

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 34 Courtenay Street, NEWTON ABBOT,  
Devon, TQ12 2DT

**Pharmacy reference:** 1030781

**Type of pharmacy:** Community

**Date of inspection:** 16/11/2023

## Pharmacy context

The pharmacy is in the town centre of Newton Abbot. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers a range of services including COVID-19, flu and travel vaccinations, the NHS New Medicine Service (NMS) and the Community Pharmacy Consultation Service (CPCS). The pharmacy offers services to drug misusers. And it dispenses medication to people living in care homes. The pharmacy provides medicines in multi-compartment compliance packs to a small number of people. The pharmacy offers a 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.4	Good practice	Pharmacy team members enthusiastically seek learning opportunities to develop both themselves and their colleagues.
		2.5	Good practice	Pharmacy team members work well together by engaging in regular conversations to identify how improvements can be made in the pharmacy.
<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

The pharmacy provides its services safely and effectively. It has suitable systems in place to identify and manage the risks associated with its services. Team members record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. 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 asks people for their feedback on its services and responds appropriately. 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 had processes in place to identify, manage and reduce its risks. It had standard operating procedures (SOPs) which reflected the way the team worked. Each team member had an online learning account which held a record of the SOPs that had been read. The SOPs were reviewed regularly by both the superintendent pharmacist and the pharmacy team. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had risk assessments in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on a paper log. Dispensing errors that reached the patient were reported in a more detailed way using an online reporting tool. Team members considered why the mistake had happened and learned from their mistakes. The pharmacist and manager reviewed the errors regularly. When errors occurred, the pharmacy team discussed them and made changes to prevent them from happening again. The pharmacy team had taken action to reduce the likelihood of the incorrect quantity of medicines being dispensed. They had introduced a second check when anything other than complete packs were dispensed.

The pharmacy had recently implemented a new automated dispensing process which did not require an accuracy check by a pharmacist or an accredited accuracy checker. The manager explained that the automation meant that the risk of errors was now incredibly low. The pharmacy had seen no errors made when the automated process had been used.

The pharmacy received regular training materials from the superintendent pharmacist's office which shared learning on incidents that had happened in other pharmacies. Members of the pharmacy team attended a regular conference calls and meetings with other nearby branches of the chain where they discussed incidents and learnings as a group.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were passed straight to the pharmacist or the manager to deal with. The manager made sure to pass any compliments received to the team. 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 promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register. The pharmacy had no records of private prescriptions on a register on the patient medication record (PMR) system. The team said that they had not dispensed any for a long time. But it was noted that private prescriptions that were generated in the pharmacy by the travel vaccination service had not been entered on the person's PMR and therefore there was no legal record of supply. One of the pharmacists promptly rectified this. The pharmacy kept appropriate records of any emergency supplies it made through the Community Pharmacy Consultation Service. 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. A privacy policy and a fair data use statement were displayed in the retail area. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's PMR.

All staff were trained to an appropriate level on safeguarding. The pharmacists had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 3 safeguarding training. And all other members of the pharmacy team had completed appropriate training 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 employs a team of people who work effectively and enthusiastically in their roles. Pharmacy team members complete regular learning to keep their knowledge and skills up to date. They work well together by engaging in regular conversations to identify how improvements can be made in the pharmacy. And they understand how to raise concerns at work.

### Inspector's evidence

On the day of the inspection, there were three pharmacists working at the pharmacy, one of whom was focussing on delivering services including vaccinations. The RP was a locum pharmacist. There were three pharmacy advisors in the main dispensary, one of whom was the store manager. The pharmacy had a second dispensing area on the first floor which was used to dispense medicines for care homes and for automated dispensing. There were two pharmacy advisors and an accuracy checking pharmacy technician (ACPT) working there. There were three more team members who were not working at the time.

The pharmacy team were coping with the workload well and dispensing was up to date. The pharmacy team felt very well supported by the manager and the area manager. It was clear that they worked well together and supported each other. They had a good rapport. The team were encouraged to discuss concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The team felt able to make suggestions for change to improve efficiency and safety. Following a period where staff sickness had been a problem, the team worked together to come up with a solution. Rather than just working in one of the two dispensaries, all team members were now able to work across them and provide support to each other when needed.

