

Registered pharmacy inspection report

Pharmacy Name: Boots, 15-17 Derriford Hospital Plymouth, Roscoff Rise, Derriford, Plymouth, Devon, PL6 5FP

Pharmacy reference: 9012356

Type of pharmacy: Hospital

Date of inspection: 17/09/2024

Pharmacy context

This is a new outpatient's pharmacy at Derriford Hospital in Plymouth. The pharmacy provides services to people receiving outpatient treatment at the hospital. The main hospital activity is regulated by the Care Quality Commission (CQC). The pharmacy delivers a large percentage of its dispensed prescriptions to local Boots stores to give people the choice of a more convenient collection point.

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 provides its services safely and effectively. It has suitable systems in place to identify and manage the risks associated with its services. The pharmacy has written procedures in place to help ensure that its team members work safely. And these procedures are reviewed and updated regularly. The pharmacy responds appropriately to feedback it receives. It has the required insurance in place to cover its services. And it keeps all the records required by law. The pharmacy keeps people's private information safe. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy opened in April 2024 having taken over the outpatient pharmacy contract from a different supplier. The pharmacy had a full range of standard operating procedures (SOPs) which covered all activities in the pharmacy. The SOPs were generally held electronically. Each team member had their own online account which kept records of which SOPs had been read. Most SOPs used a short quiz to check understanding and were regularly reviewed by the superintendent pharmacist's (SI) team. The role of each team member was outlined in the SOPs, so responsibilities and lines of accountability were clear. The pharmacy had completed risk assessments on the services it provided. And it had written business continuity plans in place. The pharmacy team gave examples of how they had enacted the business continuity plan when the electronic prescribing system used by the NHS Trust had had a system outage.

The pharmacy had processes in place to identify, record and learn from mistakes. Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on paper logs. They were recorded promptly by the person who had made the mistake. Dispensing errors that reached the patient were reported in a more detailed way using two online reporting tools. One report was sent to the company head office and the second fed back into the wider NHS Trust report. The manager completed a monthly review of all errors and incidents and developed an action plan to identify ways to reduce the risk of errors. Following an incident where medication was handed out to the wrong person, all team members had been reminded of the SOP for handing out medicines. And the manager had completed observations to ensure the correct process was being followed. Members of the pharmacy team attended the main hospital pharmacy governance meeting where learning from errors and incidents was shared.

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 team also checked any online reviews that were left on platforms such as Google. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were investigated. If they could not be rectified, they were reported the NHS Trust CD Accountable Officer. A random balance check was accurate. The pharmacy did not currently have a register to record patient returned CDs. It had been ordered and since opening, no CDs had been returned to the pharmacy.

The pharmacy dispensed very few private prescriptions. But appropriate records were kept of those they had. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members completed yearly training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas.

All staff were trained to an appropriate level on safeguarding. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation and knew what action to take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has plenty of staff to manage its workload. Team members are well-trained for the roles they do. Team members are given additional responsibilities matched to their skills. Trainees are supported to develop and are given time at work to complete learning activities. Team members work effectively together and are confident raise concerns or ideas to improve the pharmacy.

Inspector's evidence

On the day of the inspection, there were four pharmacists were on duty. Two were employed full time and two were additional locum cover. The pharmacy employed 14 pharmacy advisors and five medicines counter assistants, who also managed the retail business. There was also a manager and an assistant manager, who was a pharmacy technician.

Team members had assigned roles which they had received additional training for. For example, there was a stock specialist who managed the ordering and receipt of medicines. An administrator was responsible for triaging prescriptions when they were received from the outpatient's prescriber through the electronic prescribing system. A pharmacy advisor was responsible for the supply of chemotherapy medicines to the oncology department.

Several pharmacy advisors were trainees and were completing an approved course. They were given time each week to learn and were supported by more experienced members of the team.

The pharmacy team was observed working well together during the inspection and following pharmacy specific protocols. They received feedback during their appraisals, which were held annually on a one-to-one basis with their line manager. The pharmacy team felt that they were very well supported by both the company area and regional teams and the pharmacy department of the trust.

The company did not set specific targets. But the pharmacy was set key performance indicators (KPIs) by the NHS Trust, which were monitored. These included waiting times, number of owed medicines, finance targets amongst others. The pharmacy team did not feel that they were under undue pressure to meet the KPIs and that they were manageable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are modern, light and of an appropriate size. The pharmacy looks professional and has adequate facilities to provide services to people and maintain their privacy and confidentiality.

