

Registered pharmacy inspection report

Pharmacy Name: Boots, 1 The Hundred, ROMSEY, Hampshire, SO51
8GD

Pharmacy reference: 1031828

Type of pharmacy: Community

Date of inspection: 08/05/2019

Pharmacy context

A busy community pharmacy belonging to the Boots pharmacy multiple. The pharmacy is in the centre of the market town of Romsey. The Pharmacy provides essential NHS services and provides multi-compartment compliance packs (MDS trays) to over 235 people. Other services include; Medicines Use Reviews (MUR)s, New Medicines Service (NMS), blood pressure checks, Emergency Hormonal Contraception (EHC) and seasonal 'flu vaccinations. The pharmacy also provides a supervised consumption service for substance misuse clients.

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's working practices are safe and effective. Its team members understand their roles and responsibilities and keep people's information safe. The team identifies and manages risks effectively. The pharmacy logs any mistakes it makes during the dispensing process. It learns from these and takes action to avoid problems being repeated. But, it could follow some of its procedures more closely.

Inspector's evidence

The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded. All incidents including concerns raised by the public were generally discussed with the individual involved, as soon as they came to light. The matter would then be discussed within the team to find ways to support each other and to prevent a reoccurrence. Staff described how they would conduct a reflective account of what happened when a mistake was made and demonstrated how they had reviewed their dispensing and checking procedures, after a mistake was made.

Near misses were also reviewed during monthly 'patient safety reviews'. This was to identify any trends, raise awareness of potential risks and monitor improvement. Recent near misses had led to the regular use of Pharmacist Information Forms (PIFs) to highlight Look Alike Sound Alike drugs (LASAs) and reduce the chance of the wrong one being selected. In general, PIFs were used to remind staff that additional counselling was required or to highlight any specific issues or risks to the pharmacist and other team members.

A list of 12 commonly confused drugs; generally known as look alike, sound alike drugs (LASAs), had been placed on the side of computer screens. The list was there to prompt staff to make extra checks when one or more of these drugs was prescribed. The list included Amitriptyline, Amlodipine, Atenolol, Allopurinol, Prednisolone, Propranolol, Quetiapine and Quinine. When dispensing these drugs, staff were required to write the drug name on the PIF as a checking prompt. Staff worked under the supervision of the Responsible Pharmacist whose sign was displayed for the public to see. There was a set of Standard Operating Procedures (SOPs) for staff to follow. Staff had read and signed SOPs relevant to their roles.

The pharmacy had a documented complaints procedure in place. Details of the local NHS complaints advocacy service and PALs were available in a leaflet available for customer selection. However, customer concerns were generally dealt with at the time by one of the regular pharmacists or store manager. Incidents and complaints were reported to the Superintendent via the Boots on-line reporting system. But, staff said that formal complaints were rare.

The pharmacy had professional indemnity and public liability arrangements in place, so, they could provide insurance protection for staff and customers. Record keeping under standard 1.6 was not inspected. Staff were aware of the need to protect patient confidentiality. Confidential records were stored away from customer areas. Waste labels and electronic prescription tokens were discarded into a designated confidential waste bag in the confidential waste bin along with other confidential waste. When full, these were set aside for collection and disposal by a licensed contractor. A confidentiality and information governance training module had been completed by all staff.

The pharmacist on duty had completed level 2 CPPE training. Remaining staff had completed a Boots online training module and dementia friends training. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities were available online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together.

Inspector's evidence

There was an adequate number of qualified and skilled staff on hand to manage the immediate workload. But there may not have been enough staff if problems were to arise. The pharmacy was running with two members of staff fewer than normal. The store manager, who was an ACT and could often help out, was on secondment to another store and the full time ACT now split her week between this pharmacy and the Boots pharmacy in North Baddesley.

The Responsible Pharmacist (RP) had worked at the pharmacy for several years. She shared management duties with two other regular pharmacists who had also worked at the pharmacy for several years. Pharmacists' shifts were organised in accordance with a three-week rota which included working every third weekend. There were overlap hours to help pharmacists deliver additional services. This arrangement provided consistency and an equal share of tasks.

