

Registered pharmacy inspection report

Pharmacy Name: Boots, 11 Market Hill, BUCKINGHAM,
Buckinghamshire, MK18 1JX

Pharmacy reference: 1029099

Type of pharmacy: Community

Date of inspection: 19/11/2024

Pharmacy context

This is a community pharmacy in the centre of the market town of Buckingham, Buckinghamshire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. It also offers the New Medicine Service (NMS), Pharmacy First and seasonal flu vaccinations. In addition, its team members provide multi-compartment compliance packs for a few people who find it difficult to manage their medicines at home.

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 regularly reviews and monitors the safety and quality of its services.
		1.8	Good practice	The pharmacy's team members actively ensure the welfare of vulnerable people. They can demonstrate identifying relevant concerns and taking appropriate action in response. The pharmacy has the relevant processes in place to assist with this and team members are suitably trained.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake.
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 has suitable systems to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They actively protect the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy generally maintains its records as it should.

Inspector's evidence

The pharmacy had current and updated electronic standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. This included policies on managing complaints and incidents, to safeguard the welfare of vulnerable people, protect confidential information and provide services safely. The staff had read the SOPs. Team members understood their roles well, they had designated tasks and worked in accordance with the company's set procedures. The responsible pharmacist's (RP) process to handle incidents was suitable, in line with requirements and the pharmacy displayed details about how people could make a complaint. Staff recognised people who could need assistance, and described concerns seen as well as how they had responded. Formal safeguarding referrals had also been made. The RP was trained to level two and contact details for relevant local agencies were readily accessible. The pharmacy also displayed details on how it protected people's private information. Confidential information was stored and disposed of appropriately. People's personal or sensitive details could not be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy was clean and tidy. The dispensary had separate, clearly labelled and designated areas for different processes to take place. Multi-compartment compliance packs were assembled and stored in a separate, secure room. This helped prevent distractions and mistakes occurring. There was also a separate area for the pharmacist to undertake the final accuracy-check of assembled prescriptions. Staff rotated jobs. The team used tubs to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. After prescriptions had been assembled, checked for accuracy, and bagged, they were stored in a separate location. When people arrived to collect them, their location was accessed using the pharmacy's system. Staff routinely recorded their near miss mistakes electronically. The details were collated, reviewed formally and details documented every month by a member of staff who was the patient safety champion. This helped identify any trends or patterns and remedial activity was undertaken to help minimise mistakes.

The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. A sample of registers seen for controlled drugs (CDs) were maintained in accordance with legal requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record, records about supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had also been appropriately completed. However, on occasion, incorrect details about prescribers had been

documented within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely manage the workload. Team members have a range of experience and are knowledgeable about the medicines they sell. The company provides resources to assist them with ongoing training. But the time given to complete training at work has been restricted. This could mean that that learning needs are not always identified or adequately addressed.

Inspector's evidence

The pharmacy team was up to date with the workload. There was enough staff present to safely manage the workload and most team members were trained through accredited routes. Two members of staff were enrolled on the NVQ 3 for dispensing and there was also a trainee pharmacist who was not present during the inspection. Pharmacy staff worked mostly full-time with one on part-time hours. The team's certificates of qualifications obtained were not seen but their competence was demonstrated. All the staff were wearing name badges and uniforms.

Staff knew which activities could take place in the absence of the RP. Counter staff were very knowledgeable and experienced. They asked a range of relevant questions before selling medicines and knew which medicines could be abused. The latter were routinely monitored, additional advice and documented details were regularly provided, referrals were made, and medicines were confidently refused if repeat requests were seen. In addition, they offered counselling for the latter.

The staff were provided with a suite of resources for ongoing training through the company's e-learning platform which helped ensure they continually learnt and kept their knowledge up to date. Formal performance reviews took place regularly. However, recent changes in the management structure meant that team members were no longer as accurately briefed on performance or updates as they had been previously. In addition, whilst the team currently had protected learning time, this was said to have been due to change; staff had been told that some of the hours they could use for learning must now be taken at home.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide a suitable environment for people to receive healthcare services. The pharmacy is sufficiently clean, secure, and professionally presented. And it has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy premises were professional in appearance, clean and tidy. The dispensary had an adequate amount of workspace to carry out dispensing tasks safely and parts of it were suitably screened to enable privacy when preparing prescriptions. Workspaces were kept free from clutter. The consultation room enabled private conversations and services to take place. The room was signposted and it appropriate for its intended purpose. The premises were bright, suitably ventilated, and professional in appearance. The ambient temperature was suitable for the storage of medicines and the pharmacy was secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has safe working practices. People can easily access the pharmacy's services. Team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly. The pharmacy sources its medicines from reputable suppliers. And it stores as well as manages its medicines well.

Inspector's evidence

The pharmacy had and posters on display promoting health, the pharmacy's services, and information about safe spaces. The pharmacy's opening hours were also on display. People could enter the pharmacy through an automatic door at street level. The retail area consisted of clear, open space and wide aisles. This helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. There were a few chairs inside the pharmacy if people wanted to wait for their prescriptions. A hearing aid loop was available for people who could not hear easily, some members of the team spoke different languages to assist people whose first language was not English, and staff offered the use of the consultation room if this was necessary. The pharmacy also held documented details to signpost people to other organisations or providers of care if needed.

The pharmacy supplied medicines inside multi-compartment compliance packs to a few people who lived in their own homes, after this was considered necessary and an assessment had taken place. People ordered their own prescriptions and when received, staff identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. The compliance packs were sealed as soon as they had been prepared. Patient information leaflets (PILs) were routinely supplied and descriptions of the medicines inside the packs were always provided.

The pharmacy routinely identified people prescribed higher-risk medicines which required ongoing monitoring. The pharmacy's system prompted staff to make further checks and ask relevant questions about blood test results and records were kept about this. Team members were also aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and only provided full packs.

The pharmacy's stock was stored in an organised way and licensed wholesalers were used to obtain medicines as well as medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were routinely identified. There were no date-expired medicines or mixed batches seen. Medicines were kept appropriately in the fridge. Dispensed medicines requiring refrigeration and CDs were stored within clear bags which helped to easily identify the contents upon hand-out. CDs were stored under safe custody and the keys to the cabinet were maintained in a way which prevented unauthorised access. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps which were redirected accordingly. Drug alerts were received electronically and actioned appropriately, and records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is kept clean and well maintained. And team members ensure they are used appropriately to protect people's confidential information.

Inspector's evidence

The pharmacy's equipment and facilities were new or had been maintained appropriately and were kept clean. Computer terminals were placed in a way which prevented unauthorised access to details on the screens. The pharmacy had cordless telephones so that private conversations could take place if required away from the retail area and staff used their own NHS smart cards to help protect people's private information. Equipment for services included an otoscope, a thermometer, torch, tongue depressors and a blood pressure machine as well as adrenaline which was necessary in case people developed a severe reaction to the flu vaccine. The dispensary sink for reconstituting medicines was clean and the pharmacy had hot and cold running water available. Staff had access to reference sources, a range of clean, standardised conical measures for liquid medicines were present as well as an appropriately secured CD cabinet and pharmacy fridge. Tablet and capsule counting equipment were also available and present on every workstation. This included a separate one marked for cytotoxic use only which helped avoid any cross-contamination.

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.