

Registered pharmacy inspection report

Pharmacy Name: Boots, Units 21-22, Rainham Shopping Centre,
Rainham, GILLINGHAM, Kent, ME8 7HW

Pharmacy reference: 1032776

Type of pharmacy: Community

Date of inspection: 11/07/2022

Pharmacy context

The pharmacy is in shopping centre in Rainham. The pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. It also provides other services such as New Medicines Service (NMS).

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	2.2	Good practice	The pharmacy is good at providing training for its staff. Team members undertake structured ongoing learning and are given protected time in work to complete it. And their progress with the training is monitored. This helps them keep their knowledge and skills up to date.
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 team members appropriately manage the risks associated with providing the pharmacy's services. They understand their role in helping to protect vulnerable people and they suitably protect people's private information. People using the pharmacy can use it as a safe space and the team responds appropriately to any concerns raised. The pharmacy generally keeps the records it needs to, to show that it supplies its medicines safely and legally.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in the dispensary. The superintendent's team at head office updated the SOPs periodically. All current members of the team had signed the SOPs to confirm they had read and understood them. They also had an online portal called 'My Hub Online'. And the company were in the process of transferring SOPs to the online portal. All members of the team were up to date with their training.

The SOPs defined the team members' roles and responsibilities. Team members could explain their main responsibilities and worked within their capabilities. Staff wore uniforms and were easily identifiable with name badges. The responsible pharmacist (RP) notice was visible from the retail area and identified the pharmacist on duty. The pharmacy team members knew clearly what they could and couldn't do in the absence of the RP. The pharmacy had infection measures to help reduce the transmission of Covid-19, this included clear screens at the counter and hand sanitisers around the pharmacy for staff and people using the pharmacy.

The pharmacy team members highlighted and recorded mistakes made during the dispensing process. This included mistakes which had been identified before the medicine had been handed to a person (near misses). And those where a mistake had happened and the medicine had been handed to a person (dispensing errors). Team members discussed any mistakes made and why it may have happened. They used the learning from these events to make changes to prevent the same mistakes happening again. Each month, the pharmacy manager discussed the professional standard reports received from head office with the team, to learn from any significant incidents that had occurred across the country. The team members had marked medicines that looked alike or had similar names and separated them to prevent the wrong medicine from being selected. Some higher-risk medicines were stored in a separate area so that they could be easily identified to help prevent any errors.

The pharmacy had a documented procedure to deal with complaints and reporting. Team members proactively gave out cards to people so that they could scan the QR code and give feedback. The feedback had an 80% response rate but the manager had not yet analysed the data as a whole. If the pharmacy received negative feedback, the pharmacy manager shared it with the whole team to try and learn from it. And if an individual received positive feedback, this was also shared with the team. The pharmacy team members could not give any examples of changes made in response to people's feedback.

The pharmacy had up-to date professional indemnity insurance. The pharmacy team maintained appropriate records including controlled drug (CD) registers, RP records and private prescription records. The pharmacy kept running balances in all the CD registers, and these were audited against the physical stock on a regular basis. The inspector checked the running balances against the physical stock

at random for three products and they were all found to be correct. Records about private prescriptions and emergency supplies were held electronically in date order. The pharmacy filed unlicensed medicine invoices in a designated folder but some records did not contain information about when the medicines had been supplied to the person.

The pharmacy had information governance policies. The pharmacy team members understood the principles of data protection and confidentiality. The pharmacy stored confidential information securely and separated confidential waste prior to collection and disposal by a licensed contractor. The pharmacist had completed the level 2 safeguarding training and team members had completed company safeguarding besides one member of staff. The pharmacy had a chaperone policy with a sign outside the consultation room and the team members were aware this was an option which could be offered to people. The pharmacy team members knew how to report concerns and gave an example how they had provided a safe space when a distressed person had visited the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy is good at providing training for its team members. Staff undertake structured ongoing learning and get time set aside at work to complete it. The pharmacy has an experienced team with the qualifications and skills to support its services. The pharmacy team members work very well together and they support a culture of openness and learning.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the pharmacist (who was the RP), the store manager and three dispensers. The store manager was also a trained dispenser so could help when needed. The pharmacy team consisted of 5 trained dispensers, one trainee dispenser and one trainee pharmacy technician. There was no counter assistant, so team members had to also help serve over the counter. The pharmacist felt there was not an issue as the workload was manageable. It was seen throughout the inspection how the workload was managed well. The store manager had a staff rota to make sure there was at least two members of staff during the day with the RP.

The pharmacy team members were up-to date with their training and the trainees were on track with their course. The store manager proactively checked and was alerted when anyone had outstanding modules to complete and allowed the team member protected time to complete any learning or ad-hoc reading. Appraisals were conducted twice a year and regular huddles occurred to communicate the latest and relevant information. Team members were happy to raise any concerns and comfortable sharing ideas with the store manager. The team members provided positive feedback about the working environment and about the store manager. They felt listened to and said how supportive the store manager was. The store manager equally felt well supported by the area manager. The pharmacy did have targets in place, but team members did not feel they were pressured in achieving them. The RP also commented that she had a target to do a certain number of services such as the New Medicines Service (NMS) but didn't feel pressured if she didn't hit the target. The team members were aware of the whistleblowing policy and knew what to do in the event of needing to raise a concern.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, properly maintained and suitable for the services provided. The pharmacy has facilities to meet the needs of people requiring privacy when using the pharmacy services.

