

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: 23/09/2024

Pharmacy context

This is a small branch of the Boots pharmacy chain located in Romford, Essex in a parade of shops. It dispenses people's prescriptions, sells over-the-counter medicines, and provides health advice. It offers the New Medicine Service (NMS), blood pressure checks and some medicines through the Pharmacy First service. And it also offers flu vaccinations during the autumn and winter seasons. It prepares medicines in multi-compartment compliance packs for people who have difficulty remembering to take their medicines. And offers a delivery service.

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

The pharmacy uses written procedures to ensure that team members understand their responsibilities and how to carry out activities. It generally manages and protects confidential information well and tells people how their private information will be used. People using the pharmacy's services can easily provide feedback. Team members have the relevant training to safeguard the welfare of people using their services. The pharmacy largely keeps the records it needs to by law. And consistently reviews mistakes that happen during the dispensing process to ensure learning and improvement.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place to help its team members carry out activities. Each team member could refer to these through the pharmacy computer or through their personal devices. Team members said that they were mostly up to date with reading and signing the SOPs relevant to their roles. The SOPs were regularly reviewed and updated centrally. The dispenser was able to show how they accessed the SOPs and which ones had been updated that were still to be read. When asked, the dispenser was able to describe what action they would take in the absence of the responsible pharmacist (RP), and they explained what they could and could not do. A business contingency folder was in place. This contained emergency contact details, and actions to take in a number of situations such as flooding or a fire. An organogram was laminated in the dispensary for the team to refer to quickly when they needed to escalate an issue.

The RP notice was not correct at the time of inspection, this was rectified immediately when highlighted to the RP. The notice was visible to the public and the RP record was completed fully. Documentation for unlicensed medicines and emergency supplies were well maintained. Private prescription records were held electronically. Those records inspected did not always include the correct prescriber's details. This may mean that information is harder to find out if there is a query.

The required entries had been made in controlled drug (CD) registers that were seen and a random physical check of three CD medicines matched the balance recorded in the register. CD balances were checked regularly. Records of patient-returned CD medicines were well kept, and there was no backlog of medicines awaiting destruction.

The RP said that dispensing mistakes that were identified before reaching a person (near misses) were recorded online using the Datix platform. This was usually recorded by the person who made the mistake, to encourage ownership and learning. The RP completed a 'patient safety review' each month where any trends or patterns were identified, and the team was given the opportunity to discuss the review and raise concerns and ideas. Stickers with the phrase 'select it, speak it' were used on the shelves in the dispensary to highlight to the team medicines which looked or sounded alike. The RP showed that past dispensing mistakes which had reached people (dispensing errors) had been recorded online on the Boots PIERS platform, and explained how the team would record an error. These mistakes would also be escalated to their area manager, and depending on severity of the incident, the superintendent pharmacist (SI). The system allowed onward reporting to the NHS 'learn from patient safety events' (LFPSE) service. A monthly newsletter was circulated by head office, this included case studies of incidents which had occurred within the company and highlighted learnings from across the organisation.

The pharmacy had appropriate indemnity insurance. Feedback or complaints from people using the pharmacy's services could be received verbally in person, by telephone or through an online form on the pharmacy's website. There was a complaints procedure in place, and this was detailed in a store overview leaflet. It included contact details for the company's head office and privacy notice. If a complaint was received, team members could escalate issues to the RP who was the store manager, and also to the area manager if necessary.

Team members had completed information governance training through the Boots e-learning system. Confidential waste was kept separate from general waste and collected for appropriate destruction. People's information on completed prescriptions that were awaiting collection was not visible from the retail area. Patient-returned medicines that were to be sent for destruction had patient details still attached. The RP gave assurances that these would be removed or redacted appropriately prior to collection by an external contractor.

All team members had completed safeguarding training and understood safeguarding requirements. They were able to describe some of the signs to look for and the actions they would take to safeguard a vulnerable person. The RP described a few occasions where they had needed to raise a safeguarding concern about a member of the public and the outcome of the concerns. Contacts for local safeguarding boards to escalate a concern were available for the team to reference if required. And team members were aware they could escalate to the pharmacist. One dispenser said that they were also aware of the 'ask Ani' and 'ask Angela' safety initiatives. A whistle blowing policy was also available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice, and team members can raise concerns if needed, in an open and honest environment. Team members get protected time to do ongoing learning to keep their knowledge and skills up to date.

