

Registered pharmacy inspection report

Pharmacy Name: Boots, 22-24 West Street, HAVANT, Hampshire,
PO9 1PG

Pharmacy reference: 1031752

Type of pharmacy: Community

Date of inspection: 13/09/2022

Pharmacy context

This is a community pharmacy located on a high street in Havant. It serves its local population and is open six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS and private prescriptions, provides flu vaccinations and supplies medicines in multi-compartment compliance aids for people to use while living in their own homes and in care homes.

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 has suitable procedures to identify and manage risk. It has written procedures in place to help ensure that its team members work safely. And it has insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensing tasks in paper form and electronically. The team members accessed the electronic SOPs and answered questions to confirm they had read and understood them. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years by the superintendent pharmacist or when there were any significant changes. The store manager explained that the SOPs would be monitored in the pharmacy to ensure the team was up to date and he demonstrated a board in the staff area of the pharmacy which he used for this. The team members have a clear understanding of their roles and worked within the scope of their role.

The pharmacist explained that she would discuss any errors found when checking with the member of staff involved and ask them to reflect on why it had occurred. Team members recorded near misses on an electronic near miss log and these should be analysed at the end of each month as part of the pharmacy's Monthly Patient Safety Review. However, the Patient Safety Review had not been completed since June 2022. The store manager explained that due to staffing problems, the pharmacy had not had time to complete the reviews regularly. The pharmacist explained that the team did not have many incidents since the Columbus system had been installed.

The team received a Pharmacy Standard newsletter at the end of each month from the superintendent pharmacist. The newsletters would inform team members of the trends in mistakes that had happened across the company and what they can do to prevent these mistakes happening. There was also a case study in the newsletter for the team members to attempt.

There was a workflow in the pharmacy where labelling, dispensing, checking and the preparation of multi-compartment compliance aids were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in dedicated rooms in the back of the building. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a leaflet available in the consultation room. The leaflet explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS). A valid certificate of public liability and professional indemnity insurance was available.

The controlled drug register was maintained, and a balance check was carried out every week. Records of this were complete. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where the public could see it. The maximum and

minimum fridge temperatures were recorded daily and were in the correct temperature range. The private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. There were cordless telephones available for use and confidential wastepaper was collected in blue bags and later destroyed appropriately. The locum pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module from the company. All team members were aware of things to look out for which may indicate a safeguarding issue. There was also a safeguarding poster on display in the dispensary for the team members to refer to when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy adequately trains its team members for the tasks they carry out. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with providing feedback to one another, so that they can improve the quality of the pharmacy's services. However, the pharmacy has experienced staff shortages which has impacted service delivery.

Inspector's evidence

During the inspection, there were two locum pharmacists and five dispensers present, one of whom was the store manager. Three dispensers were working in a room dedicated to the preparation of medicines for care homes, one was working in a room dedicated to the preparation of multicompartiment compliance aids for patients in their own homes and one was new and working in the main dispensary. The staff completed online training to ensure they were kept up to date with any professional changes and their knowledge of clinical subjects was maintained. The staff were seen to be working well together and supportive of one another.

The team explained that due to changes in the pharmacy opening hours, they have had staff leave the pharmacy and this has resulted in a lack of continuity, especially in the pharmacist role. The team explained that they had been relying on locums and there had been days where they had to shut due to a lack of locum cover or would only be told they were having a locum quite late in the day which did not allow them to plan their work effectively.

The team completed staff satisfaction surveys regularly where their opinions about their job and working environment were considered and they could provide feedback to the company about their work. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were targets in place, but the team did not feel pressurised to deliver the targets and would never compromise professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment to deliver its services from. And people can receive services in private when they need to. The pharmacy has rooms dedicated to the preparation of medicines for care homes and in compliance aids.

Inspector's evidence

The pharmacy building was located on a high street and included a large retail area, a medicine counter, dispensary, consultation room, a room for the preparation of care home medicines and a room for the preparation of multicompartiment compliance aids. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy and there was a tape barrier to stop people coming through to the dispensary from the retail area.

The consultation room was signposted from the retail area of the pharmacy. The consultation room included a computer, chairs, lockable storage and a sink with hot running water. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. Screens had been installed by the pharmacy till and the medicines counter to help protect staff and the public from airborne viruses. The team members reported that they cleaned the pharmacy regularly and there was a cleaning rota on display in the pharmacy.

The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy mostly makes its services accessible to people. But there have been periods where people have been unable to obtain their medicines promptly due to staff shortages. The pharmacy team has appropriate procedures to ensure that it provides its services safely and effectively. The pharmacy gets its medicines and medical devices from appropriate sources. And it ensures that the medicines it supplies have the information that people need so they can take their medicines properly. Team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use.

Inspector's evidence

The pharmacy was open at different times to the rest of the retail shop. The team explained that this did cause some confusion for people who wanted to collect their medicines as they saw the shop was open, despite the pharmacy not being open. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy and in the consultation room. There was step free access into the pharmacy via electric sliding doors and the team explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy.

The team explained that due to recent staffing problems, there was a day where some compliance aids had not been checked in time and could not go out to people who required them. As a result, the store manager completed incident reports to highlight the problems the pharmacy was facing. He explained that a new pharmacist was due to start a permanent role in the pharmacy and this should help alleviate any issues caused by the lack of pharmacist continuity.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The pharmacy had completed an audit on valproates, and they explained that they use valproate information cards and leaflets when they dispense valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it.

The team organised the preparation of care home medicines and multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The pharmacist explained that every month, they supply each patient with the relevant Patient Information Leaflets. The store manager explained that they completed an assessment of each person who had the compliance aids to see if they were suitable for their needs.

The pharmacy obtained medicinal stock from the Alliance and Phoenix. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being

used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from their head office, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations inside the consultation could not be overheard. Electrical equipment appeared to be in good working order.

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.