

Registered pharmacy inspection report

Pharmacy Name: Boots, 122 Petersfield Avenue, Harold Hill,
ROMFORD, Essex, RM3 9PH

Pharmacy reference: 1031372

Type of pharmacy: Community

Date of inspection: 04/03/2024

Pharmacy context

This pharmacy is located within a parade of shops in Romford. 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 not all met

Required Action: Improvement Action Plan

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 not all met	3.1	Standard not met	The pharmacy premises are not suitable for the safe provision of pharmacy services. There are areas of structural damage and dampness in the basement that present a significant risk to the safe operation of the pharmacy.
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 keeps the records it needs to by law. And it has appropriate insurance in place to protect people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which had been issued by the pharmacy's head office. And records showed that all team members had read them. Team members knew their roles and responsibilities in the pharmacy. And the team was 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. The responsible pharmacist (RP) had only been at the pharmacy for a few weeks and said she was planning to review near misses monthly for any trends, and for these to be 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.

Complaints and feedback were usually submitted online. However, the RP 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 RP confirming that she had completed safeguarding level three training with E-learning for healthcare (eflh) and that all staff had completed level one safeguarding training. The pharmacy 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 complete with records seen containing all the required information. Records about unlicensed medicines were also complete. Records about emergency supplies of medicines were complete and the records seen had an appropriate reason for supplying. The RP record was complete with all entries seen having an entry and exit time. The incorrect RP notice was on display in the pharmacy, the RP said that this would be changed to the correct one.

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 regular 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 team consisted of the regular RP, a second pharmacist who worked part time at the pharmacy and two full time and one part-time dispenser. The RP said that the pharmacy was short 11 hours of dispensary cover, but head office was actively recruiting a team member to cover this. The RP confirmed that all team members had completed appropriate training courses with accredited training providers. Learning materials for the team members to read were sent to the pharmacy from head office regularly to help keep team members knowledge and skills up to date. And the RP confirmed that team members had a regular formal 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. Team members had no issues raising any concerns; they would usually go to the RP first but could go to head office if necessary. The RP said the team was set some targets in the pharmacy by head office, but she confirmed that targets did not impact the team's ability to provide a safe and efficient service.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy premises are not suitable for the safe provision of pharmacy services. Large parts of the basement area of the pharmacy are very dirty and in urgent need of repair. The basement is cold, and there are large areas of mould and dampness that present a significant risk to the safe operation of the pharmacy. However, the other areas of the pharmacy are generally maintained adequately and generally kept clean and tidy. The pharmacy 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. Pharmacy only (P) medicines were stored next to the dispensary counter in locked cabinets. The pharmacy had chairs for people who wished to wait for their medicines. The shop floor area of the pharmacy was generally clean and tidy. The dispensary area was also tidy and of an adequate size for the level of work the pharmacy had. There was just enough floor and desktop space for team members to work in. The temperature and lighting of the dispensary and shop area were adequate. However, there was a hole in the ceiling of the pharmacy which exposed pipework.

The basement area of the pharmacy was in an extremely poor state. It was very dirty and much of the basement area was affected by damp and there was a large amount of mould on the walls. There was a dehumidifier running in the basement to prevent moisture build up, the RP said that this was used daily. Several of the shelves in the basement had been affected by damp and there were fungi growing in some areas of the basement. Some of the cupboard doors and shelves in the basement had started to rot away due to previous damp and water leakage and parts of the walls were missing in some areas exposing the brick and pipework. The team said that leaks had occurred previously when it has rained. The staff toilet was located in the basement and was in an equally a poor state with damage to the walls and part of the windowpane missing, allowing wind and rain into the toilet area. But the window had bars across it to prevent unauthorised access. The team had access to hot and cold running water and handwash in the staff WC. A kitchenette was also located in the basement which was not suitable for team members to use. It was dirty, cluttered and also had mould and parts of the wall missing as well as a non-functioning sink, fridge and cupboards. The temperature of the basement was well below room temperature with a thermometer showing it to be around 10 degrees Celsius. Some medicines, a CD cabinet and electrical equipment were stored in the basement which coupled with the ongoing issues in the basement could present health and safety risks.

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. And it had leaflets about various health topics for people to read and take. 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 the team takes the right action in response to safety alerts and recalls ensuring that people get medicines that are fit for purpose. 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 plenty of 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 to highlight prescriptions that contained a high-risk medicine for pharmacist attention, 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 seen contained all the necessary dosage instructions and safety information. However, they did not have a description of the medicines inside the packs, so it would be harder for people to identify their medicines. The RP said that descriptions would be included on compliance packs going forward. Team members confirmed that patient information leaflets (PILs) were included monthly 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.

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 out-of-date medicines. 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 received electronically. These were printed and actioned as appropriate before being archived in a folder with the action that had been taken.

Team members knew 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 patient group directions (PGDs) for administering seasonal flu vaccinations and the Pharmacy First service. The PGDs were in date and had all been signed.

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 electrical equipment was being safety tested during the inspection. 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. It also had a blood pressure in the consultation room. The RP confirmed that it was less than a year old and not currently in need of replacement or recalibration.

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.