

Registered pharmacy inspection report

Pharmacy Name: Boots, 83 Dedworth Road, WINDSOR, Berkshire,
SL4 5BB

Pharmacy reference: 1029043

Type of pharmacy: Community

Date of inspection: 13/11/2019

Pharmacy context

This is a smaller Boots store located alongside other local shops in a residential area on the outskirts of Windsor. Most people who visit the pharmacy live locally. It mainly supplies NHS prescriptions and offers other services including home deliveries, Medicines Use Reviews (MURs), New Medicine Service (NMS), flu and pneumonia vaccinations, and treatments for substance misuse.

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 continually monitors and reviews the services to make sure they are safe.
2. Staff	Standards met	2.2	Good practice	Team members receive appropriate training, and the pharmacy supports them to continually develop their skills and knowledge.
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's working practices are safe and effective. It protects people's private information and keeps all the necessary records required by law. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They follow written instructions to make sure they work safely, and they learn from their mistakes. The team members also complete training, so they know how to protect children and vulnerable adults.

Inspector's evidence

The pharmacy had a comprehensive set of standard operating procedures (SOPs) which covered its operational tasks and activities. These were regularly reviewed, and some updated versions were in the process of being implemented. Team members signed to show they had read and agreed them. Knowledge checks were used to make sure they understood the procedures, and they were followed in practice.

A responsible pharmacist (RP) notice was displayed and team members wore uniforms and name badges, so they could be readily identified. Team members could clearly explain their role and individual responsibilities were outlined in the SOPs.

The pharmacy used a range of strategies to manage risks in the dispensing process. Cartons were used to segregate prescriptions during the assembly process. Pharmacists were rarely required to self-check. Dispensing labels and prescriptions were initialled by team members involved in the assembly and checking process, which assisted in investigating and managing any mistakes. The team explained how the new patient medication record (PMR) system had introduced bar code scanning of medicines to the dispensing process, which had significantly minimised the number of picking errors. There was an incident reporting process which included a root cause analysis, and head office had oversight of these. Near misses were discussed by the team at the time and recorded on a chart, and these were regularly reviewed for trends. Monthly patient safety reviews collated learning and identified focus areas for improvement which were shared with the team. Recent areas of focus included making sure quantities were double checked and that pharmacist intervention forms (PIFs) were utilised. Head office issued regular patient safety newsletters which communicated learning across the company.

There was a complaints procedure. Concerns were usually dealt with by the store manager. A recent concern about a prescription supply had not been effectively resolved in his absence, and it had not been escalated to head office. The team were due to discuss this oversight as part of their next patient safety review. The pharmacy also participated in annual patient satisfaction surveys and captured instant feedback from customers online and cards explaining how to do this were available on the counter.

Appropriate professional indemnity insurance was in place. The pharmacy's patient medication record (PMR) system was used to document prescription supplies and label medication. The team maintained all the records required by law including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were generally in order, however the prescriber's name was not always captured on the electronic private register. And private

prescriptions were not stored in an organised manner. A few private CD prescriptions from earlier in the year were found amongst the private prescriptions, so the team were not always submitting these for auditing purposes in a timely manner.

The team members had all completed company information governance training. Confidential material was suitably stored out of public view and paper waste was segregated and removed for safe disposal, and team members were able to explain this process. Signed consent was usually obtained for services where appropriate. Smartcards used to access patient data were not being properly used at the time of the inspection as an absent team member's card was in use, and so the accuracy of the associated audit trail was compromised. This also meant the pharmacist did not have access to Summary Care Records.

All team members had completed the company's e-Learning course on safeguarding. The pharmacist had also completed level 2 safeguarding training and understood how concerns should be escalated. Local safeguarding contacts were available. The team had previously been involved with resolving a local safeguarding concern in conjunction with other agencies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload. Team members hold the appropriate qualifications for their roles and they complete regular ongoing learning, so that they can keep their knowledge up to date. They work in an open culture and are able to raise concerns or provide feedback.

Inspector's evidence

The full-time store manager was working with a relief pharmacist and a pharmacy advisor at the time of the inspection. The pharmacy also employed a full-time dispenser and another part-time pharmacy advisor. It was a small close-knit team. Rotas were used to plan absences and ensure there was continual cover. Only one team member was allowed annual leave at a time and team members could work extra hours if needed to cover holidays, but there was limited flexibility within the staff profile to cover unexpected absences. The pharmacy had not had a regular store pharmacist for several months and had been reliant on relief and locum pharmacists covering, which meant there was less continuity. But a new store pharmacist was in the process of being appointed.

The team managed the steady footfall of customers during the inspection without any issues, and there was no backlog of work. Dispensing of multi-compartment compliance packs had been transferred to another store earlier in the year so the workload was more manageable.

