

Registered pharmacy inspection report

Pharmacy Name: Boots, 184b Lower Blandford Road, Broadstone,
POOLE, Dorset, BH18 8DP

Pharmacy reference: 1030582

Type of pharmacy: Community

Date of inspection: 29/04/2024

Pharmacy context

This is a community pharmacy located close to two doctor's surgeries in Broadstone, Dorset. It serves its local population and is open six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS and private prescriptions, provides the Pharmacy First service and the blood pressure case finding service. It also provides a local delivery service.

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's working practices are 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

Standard Operating Procedures (SOPs) for dispensing tasks were in place electronically. The team members accessed the electronic SOPs and answered a few questions to confirm they had read and understood them. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years by the superintendent pharmacist or when there were any significant changes. The staff explained that there would be regular communication regarding SOPs from their head office team which included training. The team members demonstrated a clear understanding of their roles and worked within the scope of their role.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a leaflet available in the pharmacy by the seating area. The leaflet explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS).

The dispenser explained that the pharmacist would discuss any errors found when checking with the member of staff involved and asked them to reflect on why it had occurred and record it. The pharmacy team members recorded near misses on an electronic near miss log and these were analysed at the end of each month as part of the pharmacy's Monthly Patient Safety Review. The outcome from the review was shared with the whole team who would discuss the review and implement any changes to prevent recurrences. The dispenser manager explained that the team did not have many incidents as the Columbus system used for dispensing would check dispensing accuracy as items had to be scanned. She stated that most errors were regarding quantity errors where full packs were not prescribed. The team held a list of 'Look Alike, Sound Alike' (LASA) medicines and would highlight all prescriptions where LASA medicines had been prescribed to ensure they took extra care with them.

The team received a 'Pharmacy Standard' newsletter at the end of each month from the superintendent pharmacist. The newsletters would inform team members of the trends in mistakes that had happened across the company and what they can do to prevent these mistakes happening. There was also a case study in the newsletter for the team members to discuss and attempt. There was a workflow in the pharmacy where labelling, dispensing, checking was all carried out at different areas of the dispensary work benches. A valid certificate of public liability and professional indemnity insurance was available electronically.

The controlled drug register was maintained, and a balance check was carried out every week by the

pharmacist. Records of this were complete. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to people waiting in the pharmacy. There were cordless telephones available for use and confidential wastepaper was collected in blue bags and later destroyed appropriately. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module from the company on their Academy training programme. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident. There was also a safeguarding poster on display in the dispensary for the team members to refer to when required.

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

During the inspection, there was one pharmacist, two dispensers, one of whom was in training and a medicines counter assistant who was also undergoing accredited training. The dispensers explained that they felt they had enough staff for their dispensing level, and they would all work together to ensure they covered the hours when people were away.

The staff completed regular online training to ensure they were kept up to date with any professional changes and their knowledge of clinical subjects was maintained. The relief pharmacist present during the inspection also attended regular training sessions to keep his practical skills, such as vaccination training, up to date.

The team completed staff satisfaction surveys regularly where their opinions about their job and working environment were considered and they could provide feedback to the company about their work. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were targets in place for services, but the team explained that they did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

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 building was located next to two surgeries and there was free parking in front of the pharmacy and paid parking behind it. The pharmacy included a tidy retail area and medicine counter, dispensary, consultation room and a staff kitchen area. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. There were screens in place by the counters to help prevent the spread of airborne voices.

The consultation room was signposted as being available for private discussions and it was locked when not in use. It was located away from the retail space in the back areas of the pharmacy. Patient confidentiality could be maintained, and prescriptions were screened from public view. The dispensary was tidy, and shelving was used to hold stock. The area was generally well maintained. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The team members reported that they cleaned the pharmacy regularly and there was a cleaning rota available.

The ambient temperature was suitable for the storage of medicines and was regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy.

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

There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy via electric sliding doors. The team explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it. They were also aware of the requirements to only provide original packs when dispensing valproates.

The pharmacy provided the Pharmacy First service and the team had all completed the appropriate training. The PGDs were all signed and complete, and the pharmacist was familiar with the pathways. The pharmacy team also provided a hypertension case finder service where they would target people more at risk of hypertension for blood pressure checks. The dispenser explained that they had identified some people who had benefitted from this service, and it worked well. The labels on a sample of prescriptions were seen to be signed by the person who dispensed and checked the items.

The pharmacy obtained medicinal stock from the Alliance, AAH and Phoenix. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a designated bin for the disposal of hazardous waste. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from their head office, and they were actioned appropriately with the action taken noted.

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 several crown-stamped measures available for use, including 500ml, 100ml, 50ml and 10ml measures. Measures for methadone liquid were separated from the other measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources and pharmacy textbooks were available. Internet access was also available should the staff require further information sources.

The computers were all password protected and conversations inside the consultation could not be overheard. Electrical equipment appeared to be in good working order.

The pharmacy had a recommended blood pressure monitor available to provide the hypertension case-finding service. The pharmacy also had several items of equipment for the Pharmacy First service. Medicines awaiting collection were stored in a manner which was inaccessible to people. Patient information was not visible from the counter.

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.