

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 69-71 High Street, HALSTEAD, Essex, CO9 2JD

**Pharmacy reference:** 1031203

**Type of pharmacy:** Community

**Date of inspection:** 13/10/2023

## Pharmacy context

This pharmacy is located on a busy street in the town of Halstead. It provides a variety of services including dispensing NHS prescriptions, the New Medicine Service (NMS), and onsite blood pressure testing. It also provides medicines in multi-compartment compliance packs to 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

The pharmacy generally manages the risks associated with its services. And the team members are clear about their roles and responsibilities. The pharmacy generally keeps the records it needs to by law. And it protects people's confidentiality. The team know what to do to help vulnerable people.

### Inspector's evidence

Upon entry to the pharmacy, the incorrect responsible pharmacist (RP) notice was displayed. This was changed after being highlighted to the RP. The RP who was working during the inspection was a locum pharmacist. The pharmacy had standard operating procedures (SOPs) that were issued by the pharmacy's head office. Records seen showed that team members had read them. Team members were aware of their roles and responsibilities when working in the pharmacy. The pharmacy had current indemnity and liability insurance.

The pharmacy recorded near misses which were dispensing mistakes that had been spotted before the medicine left the pharmacy. These were recorded electronically and were sent to head office and the store manager to be reviewed. Dispensing errors which were dispensing mistakes that had reached a person were also recorded electronically in greater detail than near misses and also sent to head office and the store manager. Team members said that they did not regularly have meetings to discuss dispensing mistakes or errors, which meant that the team could be missing out on potential learning opportunities. The team said it would look into having regular meetings to discuss errors.

The pharmacy had a complaints procedure. People would usually submit complaints online, but the team said that complaints could be made at the pharmacy. The RP confirmed that he had completed level 3 safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The team knew what to do if a vulnerable person presented in the pharmacy.

Balance checks were carried out regularly of the controlled drugs (CDs), and the CD register included all details required by law. A balance check of a CD showed that the amount in stock matched the recorded stock in the register. The pharmacy kept records about unlicensed medicines supplied to people. Some records seen were missing the details of the person whom the medicine was for and a date of dispensing. The team said that these details would be included on all records going forward. The private prescription register was largely complete, but some entries were missing a prescriber name. The RP record was complete with all entries seen showing a start and finish time.

Confidential waste was stored securely 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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has just enough staff to manage its workload effectively. And team members do the appropriate training for their roles. The team has no concerns about raising issues if needed. Team members are set some targets, but these do not impact the service.

### Inspector's evidence

One the day of the inspection, there was the RP and three dispensers working at the pharmacy. The team members confirmed they had all completed appropriate training for their roles apart from one member of staff who was currently completing an accredited course. The team was observed working well together during the inspection. The team members said they had just enough staff to manage their workload at present, but the pharmacy would be getting a new member of staff who was due to start soon. The team members said they did not receive any set ongoing training but did receive information and learning packs from head office that they could read. The team members knew what could and could not be done in the absence of a pharmacist. Team members said they were set some targets such as completing NMSs whenever they could but said these targets did not affect their ability to provide a safe service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for staff to work in. It is kept secure from unauthorised access.

### Inspector's evidence

The pharmacy was clean, professional and well presented. The shop floor area was tidy and had plenty of floor space. The dispensary also had enough space for the team to work safely. It had a sink for preparing liquid medications which was kept clean. The temperature and lighting of the pharmacy was adequate. The upstairs area of the pharmacy had staff toilets with access to hot and cold running water and handwash. There was also a breakroom for staff. The pharmacy had a consultation room for people to have a consultation in private. The room was clean and bright and allowed for a conversation to be had at normal volume without being heard from outside. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

On the whole, the pharmacy provides its services safely and efficiently. The pharmacy obtains its medicines from reputable sources and generally stores them properly. It takes the right actions in response to safety alerts and recalls for medicines and medical devices to ensure people are getting medicines that are fit for purpose.

### Inspector's evidence

The pharmacy had step-free access via an automatic door. There was enough space to allow wheelchairs and pushchairs to access the dispensary counter. The pharmacy had the ability to cater for people with accessibility issues, for example by printing large-print labels for people with sight issues. The dispensary had separate areas for dispensing and checking medicines and the team used baskets to separate prescriptions. This helped to reduce the chance of mistakes being made. The team also used colour-coded cards to highlight medicines that contained a CD, an item requiring refrigeration or a high-risk medicine that required pharmacist counselling.

The pharmacy obtained medicines from licensed wholesalers, and invoices were seen to confirm this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Fridge temperatures were and recorded daily and records seen were all in range. The maximum temperature of one fridge was slightly higher than the appropriate range. But the current temperature was within range and the thermometer was reset. Expiry date checks were carried out regularly on a rota basis and stickers used to highlight stock soon to expire. A random check of medicines on the shelves found no expired medicines. However, a couple of medicines were found not stored in their original packs and the containers they were in were missing a batch number and expiry date. This could make it harder to locate these medicines if there was a recall. These medicines were removed from the shelves. Liquid medicines were marked with the date of opening so the team knew when to dispose of the medicines.

Multi-compartment compliance packs were prepared in a designated area of the dispensary. The packs contained the dosage information about the medicines but not all packs had a description of the medicines in the packs. This could make it harder for people to identify their medicines in the packs. The team said descriptions of the medicines would be included on all packs. Not all packs were supplied with patient information leaflets (PILs) and team members said that PILs would be supplied monthly with all packs.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines. delivery drivers used a secure electronic device for making deliveries. The pharmacy also kept a paper log sheet to help keep track of deliveries. If a person was not in, a note was put through the door to arrange redelivery and the medicines returned to the pharmacy.

Safety alerts and recalls were received via email. These were actioned promptly and stored in a folder for archive purposes. The team was aware of the risks with sodium valproate and know what to do if a person in the at-risk category presented to the pharmacy. The team was not aware of anyone in the at-risk category currently taking sodium valproate.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had computers with access to the internet, which allowed team members to access any online resources they required. Computers were password protected and faced away from public view to protect people's confidentiality. The pharmacy had cordless phones so conversations could be had in private. Team members were observed using their own NHS smartcards. The electrical equipment had previously been safety tested, but the team members were not sure when this was next due to be done. They said they would confirm this with the store manager. The pharmacy had the appropriate calibrated glass measures which were clean. It also had triangles for counting tablets including a separate one for cytotoxic medicines such as methotrexate.

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

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