Inspector's evidence

The pharmacy premises were clean, organised and well maintained. The pharmacy was accessible for wheelchair users and the pharmacy floor and passageways were generally free of clutter and obstruction. The dispensary was clean, tidy and well maintained, and there was sufficient work and storage space. There were designated areas for dispensing prescriptions and checking and there was a hatch at the back of the pharmacy to hand over medicines discreetly. The pharmacy had a private consultation room available and it was kept locked when not in use. The room was big enough for wheelchair users and it had a blind to prevent other people looking in when people had a consultation. Conversations could not be heard outside of the consultation room. There were chairs available for people wanting to wait for a service or wait whilst their medicines are being assembled.

There was a clean, well-maintained sink in the dispensary used for medicines preparation. There were two separate toilets with a sink which provided hot and cold running water. The kitchen was clean and there was a sink providing hot and cold water. There was good lighting throughout the premises and its overall appearance was professional. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and organised manner. It gets its medicines from reputable suppliers and it stores them securely. It identifies people receiving higher-risk medicines to carry out appropriate checks and provide them with relevant information so they can take their medicines safely.

Inspector's evidence

People accessed the pharmacy via an automatic door. There was sufficient space for people with wheelchairs to access the pharmacy. A hearing loop was available in the dispensary and the store manager explained how they actioned specific requests for people such as large font labels. Opening hours were clearly displayed as people entered the pharmacy. There was limited information about the services provided however, with only a few leaflets by the consultation room door.

The pharmacy had a clear flow of dispensing and checking. The pharmacy had a system where the RP clinically checked the prescription, and this was sent to the offsite dispensary. There was a two-day turnaround time for the medicines to get back to the pharmacy once clinically checked. The team members explained that the majority of the time this worked well. But sometimes they were alerted of medicines the offsite dispensary could not send, which could lead to a delay in people receiving their medicines. Team members had been advising patients to allow a few days to turn around the prescriptions to give them more time to get all the stock to help mitigate this risk.

Dispensing audit trails were maintained to help identify who was involved in the dispensing, checking and handing out of prescriptions. Additional notes were added to the patient medication record (PMR) as appropriate. And extra warning labels on the PMR system could be printed by team members to ensure the RP had access to all the relevant information. Baskets were used during the dispensing process to isolate individual peoples' medicines and to help prevent them becoming mixed up. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And the team kept the original prescription to refer to when dispensing and checking the remaining quantities. The pharmacy supplied medicines daily to some people as supervised and unsupervised doses.

Medicines awaiting collection was stored in drawers and patient identifiable details were not in view of people from the shop floor. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines. Medicines awaiting collection were cleared on a weekly basis to help ensure people collected their medicines and to increase space. People were sent text messages to help remind them to collect medication.

The pharmacy team used colour-coded cards to highlight higher-risk medicines and when people needed extra counselling when they collected their prescription medicines. The team members were aware of the criteria of the valproate Pregnancy Prevention Programme. The pharmacy advisor explained how there was tear away card on the box of the medication which they placed in the basket. The RP then attached to the bag and counselled the patient accordingly.

The RP asked people receiving warfarin for their latest blood test result each time they received a prescription for warfarin. This was to check that their results were within the expected range. People taking lithium often let the team members know when they had their blood test and if the lithium levels

were in range. Team members then documented this on the PMR.

The pharmacy obtained medicines from licensed wholesalers and stored them on the shelves. It kept all stock in restricted areas of the premises where necessary. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. It stored out-of-date and patient-returned CDs separate from in-date stock. The pharmacy kept its CDs securely. Pharmacy team members checked medicine expiry dates every month and added any with a short expiry to a list for team members to access. However, this had not been done recently and the pharmacy was slightly behind due to staff holidays.

Pharmacy team members monitored the minimum and maximum temperatures of the medicine's fridge daily. Records seen were within acceptable limits. There had been an incident form which had been filled out when the temperature on the outside fridge was slightly high, however, the internal monitor showed it was within range.

Over-the-counter medicines were stored appropriately, and staff were aware of higher-risk over-the-counter medicines such as painkillers containing codeine . Team members asked relevant questions and referred to the RP if they had concerns. On observation during the inspection, they were only selling one packet per person and referring to the RP if patients wanted more.

The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email and the company communication portal. The store manager printed the alerts off, signed it once actioned and then stored them in a folder. There was a clear audit trail of the alerts actioned and they were all up to date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely and to protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide its services. The team members had access to up-to-date resources, including the internet. The RP explained that she used the online BNF on her phone for ease of access and for more up-to-date information. The pharmacy had equipment available to help prevent the risk of transmission of Covid-19. These included hand sanitisers, cleaning equipment, masks and plastic screens. The pharmacy had a set of clean, well-maintained measures available for measuring liquids. This included separate measures for medicines, to help avoid cross-contamination. The pharmacy computers were password protected and access to peoples' records restricted by NHS smart card system. The computer terminals are kept in a secure area of the pharmacy away from public view. The fridge was clean and suitable for storage of medicines. The equipment was tested regularly to make sure it was safe and functional.

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.