

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 16 Station Parade, Denham, UXBRIDGE,  
Middlesex, UB9 5ET

**Pharmacy reference:** 1035178

**Type of pharmacy:** Community

**Date of inspection:** 08/04/2019

## Pharmacy context

The pharmacy is located in a village near London, serving the local community including many regular patients, many of whom are older. The pharmacy dispenses prescriptions and also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), an NHS and private seasonal influenza vaccination, Monitored Dosage System (MDS), supervised consumption, a warfarin clinic and 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
<b>1. Governance</b>	Standards met	1.1	Good practice	The staff members are able to describe actions taken following the identification of risks and why the action was needed.
		1.2	Good practice	The pharmacy team regularly review near misses and errors and keep records to show the action they have taken and the learning.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy team identify and highlight patients on high risk medicines for further monitoring and counselling.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy's working practices are safe and effective. Team members record mistakes and review them to make changes which will reduce the risk of them happening again. The pharmacy uses feedback to improve their service and have implemented procedures to make their work safer. The pharmacy keeps all the records that it needs to by law, and keeps people's information safe. Team members help to protect vulnerable people.

### Inspector's evidence

The pharmacy team regularly recorded near misses and reviewed them at the end of each month as part of the Patient Safety Review. In these reviews, the team would audit all the near misses and errors which have occurred in the previous month and would find solutions which could be implemented to reduce the likelihood of these errors recurring. The team would then have a meeting every month to discuss any issues which the reviews have raised and any changes which need to be implemented. Following these meetings, the team members all sign the review sheets to say they have read and understood it.

Most recently, the pre-registration pharmacist had completed the Patient Safety Review and had identified that the pharmacy team were not always highlighting the "Look Alike Sound Alike" (LASA) drugs when they were dispensing them. Team members were also confused about the company's new Dispensing Support Pharmacy (DSP), which was an offsite pharmacy where the team could send prescriptions to be dispensed freeing up time in the pharmacy. The pre-registration pharmacist had highlighted on the PSR form that the team should be marking all LASA drugs when dispensing them and that the team would be briefed on the DSP processes and how it would work.

The pharmacist explained how the team received a Professional Standard newsletter from their Superintendent's office every month and the most recent one looked at the legal changes for gabapentin and pregabalin and included a case study about colchicine. The pharmacist explained he would leave the Professional Standard in the staff kitchen for the team to read on their breaks.

The team used Pharmacist Information Forms (PIFs) to communicate messages about the patient's medicines to the pharmacist. Such information included whether the medicine was new to the patient, something had changed since the last time they received it, whether the patient had any allergies or whether the patient was eligible for further services, such as an MUR. The form also had a blank box to write any further information that the dispenser thought the pharmacist should be aware of.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. All the MDS trays were prepared on a dedicated bench at the back of the store to reduce distractions. The team used stackable containers to hold dispensed drugs to prevent mixing up different prescriptions and an audit trail was observed being used by the members of the pharmacy team where they would sign a quadrant stamp to identify who dispensed, clinically checked, accuracy checked and handed out a prescription. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

All the SOPs had the roles and responsibilities of the staff set out, and on questioning, the team were all clear on their roles and responsibilities and explained they would refer to the pharmacist if they were unsure of something. All the SOPs were signed by the dispensary team to say they had read and understood them.

There was a complaints procedure in place and this was detailed in the practice leaflet held in a leaflet stand on the shop floor. The leaflet also had the contact details for the company's head office, Patient Advice and Liaison Service and the Independent Complaint Advocacy Service. The results of the latest CPPQ survey were displayed on the NHS UK website and were seen to be positive.

A certificate of public liability and indemnity insurance from XL Insurance Co. Ltd. was held electronically on the company's intranet and was valid until the end of June 2019. Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of Zomorph 10mg capsules was checked for record accuracy and was seen to be correct. The CD stock was balance checked every week by the pharmacist.

The responsible pharmacist record was seen to be complete and the correct responsible pharmacist notice was displayed by the medicines counter where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2°C to 8°C range.

The private prescription and emergency supply records were seen to be completed appropriately with all the required information. The specials records were all seen to be complete with the required information documented accurately. The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be heard outside. Confidential information in the consultation room was also stored in locked filing cabinets and the consultation room was locked when not in use.

There were cordless telephones available for use and confidential waste paper was collected in blue confidential waste bins which were removed by the company for destruction. IG practice was reviewed annually in the pharmacy against the requirements and was also audited as part of a larger clinical governance pharmacy audit. The team had submitted the latest IG Toolkit.

The pharmacist had completed the Level 2 CPPE learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff had completed and they had all also become Dementia Friends. The members of the pharmacy team explained that they were all confident of signs to look out for which may indicate safeguarding issues in both children and adults. Safeguarding reference documents were held in the pharmacy duty folder.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to safely provide its services. Team members have access to training material to ensure that they have the skills they need and the pharmacy gives them time to do this training. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

### Inspector's evidence

On the day of inspection, there was one pharmacist, one pre-registration pharmacist, one dispenser and one medicines counter assistant. The staff were seen to be working well together and supporting one another. The dispenser explained that staff performance was monitored and reviewed formally twice a year against KPIs. In the reviews, a development plan would be introduced to help further develop and train each member of staff.

The staff completed online training modules on the company's intranet. The modules consisted of a set of compulsory modules and assessments covering topics from all aspects of the pharmacy, including medical conditions, health and safety, law and ethics and over the counter products. There was also a library of training modules available for staff to choose and complete voluntarily if they felt their knowledge in a particular area needed improvement.

