

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 72A - 72B High Street, Kelvedon,  
COLCHESTER, Essex, CO5 9AE

**Pharmacy reference:** 1031113

**Type of pharmacy:** Community

**Date of inspection:** 09/05/2024

## Pharmacy context

This community pharmacy is located in the town of Kelvedon in Essex. It provides a variety of services including the dispensing of NHS and private prescriptions, the New Medicine Service (NMS) and the Pharmacy First service under patient group directions (PGDs). It also provides 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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

Overall, the pharmacy manages the risks associated with its services well. And its team members review any dispensing 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 arrangements in place to protect vulnerable people.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. It had a range of standard operating procedures (SOPs) that had been issued by the pharmacy's head office. These had been read by all team members, who were able to explain their roles and responsibilities within the pharmacy. Near misses (dispensing mistakes that had not reached a person) were recorded on paper sheets in the dispensary when they occurred. The store manager explained that he then entered these onto the electronic system in order for them to be sent to and reviewed by head office. Dispensing errors (mistakes which reached a person) were also recorded electronically in more detail and were discussed at team meetings. Near misses and dispensing errors were also reviewed monthly for any trends. But the store manager said that there had not been a dispensing error for some time.

Complaints and feedback were usually submitted online. The store 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 by the store manager but could be escalated to head office if necessary.

Confidential material was disposed of in dedicated confidential waste bins located in the dispensary. When full, the waste was bagged up and taken away by an external company for safe disposal. No confidential waste was found in the general waste bin, and no confidential information could be seen from outside the dispensary. Team members had completed appropriate safeguarding training with the RP having completed safeguarding level three with the Centre for Pharmacy Postgraduate Education (CPPE). The store manager said there had not been a safeguarding incident for some time, but the pharmacy had details of local safeguarding contacts should a safeguarding concern arise.

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 that the quantity in stock matched the running balance in the register. Records seen about private prescriptions were not always correct with some entries seen having the incorrect name and address of the prescriber. The store manager said that going forward, the correct prescriber details as written on the prescription would be entered into the register. Records about unlicensed medicines were completed with all entries seen having the appropriate details recorded. The RP record was also complete with all entries seen having a start and finish time. The pharmacy did not do emergency supplies of medicines and would usually refer people to their GP surgery for a prescription or the NHS 111 service.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. And team members do the right training for their roles. Team members do ongoing training to keep their knowledge and skills up to date. And they have a regular formal review of their progress. Team members feel comfortable about raising any concerns they have.

### Inspector's evidence

The team consisted of the RP who was a locum pharmacist, two full-time dispensers and two part-time dispensers and the store manager who was a pharmacy technician. The store manager confirmed the pharmacy had enough team members to manage its workload, and the team was up to date with dispensing. All team members had completed the appropriate training for their role with an accredited training provider. Team members were observed working well together during the inspection and were observed asking the appropriate questions when supplying Pharmacy only (P) medicines. Team members were provided with ongoing training in the form of e-learning from head office, and the store manager confirmed that they had a yearly formal appraisal to review their progress. The store manager confirmed that he also had regular informal reviews with team members to monitor their progress. Team members knew what could and could not be done in the absence of an RP. And they had no concerns raising any issues and would usually go to the store manager, the RP, or head office if necessary. Team members were set some targets relating to blood pressure checks, but these did not affect the team's ability to provide a safe and efficient pharmacy service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for people to access its services. And it has plenty of space for team members to carry out their work. 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 an adequate state of repair. The pharmacy had chairs for people who wished to wait to access the pharmacy's services. P medicines were stored securely behind the counter. The shop floor area of the pharmacy was clean and tidy, as was the dispensary area which had plenty of space for the team to work in. There was a sink for preparing liquid medicines which was clean. The temperature and lighting in the pharmacy were adequate. And there was a staff toilet with 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 was of a good size and was clean and tidy and allowed for a conversation at normal volume to be had without being heard from the outside. The room was kept locked when not in use. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

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

### 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. And there was enough space for people with wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and multi-compartment compliance packs were prepared in a designated area. Baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The delivery driver used a secure electronic device to keep a record of deliveries, the pharmacy also kept a paper record of deliveries for their records. If there was a failed delivery, the medicines would be returned to the pharmacy and a note put through the door with information about arranging a redelivery.

The pharmacy used cards and stickers to highlight prescriptions that were for a high-risk medicine, a CD or an item requiring refrigeration. Prescriptions containing a CD were also highlighted with the date to expiry to reduce the chances of an expired prescription being handed out.

The store manager explained that multi-compartment compliance packs contained all the required dosage and safety information as well as a description of the medicines. This included the colour, shape and any markings on the medicines to help people identify their medicines. The store manager confirmed that patient information leaflets (PILs) were included monthly with all packs. He also stated that the pharmacy would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

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. A random check of medicines on the shelves found no expired medicines. Waste medicines were stored in designated bins and collected and disposed of by an external company when required. Safety alerts and recalls were received electronically. These were printed off and actioned as appropriate before being archived in a folder.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented at the pharmacy. Team members were shown where to apply a

dispensing label to a box of sodium valproate as to not cover any important safety information. The pharmacy had the appropriate PGDs for the provision of the Pharmacy First service. The PGDs were signed and in date.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment to protect people's privacy.

### Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards; however, the passcode was written on one of them which increased the risk of someone gaining unauthorised access to information. The store manager said that the passcode would be removed from the card. The pharmacy had cordless phones so conversations could be had in private. Electrical equipment had been safety tested in September 2023 and stickers were seen on the equipment to confirm this. The pharmacy had a blood pressure machine in the consultation room. The store manager explained that this was relatively new and so did not require recalibration or replacement yet. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines. It also had triangles for counting medicines including a separate one for counting cytotoxic medicines such as methotrexate.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.