

Registered pharmacy inspection report

Pharmacy Name: Boots, 9 North House, Bush Fair, HARLOW, Essex,
CM18 6PA

Pharmacy reference: 1031239

Type of pharmacy: Community

Date of inspection: 21/11/2019

Pharmacy context

The pharmacy is in a shopping precinct in a residential area. There are two branches nearly opposite each other. This pharmacy provides NHS and private prescription dispensing mainly to local residents. It dispenses medicines for people accessing substance misuse services. And it provides seasonal vaccinations against flu. The pharmacy sends some prescriptions to an off-site dispensing facility.

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	1.4	Good practice	The pharmacy team listens to people's comments on its service and actively makes improvements where it can.
2. Staff	Standards met	2.4	Good practice	The pharmacy team has good support for training which helps improve the service given to the public.
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

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. They log any mistakes they make during the pharmacy processes. And they learn from these to avoid problems being repeated. The pharmacy keeps its records up to date and these show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and was found to be reviewed within the last two years. The SOPs were signed by the pharmacy's team members to indicate they had been read.

On the day before the inspection the pharmacy had had a new computer system installed. This meant that the team were taking longer to dispense medicines than usual. Staff were heard to inform the people leaving in their prescriptions to expect a longer than usual wait. This helped to provide a less stressful environment for the staff to work in, reduced potential risks and managed the expectations of the public.

The written procedures said the team members should log any mistakes in the dispensing process in order to learn from them. They regularly logged any issues and had a monthly meeting to discuss trends and learning from these near misses. Common errors were highlighted on the shelves, such as look-alike and sound-alike products, as well as packaging which came in two different quantities.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice. It was also observed that they did not interrupt the pharmacist whilst checking prescriptions but waited until the checking process was finished. Again, reducing the risk of dispensing errors.

The latest customer survey was published on the NHS website and it stated that waiting areas, waiting times and lack of somewhere to have a confidential conversation had been highlighted as issues. These had been addressed by the staff keeping people accurately informed of waiting times, actively asking people if they wanted to use the consultation room and using additional chairs from that area, if needed, for people waiting. There was very little space in the shop, so a more permanent solution to the waiting area was not possible. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

Confidential waste was separated from other waste and was removed by a licensed waste contractor.

All confidential information was kept locked up, or in an area which was inaccessible to people who should not be able to access it. The staff had all had training on confidentiality to comply with the General Data Protection Regulation (GDPR). It was observed that they removed their NHS smart cards from the computer they were using when they moved away to do another job.

The staff had also undertaken safeguarding training and told the inspector that if they suspected there was an issue with a patient they would inform the pharmacist. The delivery driver was present during the inspection, and she said that she had highlighted people that she had been worried about to a previous pharmacist. There was a notice about the privacy and chaperone policies on the door of the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Regular training is provided by the company and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was a pharmacist, a store manager, who managed the two stores in the precinct, three dispensers and a counter assistant present during the inspection. They had all completed the required training courses for their roles. The store manager was also a dispenser and so could step in to provide cover during busy periods.

The staff were very busy, as the new software was taking longer to use than the old one, but there were enough staff to deal with the issues. It was observed that the computers were very slow at accessing data, and the staff spent a lot of time on the telephone to the helpdesks to try to rectify this issue.

The staff were provided with regular training courses, on both professional and business matters. The store manager reported that they were all up-to-date with the training. Recent topics had included GDPR and information governance, safeguarding and cold and flu remedies.

The team members had appraisals annually and said that they felt able to give feedback to the management team and make suggestions to improve the running of the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy gave the appearance of not being open when approached from the precinct. This was due to the lighting which looked dull from the outside. When in the store the shop area was bright but behind the counter, the front of the dispensary was very dull. The rear part of the dispensary was brighter.

The shop and dispensary gave a professional image from the shop and were kept in a tidy manner, although the back areas and kitchen were a little cluttered. Dispensing took place in a separate area from checking. Some administration tasks were done in the consultation room, where there was access to another computer terminal.

The consultation room was clean, tidy and bright. It was accessed from the shop area to one side of the counter. The door was kept locked. There was a notice on the door showing that it was available for use.

Carrier bags, used to supply large prescriptions, were stored in the toilet as there was no other space for them. This was not the most hygienic area for storage.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. The pharmacy team members do not always flag prescriptions which are only valid for 28 days so there is some risk these could be supplied to people after the expiry date of the prescription.

Inspector's evidence

Access to the pharmacy was level from the precinct and services were advertised on the wall of the consultation room, where they could be seen from outside. There was adequate space for wheelchair access into the shop, although movement into the consultation room might be challenging.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Deliveries were made by a dedicated member of staff, who worked for more than one store. She had an electronic device on which she obtained signatures to show that someone had received the delivery. The store could access the data, in case of queries.

People getting prescriptions dispensed for high-risk medicines were usually asked about their last blood test, and other information relevant to the medicine. But the pharmacy did not always use this information when carrying out a clinical check of the prescription. For example, someone who had reported that they took 4mg warfarin daily had been supplied with 5mg tablets. When this was pointed out to the pharmacist, she said she would set up a system to ensure this information was used as part of the clinical check. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention.

Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. This would have helped them to ensure that they were not given out more than 28 days after the date on the prescription.

The pharmacy got its medicines from licensed wholesalers, and stored them on dispensary shelves in a tidy way. There were 'use first' stickers on the dispensary shelves and medicine boxes to indicate items which were short dated. Regular date checking was done and recorded. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use although documentation of this is not robust.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing. The blood pressure monitor was said to be changed every two years, but there was no date showing when the two-year period had started.

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.