the relevant GPhC activity and requirements, including responsible pharmacist (RP) regulations and controlled drug (CD) laws. Pharmacy staff had read through these and confirmed they agreed to adopt them. The role of the responsible pharmacist was outlined in the SOPs, so responsibilities and lines of accountability were clear. The team also had SOPs for the rest of the pharmacy tasks which all included the roles and responsibilities of the staff. Appropriate professional indemnity insurance was in place.

The pharmacy had processes in place to identify, record and learn from mistakes. All near misses were recorded on a near miss record in the dispensary and were reviewed every month by one of the technicians. Errors would be reported on an electronic near miss log and on the hospital's error reporting system. The data from the incidents would be collated and any risks and trends would be identified. The information was analysed, and any key messages or issues highlighted at the end of each month would be shared with all pharmacy staff members. Following incidents with the quantity of methotrexate, the pharmacy team has implemented a process where they write the quantity in words and figures on the label. People were able to raise complaints with the Trust through Patient Advice and Liaison Service (PALS) and online. Details of how to do this were displayed around the hospital and online. There was also a company complaint process which people could use.

The pharmacy used a responsible pharmacist record, and a valid Responsible Pharmacist notice was on display in the pharmacy. Controlled drugs (CDs) registers were maintained, and the balance of CDs was checked every week. The maximum and minimum fridge temperatures were checked daily and continually monitored electronically.

Information governance training was mandatory for all staff and repeated annually. Passwords to access the pharmacy IT systems were only known by staff. Confidential material was suitably located, and confidential paper waste was segregated and removed for safe disposal. Safeguarding training was also mandatory for all staff and this was repeated regularly online. The pharmacists had all completed level 2 safeguarding training, and the hospital had a safeguarding team and concerns could also be escalated according to the Trust's policy. Safeguarding contacts were available for the staff in the dispensary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. It makes sure its team members are appropriately trained for the jobs they do. They complete regular additional training to help them keep their knowledge up to date and they are able to raise concerns appropriately.

### Inspector's evidence

There were enough suitably qualified and skilled staff present to manage the workload. The pharmacy team had two new members of staff who were in the process of completing accredited training and the rest of the team had all completed their training. The pharmacists coached the staff on any specialist processes and procedures. All the SOPs defined the staff roles which may work under the SOP.

Staff were observed working well together during the inspection and following pharmacy specific protocols. Staff received feedback during their appraisals which were held annually on a one-to-one basis with their line manager. Regular team meetings were used to communicate current issues and to provide updates. The pharmacy had an open culture, where staff were able to contribute ideas or raise issues, and there was a whistleblowing policy in place and detailed on a poster displayed on the dispensary notice board.

The team had a forum whereby they could provide feedback and suggestions to the company. A member of staff acted as a forum representative to ensure feedback was passed on. Team members were able to work within their own professional judgements and staff were empowered to ask questions and make changes as needed for the benefit of the people using their services. There were no financial incentives within the pharmacy with the focus being solely on patient care and ensuring waiting times were kept low.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are bright, clean and secure and suitable for the provision of healthcare services. The pharmacy prevents people accessing its premises when it is closed to protect people's private information and to keep its medicines stock safe. People can have a private conversation with a team member in the consultation room.

### Inspector's evidence

The pharmacy had recently opened within the hospital. It included a large bright dispensary with a shop and reception area. There was also a consultation room close to the retail area. The dispensary fixtures and fittings were brand new, and the pharmacy was well-presented, bright and airy. There was plenty of space for the staff to work and for people to wait in the pharmacy if they were awaiting prescriptions.

The pharmacy had a dedicated consultation room by the reception area which was kept locked when not in use. Access to the pharmacy was restricted to pharmacy staff only and the pharmacy was locked and alarmed when closed.

Cleaning was completed daily by contracted cleaners in the hospital and the staff would also regularly clean the pharmacy and ensure it was kept tidy. There was air conditioning within the pharmacy to control the ambient temperature and ensure medicines were kept suitably and staff had a comfortable environment to work in.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

### Inspector's evidence

The pharmacy was open six days a week throughout the year and had business continuity plans in place should any of its systems go down. People could contact the pharmacy by phone if required. The pharmacy was able to produce large print labels for people with poor sight and the team members had access to translation services. An induction loop was available should anyone require this. If required, the pharmacy could deliver medicines to other pharmacies within the company for them to pick up.

The pharmacy dispenses outpatient prescriptions for the trust on a named patient basis. Medicines were delivered daily to various local sites for people to collect and the pharmacy team was able to track the delivery of the medicines. If there were any queries with these medicines, the pharmacy could be contacted for clarification. There were clear working processes where work would be prioritised, and tasks were allocated to different staff members.

The pharmacist explained that they had a few medicines which were high risk and not normally seen in community pharmacy and so they had implemented a practice of ensuring the medicines were sent for accuracy checking with additional information and a third accuracy check was completed. On hand out to people, the team would go through the medicines with them and ensure they knew what they were taking and the risks.

All supplied medicines were labelled appropriately, and all high-risk medicines were double checked prior to issue. The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing of valproates to all people in the at-risk group.

An electronic prescription tracking service was available which allowed prescriptions to be tracked around the pharmacy and it would also highlight the waiting time. The pharmacy sourced stock from various licensed suppliers and direct from some manufacturers. To ensure costs were kept low for the NHS, some members of staff were trained to order appropriately, and all orders were made through them. Medicines were stored in controlled environments and monitored continuously. The dispensary had air conditioning to keep all medicines in the acceptable temperature range.

The pharmacy had a suitable waste contract and medicines that had been returned to the department were segregated and sorted prior to disposal. Hazardous waste, inhalers and confidential waste were all disposed of appropriately using the correct disposal methods. Drug alerts and recalls were received by the pharmacy team regularly and any follow-up action was taken as necessary. The recall notices were

printed off, annotated to show the action taken and held in a file. Expiry date checks were undertaken on a rolling basis.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

### Inspector's evidence

There were crown-stamped measures available for use and amber medicine bottles were seen to be capped when stored. There were also clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF, a BNF for Children and other reputable information sources and texts. Internet access was also available should the staff require further information sources.

There were suitable pharmacy facilities including CD cupboards, fridges and freezers used for medicines storage. There were maintenance contracts for the refrigerators and the air conditioning systems. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

All computer screens were suitably located and access to computers containing patient data was protected using individual passwords which were changed regularly. All data was saved on secure servers.

### 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.