'The Tutor' training packs were also sent to the store every quarter for each member of the pharmacy team to ensure they were kept up to date with relevant healthcare information. On questioning, the team explained that they were aware of how to raise concerns and to whom and that they were all encouraged to do so. There was a whistleblowing policy in place and this was also detailed in a poster in the staff areas of the pharmacy. The team could also complete a satisfaction survey where they were able to provide feedback about their day to day roles, the company and any area of improvement they'd like to see.

The pharmacist was observed dealing with a customer who asked questions about the labelling differences between the normal dispensing and the DSP dispensing. The customer explained she could not clearly identify areas of the labels and the pharmacist offered to create large labels for her. There were targets in place for services but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to do so.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. Pharmacy team members use a private room for some conversations with people. The pharmacy is secure when closed.

### Inspector's evidence

The pharmacy was located on the ground floor of the building and included a retail area, consultation room, medicines counter, dispensary, stock room and staff rest rooms. The pharmacy was clean and tidy and there was a cleaning rota available with different daily and weekly cleaning tasks which different members of staff took ownership of.

The pharmacy was presented in a professional manner and was laid out well with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The consultation room allowed for private and confidential conversations. The room was locked when not in use and held all the facilities required to deliver services such as a clean sink with hot and cold water and locked storage for paperwork.

There were sinks available in the dispensary and consultation room with hot and cold running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. The lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy services are accessible to people with different needs. The pharmacy team provides safe services and provides people with information to help them use their medicines. The pharmacy team identify people on high risk medicines and make sure they are provided with appropriate information. The pharmacy gets medicines from reliable sources, and stores them properly. The pharmacy team know what to do if medicines are not fit for purpose.

### Inspector's evidence

Pharmacy services were displayed in the shop window and on posters around the pharmacy area. There was a range of leaflets available to the public about services on offer around the pharmacy area counter and in the consultation room. The pharmacy had a health promotion area which included topical health information such as information about cervical cancer screening.

There was step-free access into the store with power assisted doors and seating for patients or customers waiting for services. There was also an induction loop available should a patient require its use. The team explained that while they did not usually have any difficulty with language barriers, they knew they could use translation services online and by telephone should it be necessary.

There was an "Offline Pack" and contingency plan in the pharmacy to ensure continuity in the delivery of pharmacy services should there be a power cut, natural disaster or anything else which may disrupt the services provided.

The team used a robust system to deal with the preparation of trays for domiciliary patients. The patients were all placed in a four-week cycle and the logs for each week of the cycle were displayed at the MDS dispensing bench. The trays were prepared with descriptions on the medicines labels and the PILs were supplied with the trays each month. Each patient had a file where the team recorded what their medicines were, when they were taken, any known allergies, any discharge information from the hospitals and contact details.

The pharmacist explained that they had a pharmacist from the same company who held a warfarin clinic in the store on Tuesday afternoons and Wednesday morning. Patients would have their INRs tested in the branch and the information was then passed back to the patient's GP.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing for all female patients on valproates. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and he would query if they were taking effective contraception.

The pharmacist demonstrated small coloured laminated cards which would be attached to prescriptions to highlight to the person handing the prescription out that extra care should be taken with the prescriptions and more information was required by the team to satisfy them that the supply would be safe.

The pharmacist explained that 'warfarin' laminated cards would be attached to prescriptions of warfarin to remind the team to ask about blood test dates and the patient's INR levels. This would then be documented on the PMR to allow the pharmacist to monitor it. The pharmacist also explained that he would highlight prescriptions for methotrexate and lithium for extra counselling to ensure patients were having regular blood tests, were aware of their current dosages and knew the side effects. A poster about these high-risk medicines was on display in the dispensary for the whole team to refer to.

CD prescriptions were highlighted with a sticker on the bag and on the accompanying PIF and a CD alert card attached to the bag, which also had the expiry date of the prescription written on. The pharmacy obtained medicinal stock from Alliance, Boots, Phoenix and dressings from NWOS. Specials were ordered from BCM Specials. Invoices were seen to demonstrate this.

There were destruction kits available for the destruction of controlled drugs, and doop bins were available and seen being used for the disposal of medicines returned by patients. There was also a bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed in these bins.

The pharmacist was observed dealing with a patient who wanted to return medicines they no longer required. The pharmacist asked the patient to empty the medicines into a tray and then took the medicines into the dispensary where he removed patient confidential information before disposing of the returned medicines in a doop bin.

Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. The pharmacy team recorded a list of drugs which would be going out of date in certain months and held this in a date checking file in the pharmacy. The staff used "caution short dated stock" stickers when stock was short dated and they wrote the expiry date on the stickers. They also recorded which medicines were due to expire to ensure they were checked regularly.

The fridge was in good working order and the stock inside was stored in an orderly manner. The pharmacy team were aware of the European Falsified Medicines Directive (FMD). Boots head office was currently in the process of rolling equipment and software out to their pharmacies.

MHRA alerts came to the pharmacy electronically through the company's intranet and they were actioned appropriately. Recently, the team had dealt with a recall for Losartan tablets. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received and also highlighted them in the PSR every month.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

### Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml, 25ml and 10ml measures. Amber medicines bottles were seen to be capped when stored and there were counting triangles available, with one marked for cytotoxics only, as well as capsule counters. They were seen to be clean. Electrical equipment appeared to be in good working order and was PAT checked annually.

Up-to-date reference sources were available such as a BNF, a BNF for Children and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The fridge was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Drip bins were available for use and there was sufficient storage for medicines. Hazardous waste bins were also available as well as lists of which drugs were hazardous. The computers were all password protected and patient information was safeguarded.

### 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.