Team members were seen to give appropriate advice to people in the pharmacy. And they referred to a pharmacist for further clarification when needed. The dispenser knew what tasks could not be completed if the RP was not in the pharmacy.

Team members were given time during working hours to learn. They accessed learning on an e-learning platform. Recent learning had included reading new SOPs and learning about new products. The team were currently working through updated SOPs covering the management of CDs. The team described the enthusiasm with which they completed learning. They encouraged each other to learn and helped each other. Each team member had regular appraisals where they could discuss their progress. The company was supportive of development opportunities.

The manager felt that the targets set were manageable. And the pharmacists did not let targets affect their professional judgement. They ensured all services provided were appropriate for the person requesting them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are spacious and present a professional image to people. And the pharmacy has appropriate facilities to provide services to people and maintain their privacy and confidentiality.

### Inspector's evidence

The pharmacy was in the centre of Newton Abbot, Devon. The registered areas in the main shop included the dispensary, medicines counter and the consultation room. Two upstairs rooms were also registered and were used as additional dispensaries. There were plenty of local car parks available for people to use when accessing the pharmacy. There were seats for people to use whilst waiting in the pharmacy.

There was a spacious and well-equipped consultation room. It was locked when not in use. And no confidential information was stored in it. The main dispensary was large and well organised. There was plenty of workbench space. Prescriptions were dispensed and accuracy checked in different areas. This gave the pharmacist the required space and reduced distractions. The two upstairs dispensaries were also spacious and well organised. There were locks on the door meaning only authorised team members could authorise them.

The pharmacy was cleaned regularly and records were made of this in a daily log. Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines. There was an appropriate barrier across the entrance to the dispensary to prevent people walking in.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team make sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. 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. Plentiful parking was available nearby. The pharmacy could provide additional support for people with disabilities, such as producing large print labels. 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 had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured alert cards were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. And they made records of this advice on the PMR.

The pharmacy offered a range of additional services including flu vaccinations. The signed patient group direction for the current flu vaccination service was available. The pharmacy also offered COVID-19 vaccinations. These were administered by a pharmacist using a patient group direction. The pharmacy had created a separate screened area to provide vaccination services, which was clean and had all appropriate equipment. The pharmacy also ran a travel vaccination service one day a week using prescriptions issued by the prescriber within the company. All relevant records were kept in a folder for easy access.

The pharmacy supplied opioid replacement medicines to a small number of people, some of whom were supervised taking their medication. Those receiving their medication to take home and measure it themselves each day were often supplied it in the stock bottles with a child-resistant cap applied. The RP liaised with the drug and alcohol team and the person's key worker in the event of any concerns or issues. The pharmacy offered the NHS New Medicines Service. Pharmacists contacted people prescribed new medicines to check how they were getting on and to offer any advice needed.

The pharmacy had a health promotion zone and provided advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation

service (CPCS) and received regular referrals, from both NHS111 and the GP practice.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy team were aware of the new requirement to only dispense valproate in original packs to ensure people receiving it could see the warning about the risks of becoming pregnant whilst taking it. The RP had regular conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception. And records were made on the PMR.

Multi-compartment compliance aids were prepared by the pharmacy for a small number of people living in their own homes. Each person requesting compliance aids was assessed for suitability. There were other options available including supplying boxed medicines with a medicines administration record sheet. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled. Team members signed to show who had dispensed and checked the compliance aid. And they wrote a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and team members were aware of what could and could not be placed in trays. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the clinical checking process.

The pharmacy dispensed medicines to care homes. These were mostly supplied in boxes with MAR sheets. Information leaflets were supplied each month. The care homes were responsible for ordering their monthly medicines and the pharmacy was sent a copy of each order so that they could reconcile the prescriptions issued. Medicines were delivered to the home a week before each monthly cycle was due to start. The pharmacy also dispensed medicines that were prescribed outside of the normal cycle, known as interims. They were delivered promptly.

The dispensary stock was generally arranged alphabetically on a bespoke unit with pull-out shelves. It was well organised. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock.

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. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed in the presence of a witness. The dispensary fridge was 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 written reference resources available including the British National Formulary (BNF). 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. A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order. PAT testing stickers were present and in date. The sinks and fridges in each dispensary were clean and well-maintained.

### 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.