

Registered pharmacy inspection report

Pharmacy Name: Boots, 43 High Chelmer, CHELMSFORD, Essex, CM1
1DD

Pharmacy reference: 1031076

Type of pharmacy: Community

Date of inspection: 20/10/2023

Pharmacy context

This pharmacy is located in a shopping centre in the city of Chelmsford. It provides a variety of services including the New Medicine Service (NMS), seasonal flu vaccinations and onsite blood pressure testing. It also prepares medicines in multi-compartment compliance packs for people who have difficulty remembering to take their medicines.

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

Overall, the pharmacy manages the risks associated with its services well. And its team members review their mistakes regularly. It has written procedures to help the team work safely. The pharmacy generally keeps the records it needs to by law. And it has appropriate insurance in place to protect people.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. It had a range of standard operating procedures (SOPs) which had been issued by the pharmacy's head office. Records showed that all team members had read them. Team members knew their roles and responsibilities in the pharmacy. And the team members were observed working in an efficient and safe manner. The team recorded near misses, which were dispensing mistakes that were spotted before a medicine left the pharmacy, electronically. Near misses were reviewed weekly by the store manager and pharmacy manager for any trends. Any patterns or trends were then discussed with the team. Dispensing errors, which were mistakes that had reached a person, were also recorded electronically. These were recorded in more detail and discussed with the team. The pharmacy manager gave an example about how strengths and formulations of a medicine had been separated to reduce the chance of picking errors occurring.

Complaints and feedback were usually submitted online. However, the pharmacy manager said that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually resolved in store but could be escalated to head office if necessary.

Confidential waste was disposed of in designated confidential waste bins. When full these were collected by an external company for safe disposal. No confidential waste was found in the general waste bins. And no person-identifiable information could be seen from outside the pharmacy. Team members had completed appropriate safeguarding training with the store manager confirming that all staff had completed level 1 safeguarding training with pharmacists completing level 2. The pharmacy also had a list of local safeguarding services team members could contact if there was a safeguarding issue.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly of controlled drugs (CDs), and other records in the CD register were made in accordance with the law. A random check of a CD showed the quantity in stock matched the running balance in the register. Records about private prescriptions were generally complete though some entries seen were missing the name of the prescriber. The RP said this would be included going forward. Records about unlicensed medicines were also generally complete. A couple of the records seen were missing the name of the patient and the date of supply. The pharmacy manager said these would be included going forward. The RP record was complete with all entries showing a start and finish time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload effectively. And team members do the right training for their roles. They receive some ongoing training to keep their knowledge and skills up to date. Team members have no concerns about providing feedback or raising concerns if needed.

Inspector's evidence

The pharmacy manager explained the team consisted of an RP, four part-time accuracy checking technicians (ACTs), and six full-time and two part-time dispensers. Other staff included a delivery driver, and three healthcare specialist assistants who helped people select and purchase pharmacy-only (P) medicines. The pharmacy currently had a vacancy and the pharmacy manager said that head office was trying to recruit someone. However, the team was not behind on its work.

The pharmacy manager confirmed that all team members had completed an accredited training course or were in the process of completing one. The team had some ongoing training in the pharmacy. Learning materials for the team members to read were sent to the pharmacy from their head office. The pharmacy manager confirmed that team members had an appraisal every six months. The team was observed working well together during the inspection. And team members asked knew what they could and could not do in the absence of an RP. They had no issues raising any concerns; they would usually go to the pharmacy or store manager first but could go to head office if necessary. The pharmacy manager said the team was set some targets for NMS reviews and flu jabs, but the team was ahead of those targets. The pharmacy manager confirmed that targets did not impact the service provided to people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair and was professional looking. P medicines were stored next to the dispensary counter and there were team members available to assist people in selecting and paying for medicines. The store manager said there was always a team member available near the P medicines to assist people. The shelves containing these medicines had roller blinds which were pulled down when the area was not in use and when closing. The shelves could be seen easily from the dispensary. And P medicines could only be purchased from dedicated tills next to the dispensary.

The pharmacy had chairs for people who wished to wait for their medicines. The dispensary area was tidy and of a good size for the level of work the pharmacy had. There was plenty of floor and desktop space for team members to work. The temperature and lighting of the pharmacy were adequate. It had an upstairs area which had rooms where multi-compartment compliance packs and medicines for care homes were prepared. It also had staff toilets which had access to hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal level of volume to be had and not be heard from the outside. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its medicines and services safely. And it stores medicines appropriately. The team takes the right action in response to safety alerts and recalls ensuring that people get medicines that are fit for purpose. And people with different needs can access its services.

Inspector's evidence

The pharmacy had step-free access via an automatic door. It was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. It also had a hearing loop. There was enough space for wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines that were seen contained a dispensing label which had the initials of the dispenser and checker, and this provided an audit trail. The pharmacy provided a delivery service to people who had difficulty collecting their medicines. The delivery driver used a secure electronic device to keep a record of deliveries. The pharmacy also kept a record of deliveries for audit purposes. If there was a failed delivery, a note was put through the door to arrange redelivery and the medicines returned to the pharmacy.

The pharmacy used cards and stickers to highlight prescriptions that contained a CD or an item requiring refrigeration. Dates were written on CD items to help reduce the chance of prescriptions being handed out when they were no longer valid. Multi-compartment compliance packs were prepared in a separate room. A check of completed packs showed that they contained all the necessary dosage instructions and safety information. They also had a description of the colour, shape and any markings on the medicines to help people identify their medicines. Team members confirmed that patient information leaflets (PILs) were always included with the packs. Team members also confirmed that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment. A similar process was also followed for supplies of medicines to care home.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Fridge temperatures were checked and recorded daily, and records seen were all in the required range. The current temperatures were found to be in range during the inspection. Expiry date checks were carried out weekly on a rota basis with a different section being checked each time. The pharmacy used stickers to highlight stock soon to expire. A random check of medicines on the shelves found no out-of-date medicines. Liquid medicines were marked with the date of opening so dispensers could assess if they were still suitable to use. Waste medicines were stored in designated yellow bins away from the main dispensary and collected and disposed of by an external company. Safety alerts and recalls were sent by email to the store manager and pharmacy manager. These were printed and actioned as appropriate before being archived in a folder.

Team members were shown where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. The RP confirmed the pharmacy didn't currently supply valproate-containing medicines to anyone in the at-risk group. She knew what to do if a person in the

at-risk category presented at the pharmacy with a prescription for these medicines.

The pharmacy had a patient group direction (PGD) for administering seasonal flu vaccinations. The PGD was in date and had been signed. The pharmacy had access to a suitable anaphylaxis kit should a person experience an anaphylactic reaction to a vaccination.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide a safe and effective service. And it uses this equipment to protect people's privacy.

Inspector's evidence

The pharmacy had computers with access to the internet, allowing the team to access any online resources it needed. Computers were password protected and faced away from public view to protect people's privacy. The pharmacy had cordless phones to allow conversations to be had in private. Team members were observed using their own NHS smartcards. The pharmacy manager confirmed the electrical equipment was due to be safety tested next month. The pharmacy had appropriate glass measures for measuring liquids. And it had triangles for counting tablets and a separate one for cytotoxic medicines such as methotrexate to prevent 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.