

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 125 High Street, HUNGERFORD, Berkshire,  
RG17 0DL

**Pharmacy reference:** 1028919

**Type of pharmacy:** Community

**Date of inspection:** 08/07/2019

## Pharmacy context

A Boots pharmacy located on the high street in Hungerford, West Berkshire, serving the local community and many regular patients. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines at home and for patients in care homes. The pharmacy provides a supervised consumption service for substance misuse patients, needle exchange and flu jabs.

## 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	Staff are provided with training time to complete regular ongoing training.
<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

Overall, the pharmacy's working practices are safe and effective. Team members record and review their mistakes to help reduce the risk of them happening again. But the reviews did not contain a lot of detail meaning the team may be missing out on learning opportunities. The pharmacy keeps all the records that it needs to by law and it keeps people's information safe. Team members help to protect vulnerable people.

### Inspector's evidence

The pharmacy team recorded near misses and reviewed them at the end of each month. However, not much detail was included in the near miss log about the cause of the near misses. The team would review the near misses at the end of each month in a 'Patient Safety Review', but they had not yet completed the previous month's review. For the May review, the team had highlighted that they were not always signing the 'checked' box on the bag label when they handed out prescriptions. The May review also included conflicting information about the number of near misses with one section saying there were just 13 near misses for May and another section saying that there were 19 near misses. On examination of the May near miss log, it did appear that there were consecutive days where near misses were not recorded at all. The team received 'The Professional Standard' newsletter from their superintendent's office every month and this month's newsletter included information about ensuring they record incidents well, pregnancy prevention programmes in valproate use, safeguarding training and consultation skills.

The team used pharmacist information forms (PIFs) to communicate messages about the patient's medicines to the pharmacist. Such information included whether the medicine was new to the patient, something had changed since the last time they received it, whether the patient had any allergies or whether the patient was eligible for further services, such as an MUR. The form also had a blank box to write any further information that the dispenser thought the pharmacist should be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Multi-compartment compliance aids were prepared on the back bench in the dispensary to reduce distractions. The team used stackable containers to hold dispensed drugs to prevent mixing up different prescriptions and an audit trail was observed being used by the members of the pharmacy team where they would sign a quadrant stamp to identify who dispensed, clinically checked, accuracy checked and handed out a prescription. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

All the SOPs had the roles and responsibilities of the staff set out and on questioning, the team members were all clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. Most of the SOPs had been signed by the whole team, but the members of staff still training had not signed them all.

There was a complaints procedure in place and this was detailed in the practice leaflet displayed in the retail area of the pharmacy. The leaflet also had the contact details for the company's head office, Patient Advice and Liaison Service and the Independent Complaint Advocacy Service. The results of

previous Community Pharmacy Patient Questionnaire (CPPQ) were displayed on the NHS UK website and were seen to be positive. A certificate of public liability and indemnity insurance from XL Insurance Co. Ltd. was held electronically on the company's intranet and was valid until the end of July 2019.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of a random CD was checked for record accuracy and was seen to be correct. The CD stock was balance checked every week by the pharmacist.

The responsible pharmacist record was seen to be complete and the correct responsible pharmacist notice was displayed by the medicines counter where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription and emergency supply records were seen to be completed electronically with all the required information recorded. The specials records were all seen to be complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public.

There were cordless telephones available for use and confidential waste paper was collected in blue confidential waste bins which were removed by the company for destruction. Information governance (IG) practice was reviewed annually in the pharmacy against the requirements and was also audited as part of a larger clinical governance pharmacy audit. The team had submitted the latest IG Toolkit and displayed a poster in the waiting area of the pharmacy about protecting patient information.

The pharmacist had completed the level 2 Centre for Pharmacy Postgraduate Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults e-Learning program on the company training website which all the members of staff had completed, and they were all Dementia Friends. The team explained that they were all confident of signs to look out for which may indicate safeguarding issues in both children and adults and they had displayed a safeguarding poster in the dispensary with contact details for the Boots head office safeguarding leads.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need, and the pharmacy gives them time to do this training. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

### Inspector's evidence

On the day of inspection, there was one relief pharmacist and three dispensers, one of whom was still in training and one who was completing the NVQ level 3 course. The staff were seen to be working well together and supporting one another.

The staff completed online training modules on the company's intranet. The modules consisted of a set of compulsory modules and assessments covering topics from all aspects of the pharmacy, including medical conditions, health and safety, law and ethics and over-the-counter products. There was also a library of training modules available for staff to choose and complete voluntarily if they felt their knowledge in an area needed improvement. The dispenser explained that they would be provided with time during the working day to complete training. 'The Tutor' training packs were also sent to the store every quarter for each member of the pharmacy team to ensure they were kept up to date with relevant healthcare information.