Inspector's evidence

The pharmacy was a purpose-built unit on the hospital site. It was a short walk from the main hospital. It had four reserved disabled parking bays nearby for its patients to use.

The retail area was large and had plenty of seating. There was a large refrigeration unit housing food and drinks which had a loud fan. There were two reception desks: one for dropping off prescriptions and the second for collecting. This helped to manage the flow of people in the pharmacy. A spacious consultation room was available to the side of the waiting area. It had enough space to accommodate wheelchairs or mobility scooters. People outside could not hear what was being said inside. No confidential information or medicines were stored in the consultation room.

The dispensary was large enough for the volume of prescriptions dispensed. In the centre there was a single-arm dispensing robot. Most stock was stored inside the robot. Larger items and liquids were stored neatly on shelves. There was enough workbench space and different tasks were allocated to specific areas.

The pharmacy was regularly cleaned and there was a cleaning rota. The temperature and lighting were appropriate for the storage of medicines and the provision of healthcare.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its service safely and effectively. And it ensures it gives appropriate advice to people to make sure they use medicines correctly. The pharmacy team make sure that people with different needs can access its various services, particularly by using medicine collection points across the region. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. It had an automatic door. Parking for those who had disabilities was available outside. The pharmacy provided additional support for people with disabilities, such as producing large print labels for those with poor site. The pharmacy team had access to a translation service and a hearing loop was available. The pharmacy was open six days a week.

A range of health-related posters and leaflets were displayed. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy delivered approximately 50% of its dispensed medicines to Boots community pharmacies in Devon and Cornwall so that people could collect them at a more convenient location close to their homes. Medicines were usually delivered within 48 hours. Those going to pharmacies closer to the hospital were delivered daily. The community pharmacies acted purely as a collection point. If the patient required additional advice or had a query about their medicine, they were referred back to the outpatient pharmacy.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Prescriptions that were being collected by people waiting in the pharmacy were dispensed separately to those that were being delivered to other pharmacies for collection. This helped to prioritise the workload and reduce waiting times in the pharmacy. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload.

The pharmacy team attached a pharmacist information form to each printed prescription. This was completed to highlight key information about the prescription, such as confirming that the prescribed medicine was on the NHS Trust's formulary, whether the dose and strength were appropriate and whether blood tests results had been checked. It was also used to highlight whether the prescription contained CDs or items requiring refrigeration.

All supplied medicines were labelled appropriately and all high-risk medicines were double checked prior to issue. The pharmacist had identified that there was potential for people collecting from their local Boots pharmacy may miss out on receiving important advice about high-risk medicines as no prescription details were sent with the dispensed medicines. The pharmacist was working with the

company to see how this risk could be minimised and, in the meantime, called patients on the telephone when appropriate.

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.

The pharmacy sourced stock from a wide range of suppliers and directly from some manufacturers. A dedicated stock specialist oversaw the ordering and receipt of medicines. This helped to ensure the pharmacy managed the budgets and kept within NHS budgets. The pharmacy had experienced some issues with stock when it had initially opened due to some accounts being set up incorrectly. But this had been resolved and there were no current major stock issues.

Prescription owings were well managed. Most people collected any owed medicines from their nearest Boots store collection point, meaning that they did not have to return to the hospital site. The pharmacists were able to contact prescribers directly via bleep if stock could not be sourced so that an alternative could be sought. Pharmacists were able to make minor amendments to prescriptions, such as changing from tablets to capsules. This helped to manage stock availability issues.

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. The pharmacy team completed weekly date checking of stock meaning a full check was completed every 12 weeks. The robot dispenser checked expiry dates of medicines automatically.

CDs were stored in accordance with legal requirements in approved cabinets. A denaturing kit was available so that any CDs awaiting destruction could be processed. The dispensary fridges and freezer were clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services. It keeps these clean, tidy and well-maintained. The pharmacy uses its equipment in a way that protects people's confidential information.

Inspector's evidence

The pharmacy had up-to-date reference resources available including access to the NHS Trust formulary. Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. The robot dispenser was regularly serviced. The pharmacy team could contact a support service in the event of its failure. Several team members were trained as 'super-users' and could troubleshoot minor issues.

All electrical equipment was visibly free of wear and tear and in good working order.

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. |