At the time of inspection, the team consisted of two regular Responsible Pharmacists (RP), a pre-reg, a dispenser and a medicines counter assistant who had also been trained to carry out dispensing tasks (Pharmacy Adviser). All staff assisted one another to deliver services. The counter assistant and dispenser managed the shop floor and counter with the support of the pre-reg, dispensing staff and pharmacists when needed. Staff were observed to have a good working relationship.

At the time of the inspection the working atmosphere was busy, with all staff fully occupied attending to customers and their allocated tasks. Dispensing staff were observed to consult one another regularly and it was clear that there were regular discussions within the team who were heard providing each other with updates on the progress of prescriptions and a range of other queries.

Prescriptions were processed in a timely manner and customers were served promptly. The RP was observed, accuracy checking prescriptions, assisting staff and counselling patients. Counter staff were observed consulting the RP and dispenser when necessary.

The pharmacist was set targets for services such as MURs. But she said these did not compromise patient care.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the services provided.

Inspector's evidence

The pharmacy was bright and airy with a relatively spacious shop floor. The chemist counter was on a side wall with the dispensary alongside. There was a single run of bench space running the length of the dispensary. In this area staff could work relatively undisturbed. The pharmacist was seen to do some prescription checking here. Prescriptions were bagged and stored promptly after checking.

The pharmacy was clean with clean work surfaces, sinks, floors and shelves. Staff cleaned the shelves when they were date checking and kept records. Staff were seen to clear surfaces as they worked. Multi-compartment compliance packs (MDS trays) were prepared in a separate MDS room.

The consultation room was unlocked although the filing cabinets within it were locked to prevent unauthorised access to confidential information. The pharmacy was bright and well ventilated with temperature control systems in place. It had a professional appearance and only healthcare related items were stocked in its vicinity.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services safely and effectively and makes its services available to everyone. Staff give people the advice and support they need to help them use their medicines safely and properly.

Inspector's evidence

A selection of services was advertised at the front window and there was a range of information leaflets available for customer selection. The pharmacy had an automatic door and step free access. There was sufficient space between the aisles to allow wheelchair users to have free movement around the premises. The consultation room was also wide enough for wheelchair access.

SOPs had been signed as read and understood by staff. A sample of SOPs was checked regarding the assembly labelling and accuracy checking process. Observation of staff performing these activities indicated that, in general, procedures were being followed. For example, there was a clear audit trail of the dispensing process as per the SOP.

The dispensary had a clear work flow. It had designated areas for dispensing and checking prescriptions. Non-urgent items and baskets with incomplete prescriptions were set aside to await completion. There was also a clear work flow in the MDS room. Staff were able to work in a relatively quiet environment, away from the bustle of the main dispensary, when dispensing and checking MDS trays. MDS trays bore a description of the medicines they contained and Product Information Leaflets (PILs) were supplied with trays on a regular basis.

Standards relating to medicines and medical devices were not inspected during this inspection (Standards 4.3 and 4.4).

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely.

Inspector's evidence

The pharmacy had the equipment and facilities it needed. Equipment was in good working order, clean and appropriately maintained. Tablet and capsule counting trays and measuring equipment were clean. Measures were BS standard and clean. There was a separate counting triangle for cytotoxic tablets to prevent cross contamination with other tablets. Dispensing bottles were capped when in storage to prevent contamination with dust and debris.

The pharmacist used medicines complete as one of her reference sources along with several other on-line resources. There were also hard copies of the most recent BNF and BNF for children and the drug tariff. The pharmacist also used other information sites such EMC.

The pharmacy had five computers in the main dispensary, and one in the consultation room. It also had a computer terminal in the MDS room. This appeared to be sufficient for the workload. All computers were password protected and were out of view of patients and the public.

Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was collected. The pharmacy had all the equipment necessary for dispensing MDS trays.

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.