Inspector's evidence

The team on the day of inspection consisted of the RP who was also store manager, and three dispensers (one of whom mostly covered the counter). All team members had completed or were enrolled on an accredited course for the roles they undertook.

The team was up to date with dispensing prescriptions with no significant backlog of work. When questioned, the dispenser covering the counter was able to demonstrate an awareness of medicines with the potential for abuse and could identify people making repeat purchases. They knew the correct questions to ask when selling medicines or providing advice and knew when to refer to the pharmacist. The dispenser reported that they had designated training time in work hours and had access to a range of resources to ensure continued learning and development. The RP said they could use their professional judgement when decision making but felt that company targets put pressure on the team.

The RP explained that their appraisals were conducted annually, and they were given the opportunity to make suggestions and raise any concerns with their line manager. Other team members said that they had not had the opportunity for a formal appraisal but said they felt able to raise concerns with the RP. The team members described working openly and honestly with each other and had informal discussions around concerns and feedback, as well as opportunities to raise ideas in the monthly team meeting.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe and adequately maintained. It has made improvements to its premises since the last inspection to protect people's safety and wellbeing. It has enough dispensing space for people to work safely. And people visiting the pharmacy can have a conversation with a team member in private. The pharmacy is kept secure from unauthorised access.

Inspector's evidence

Pharmacy-only medicines were kept in lockable glass cabinets in the shop area. There was a suitably sized consultation room for confidential conversations and providing services, which was accessible from the shop floor. A small desk, with two chairs and a password-protected computer was available inside. The consultation room was not lockable. The RP said that they had requested for a lock to be installed but in the meantime all vaccination sundries, such as anaphylaxis medicines were removed from the room when not in use.

Team members in the dispensary could see people entering the pharmacy. The dispensary had many baskets containing prescriptions awaiting a final accuracy check, but it was well organised with separate assembly and checking areas. There was a notice board to highlight patient safety work and pharmacy priorities. Some areas above the dispensary had damp marks on the ceiling tiles and an empty medicine tote was labelled with 'water do not move' underneath an area above the dispensary computer. The RP said that the building was owned by the council, and they had been out to inspect the problem. However, they hadn't been able to find the source of the leak, which was mostly an issue when it rained. The company's maintenance team had changed the tiles, but they have been damaged again by the water. The RP said they would put in another request to ensure that it is chased with the relevant people.

The premises had a basement with a small kitchenette, staff toilet, shelves for the storage of retail stock, and an area for the preparation of multi-compartment compliance packs. Following the last inspection, the pharmacy had made improvements to the premises; there was no mould or fungi as seen previously and new plasterboard and shelves had been fitted. The kitchenette was clean and suitable for team members to use. And the temperature was suitable for dispensing activities. Similar to the last inspection a dehumidifier was running in the basement to prevent moisture build up.

The premises were generally clean and tidy, and a staff cleaning rota was in place to maintain this. There was good ventilation, and the premises were well-lit. The temperature was suitable for storing medicines. Handwashing facilities were available in the dispensary, and a staff toilet with separate handwashing facilities was available. The windowpane in the staff toilet had been replaced and the damage to the wall now fixed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people with differing needs and it delivers its services in a safe and effective manner. It obtains its medicines from reputable sources and manages them appropriately so that they are safe for people to use. Its team members identify people taking higher-risk medicines and provide them with appropriate advice. This helps make sure that these medicines are taken safely.

Inspector's evidence

The pharmacy had automatic single-door step-free access just large enough for people with wheelchairs or pushchairs. There was some seating for people waiting for services. A hearing loop was available and large-print labels were available on request.

Medicines were sourced from licensed suppliers. A random spot check of stock revealed no out-of-date medicines and the dispenser said that regular checks for short-dated medicines were completed as per the company's checklist. A matrix for recording checks was seen during the inspection. Dates of opening for liquid medicines were generally written on the bottles to help staff know if they were still suitable to use. CDs were stored securely with expired and returned CD medicines separated in clearly marked bags while awaiting destruction. Temperature check records for the dispensary fridge were completed daily and showed no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius. Another fridge which was located in the basement and held flu vaccinations did not have temperature records but was in range at the time of inspection. The RP said that daily temperature checks would be recorded going forward.