The store manager was qualified to dispense. All team members had completed accredited training and were able to work on the counter or in the dispensary. The full-time dispenser was hoping to progress to complete her NVQ3. The company provided regular ongoing training using e-Learning systems and completion of training was monitored. There was a formal induction process and informal feedback was provided to team members to promote progress and enable discussion.

The store manager briefed the team regularly to make sure everyone was kept informed. Team members could contact head office or raise a concern anonymously if needed. The company set some commercial targets, but the store manager said local circumstances were taken into account if these were not met.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of healthcare services. It has a consultation room, so people are able to have private and confidential discussions.

Inspector's evidence

The pharmacy was situated in a small retail unit. The shop area was clean, tidy and reasonably well-presented. Fittings were older and worn in places but suitably maintained. The pharmacy had air conditioning, so the room temperature could be controlled.

The dispensary was located at the back of the store. It had around four metres of bench space which was suitable for the volume of work. The counter area was not easily visible from the dispensary which could hamper supervision, but a mirror was used so the team could see people waiting to be served. A small suitably equipped consultation room was situated adjacent to the counter. It was used for services and confidential discussion. There was a small amount of storage space and staff rest facilities at the back of the store. A shed at the back of the store was also used for storage.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and it manages them safely and effectively, so that people receive appropriate care. It obtains medicines from licensed suppliers, and it carries out regular checks to make sure that they are in suitable condition to supply.

Inspector's evidence

The pharmacy had a single automated door at the entrance with push button access. There was signage in the window and leaflets detailing the pharmacy's opening times and services. The team were able to signpost to other services in the locality. Flags on team members badges depicted any languages spoken. The pharmacy offered a home delivery service for a small charge using hub drivers. There were audit trails in place, so these could be tracked, and signatures were obtained as proof of delivery.

The pharmacy managed repeat prescriptions for regular patients and audit trails were in place, so these could be effectively managed. Dispensed medicines awaiting collection were bagged. Prescription forms were filed separately so that they could be retrieved when the medicines were handed out. Each prescription had an associated 'Patient Information Form' which indicated if there were any potential issues such as interactions. People were always asked to confirm their name and address before medicines were handed out, to make sure they were correctly identified. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied. The store manager explained how they used coloured cards to highlight when high risk items such as paediatric medicines or controlled drugs were present, so they could make extra checks when handing the medication out. Clear plastic bags were used for assembled fridge lines and CDs, so a visual check could be made of these when they were handed to the patient. Substance misuse doses were prepared in advance and stored in the CD cabinet. Concerns and missed doses were reported to the prescriber.

The team were aware of the risks associated with the use of valproate. The store manager said they had a couple of patients who met the risk criteria and they had been counselled by the pharmacist previously. The manufacturer's patient cards and leaflets were available to support counselling.

The relief pharmacist had recently completed training and was able to provide vaccinations services including flu and pneumonia. These were administered according to PGDs and appropriate records were kept. MURs and NMS were offered to relevant patients and eligible patients were flagged using PIFs.

The pharmacy advisor understood when to refer to the pharmacist and what sort of medicines would be considered high-risk when selling them over the counter (OTC). She was aware of the restrictions when selling codeine-based medicines. The store manager said they had recently liaised with a patient's GP over frequent requests to buy an OTC medicine which they were also prescribed.

The pharmacy obtained its medicines from licensed wholesalers and suppliers. Stock medicines were stored in an orderly manner in their original container. Split packs were marked, and open liquid medicines with a limited expiry were dated. The new PMR system assisted with stock control. The pharmacy was not compliant with the Falsified Medicines Directive. Drug alerts were received by e-mail

from head office. The e-mails were checked on a daily basis and alerts were actioned and confirmation of this was sent to head office.

Expiry date checks were recorded on a chart and recent checks had been completed. A random check of the shelves found no expired items. There was a medicines fridge and maximum and minimum temperatures were recorded daily, and records showed temperatures were within the required range. Pharmacy medicines were stored in glass cabinets close to the counter, so sales could be supervised.

Controlled drugs were appropriately stored in the cabinet, and obsolete CDs were segregated. Patient returned CDs and their destruction were documented. Other waste medicines and vaccination sharps were disposed of in dedicated bins. Pharmaceutical waste bins were collected periodically by a specialist waste contractor.

Principle 5 - Equipment and facilities Standards met

Summary findings




The pharmacy has equipment and facilities it needs for the services it provides. The team members use the equipment in a way that protects people's privacy.

Inspector's evidence

Disposable medicine containers were available, and the pharmacy had measuring and counting equipment for dispensing medicines. There was a dispensary sink, a large CD cabinet, and a medical fridge used for storing medicines. CD denaturing kits were available. Anaphylaxis equipment and other sundries were available for vaccination services.

The team had access to the internet and British National Formularies and Drug Tariff, and Medicines Complete. Computer terminals were suitably located so they were not visible to the public. Telephone calls could be taken out of earshot of the counter if needed. Electrical equipment was in 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.