The team explained that they were aware of how to raise concerns and to whom. There was a whistleblowing policy in place and this was also detailed in a poster in the staff areas of the pharmacy. The team could also complete an annual satisfaction survey where they were able to provide feedback about their day to day roles, the company and any area of improvement they'd like to see.

The trainee dispenser was observed referring to the pharmacist for further advice when someone came into the pharmacy to ask for something to treat wasp stings. The pharmacist recommended appropriate products and then counselled the person effectively. There were targets in place for services, but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to do so.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services, But the layout is not ideal as patient privacy may not always be best protected at the medicines counter. Pharmacy team members use a private room for sensitive conversations with people and the pharmacy is secure when closed.

### Inspector's evidence

The pharmacy was located on the ground floor of an older building and included a long and narrow retail area, a medicines counter, consultation room, office, stock room and staff rest rooms. The small counter area, open plan dispensary and low ceiling meant conversations at the counter and workstations could often be overheard.

The pharmacy was clean and tidy, and the dispenser explained the team had a cleaning rota with different daily and weekly cleaning tasks which they would complete amongst themselves. The consultation room was positioned behind the medicines counter into the staff area of the building which was not ideal. The room allowed for confidential conversations, was locked when not in use and included a table, seating and storage. There was a sink available in the dispensary with hot and cold running water to allow for hand washing and the preparation of medicines.

Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. The lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people with different needs. Staff members provide the pharmacy services safely and identify patient on high-risk medicines. The pharmacy gets medicines from reputable sources and the team knows what to do if medicines are not fit for purpose.

### Inspector's evidence

Pharmacy services were displayed in the shop window and on posters around the pharmacy area. There was a range of leaflets available to the public about services on offer around the pharmacy area and in the consultation room.

The pharmacy was a healthy living pharmacy and the team had a health promotion area which they would update to reflect any national health promotion campaigns. Current information on their health promotion area included highlighting information about children's oral health, dementia and the company's chaperone policy.

There was step-free access into the pharmacy via an automatic door and seating for patients or customers waiting for services. There was also an induction loop available should a patient require its use. There was an 'offline pack' and contingency plan available to ensure the continuity of pharmacy services should there be a power cut, natural disaster or anything else which may disrupt the services provided by the pharmacy.

The team used a robust system to deal with the preparation of multi-compartment compliance aids for patients in their own homes and logged the compliance aid activities on a poster in the dispensary. The compliance aids were prepared with descriptions of the medicines inside and the patient information leaflets (PILs) were supplied with the compliance aids each month. Each patient had a file where the team recorded what their medicines were, when they were taken, any known allergies, any discharge information from the hospitals and contact details.

Patients on warfarin would have a laminated 'warfarin card' attached to their prescriptions to highlight the need to ask them for the INR levels, blood test dates and warfarin dosage. The dispenser explained they would always record this on the patient notes in the PMR. The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing for all patients who may become pregnant on valproates. The dispenser explained they would provide valproate information leaflets and cards when they dispense valproates to ensure that all patients were aware of the warnings.

The pharmacist demonstrated the various small coloured laminated cards which would be attached to prescriptions to highlight to the person handing the prescription out that extra care should be taken with the prescriptions and more information was required by the team to satisfy them that the supply would be safe. CD prescriptions were highlighted with a sticker on the bag and on the accompanying PIF

and a CD alert card attached to the bag, which also had the expiry date of the prescription written on.

Opened stock bottles examined during the inspection were seen to include the date of opening on them. However, there were some amber bottles on the dispensary shelves which had been dispensed but returned to stock following failed collections and they did not include the batch number.

The pharmacy obtained medicinal stock from Alliance, Boots, Phoenix and dressings from NWOS. Specials were ordered from BCM Specials. Invoices were seen to demonstrate this.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen being used for the disposal of medicines returned by patients. There was also a bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed in these bins. The team had a poster about returning unwanted medicines to the pharmacy displayed by the health promotion area.

Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were maintained. The staff used 'caution short dated stock' stickers when stock was short-dated. The fridge was in good working order and the stock inside was stored in an orderly manner.

The pharmacy team was aware of the European Falsified Medicines Directive (FMD) but they were not currently compliant. Boots head office was currently in the process of rolling equipment and software out to their pharmacies.

MHRA alerts came to the pharmacy electronically through the company's intranet and they were actioned appropriately. Recently, the team had dealt with a recall for paracetamol 500mg tablets. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received.



## 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 that it works.

### Inspector's evidence

There were several crown stamped measures available for use, including 250ml, 100ml and 10ml measures. Some were marked with red paint to show they should only be used with CD liquids. Amber medicines bottles were seen to be capped when stored and there were counting triangles as well as capsule counters. Electrical equipment appeared to be in good working order and was PAT checked annually.

Up-to-date reference sources were available such as a BNF, a BNF for Children and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. Hazardous waste bins were also available as well as lists of which drugs were hazardous.

### 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.