The pharmacy received safety alerts and drug recalls, or information about other problems with medicines or medical devices, through the Boots online hub. The RP logged on to the Boots hub daily to ensure that alerts were not missed and any action taken was recorded on the system.

The RP carried out a weekly clinical governance check and some action plans were in place to improve dispensing procedures such as how the team processed medication owed to people when not available at the time of dispensing and orders from selected suppliers.

There were controls in place to help minimise errors, such as using baskets for each prescription so that their contents were kept separate from other prescriptions. Dispensing labels included 'dispensed by' and 'checked by' boxes to indicate who had carried out those tasks. The pharmacy also annotated the prescription tokens to show who had carried out the clinical check on each prescription. Any points the pharmacist needed to be aware of were also printed on a label that was stuck to the token. This was generated from the PMR system and included notes such as dose changes, eligibility for the New Medicine Service (NMS) and prescription validity where this was 28 days for certain medicines. The RP explained that prescriptions for higher-risk medicines were also highlighted using these labels to prompt the pharmacist to provide appropriate advice and counselling to people receiving these medicines. The pharmacy also had a device they used to scan the barcode of a prescription upon handout which was used as a second prompt in counselling people. Team members were aware of the risks involved when supplying valproate products to people who could become pregnant. They also knew about the guidance to supply these products in complete original manufacturer's packs, and to ensure they didn't cover any of the warnings with dispensing labels. But, the RP said that some people

received valproate medications in compliance packs and individual risk assessments had not been undertaken for these people. However, none of them fell within the at-risk group. The RP gave assurances that risk assessments would be completed for these people.

The pharmacy dispensed some medicines in multi-compartment compliance packs for people who needed help to manage their medicines. Packs were assembled in a designated area of the basement to avoid distractions. The pharmacy used information sheets to keep track of regular medications and any changes. The dispensers used the information sheets to order repeat prescriptions for these people to help ensure they were ordered in a timely manner for dispensing. Progress logs were also in use to track when each step of the process had been completed, including the clinical and accuracy checks. Medicine warnings and descriptions of each of the medicines were printed on the labels inside of the packs. Patient information leaflets were routinely provided.

Team members used the pharmacy system to highlight those prescriptions which were dispensed 35 days ago and hadn't been collected yet, and these were removed from the shelves. The RP explained that if there was a contact number available on a person's PMR then they would text them a collection reminder. Once removed, medicines were returned to stock where possible and the prescription was marked as not dispensed through the PMR system which was linked to the NHS spine.

Patient Group Directions (PGDs) for the Pharmacy First service were printed for reference in a folder in the consultation room and were signed by the RP. Training for this service was completed through the Boots Academy and the Centre for Postgraduate Pharmacy Education (CPPE).

The pharmacy offered a delivery service and had a system to log the deliveries that needed to be taken. A delivery driver would be sent from a team allocated to this service. All deliveries were made within the pharmacy's opening hours. The log was printed and acted as an audit trail, the driver signed for collection of the dispensed items and obtained signatures when they were delivered to people. Medicines were returned to the pharmacy if people were not home, and the pharmacy had contact numbers for people receiving deliveries and would reschedule where necessary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use and uses it to help protect people's personal information.

Inspector's evidence

The pharmacy used suitable standardised conical measures for measuring liquids, and clean tablet and capsule counters were available for dispensing loose medication. A separate conical measure for certain liquids and a separate tablet triangle for cytotoxic medication were available. A new otoscope was on hand with disposable specula covers for providing the Pharmacy First service. Sharps bins were available for when the vaccination service was offered. The RP said that the ambulatory blood pressure monitor was calibrated every two years. And a new blood pressure monitor was available in the consultation room.

Team members had their own NHS smartcards, for accessing electronic prescriptions. Two team members who were not present on the day of inspection had left their smartcards in the compliance pack preparation area. The RP gave assurances that these people would be asked to keep their smartcards safe and secure in future. All computers were password protected to safeguard information, and a portable telephone enabled the team to ensure conversations were kept private where necessary. Electrical equipment was safety tested.

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.