General Pharmaceutical Council

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: 21/02/2023

Pharmacy context

This is a community pharmacy located in a parade of shops, close to the train station in the village of Denham, near London. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. It also offers the New Medicine Service (NMS), local deliveries and seasonal flu vaccinations. In addition, its team members provide multi-compartment compliance packs for some people who find it difficult to manage their medicines at home.

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	1.1	Good practice	The pharmacy ensures the risks associated with providing its services are effectively identified and managed. Its team members routinely follow and work in accordance with the pharmacy's standard operating procedures. This has resulted in the pharmacy consistently complying with the standards that have been set by the General Pharmaceutical Council (GPhC).
		1.2	Good practice	The pharmacy ensures that the safety and quality of its services are regularly reviewed and monitored. Team members routinely record, review and seek to learn from their mistakes.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake. Team members in training are appropriately supported and undertaking accredited courses.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The company provides team members with learning resources which ensures their knowledge and skills are kept up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are provided appropriately using verifiable processes. The pharmacy's team members have embedded safe practice for people prescribed higher-risk medicines into their working routine.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy consistently meets the GPhC's standards and demonstrates good practice. It has safe and effective procedures in place. And suitable systems to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy generally maintains its records as it should.

Inspector's evidence

The inspection took place first thing as the pharmacy opened. The inspector found the premises to be clean and tidy, with clear benches in the dispensary, organised processes in place and capable members of staff. The pharmacy had current and updated electronic standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. They had been read by the staff and completion of this was monitored by the pharmacy manager. Relevant risk assessments were also present. A matrix that had been filled in previously, defined team members roles and responsibilities. It was clear that staff understood their roles and worked in accordance with the company's set procedures. They also had designated tasks and were observed to work independently of the responsible pharmacist (RP) in separate areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had strong internal processes and systems to identify and manage risks associated with its services. The dispensary had separate, clearly labelled and designated areas for different processes to take place. This included the assembly of multi-compartment compliance packs, labelling and the preparation of repeat prescriptions, assembled prescriptions requiring delivery and a section for the pharmacist to undertake the final accuracy-check of assembled prescriptions. During the accuracy-checking process, electronic patient information forms (PIFs) were completed by the RP and attached to prescriptions, which ensured that a clinical check of the prescription occurred. This identified relevant points, which in turn, assisted staff to counsel or advise people on how to take their medicine(s). When people came to collect their prescriptions two different checks were made. Staff either asked for their address and date of birth or postcode to verify the details. This helped minimise the likelihood of hand-out errors occurring.

The pharmacy had a complaints as well as an incident management policy. The RP's process to handle incidents was suitable and in line with requirements, it involved appropriate handling of the situation, formal reporting and investigation to identify the root cause. The necessary changes were then implemented in-house. Staff routinely recorded their near miss mistakes electronically. The details were collated and reviewed formally every month by the RP which helped identify any trends or patterns. Remedial activity was then undertaken to help minimise mistakes. The documented information seen helped demonstrate this, and discussions were held with the team to raise their awareness. Staff described patterns with errors involving quantities, scoring through partly dispensed packs of medicines was subsequently reinforced and different strengths of medicines were effectively separated.

The pharmacy's team members had been trained to protect people's confidential information and to

safeguard vulnerable people through the company's training modules. This included ‘Ask for ANI’ for the latter. They recognised people who could need assistance and signs of concern. They also knew who to refer to in the event of a concern. Contact details for relevant agencies were seen alongside a safeguarding policy. The pharmacist had also been trained to level three on this. The pharmacy displayed details on how it protected people’s private information and the team ensured confidential information was protected. Confidential information was stored and disposed of appropriately. No sensitive details could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record, records about supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had been appropriately completed. However, on occasion, incorrect details about prescribers had been documented within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified for their roles. They understand their roles and responsibilities. And the company provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The pharmacy had enough staff to manage its workload and the team was up to date with this. On the day of the inspection, the regular RP and manager, two trained dispensers and a trainee member of staff were present. The latter had very recently been enrolled onto the appropriate accredited training in line with her role. Other staff were trained through accredited routes. In total, there were five dispensing staff who worked a mixture of full-time and part-time hours. The team's certificates of qualifications obtained were not seen but their competence was demonstrated. All the staff were wearing name badges and uniforms. The team's working hours and rota was on display.

The pharmacy's team members knew which activities could take place in the absence of the RP and staff in training referred appropriately. Relevant questions were asked before selling medicines or products. As they were a small team, meetings and discussions took place regularly and formal performance reviews had been completed recently. The staff were provided with resources for ongoing training through the company's e-learning platform and they read the Professional Standards newsletters or bulletins. This helped ensure they continually learnt and kept their knowledge up to date.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises provide a suitable environment for people to receive healthcare services. The pharmacy is sufficiently clean, secure and professionally presented. And it has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy premises were located on the ground floor and included a medium sized retail area, consultation room, an average sized, enclosed dispensary lay behind the front medicines counter, with stock and staff areas at the very rear. The dispensary had an adequate amount of space to carry out dispensing tasks safely. The consultation room enabled private conversations and services to take place. The room was signposted, kept locked when not in use and it was appropriate for its intended purpose. The pharmacy was clean and tidy. The premises were bright, suitably ventilated and professional in appearance. The ambient temperature was suitable for the storage of medicines. The pharmacy was secured against unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy has safe working practices. People can easily access the pharmacy's services and the pharmacy provides useful services. Team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well.

Inspector's evidence

People could enter the pharmacy through an automatic door at street level. The retail area consisted of clear, open space and wide aisles. This helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. There were two chairs inside the pharmacy if people wanted to wait for their prescriptions and timed car parking spaces available outside. Several leaflets and posters were on display promoting health, the pharmacy's services and providing information about coronavirus. The pharmacy's opening hours were also on display. Staff could make suitable adjustments for people with different needs, they would use simple language or speak slowly and clearly to help people to lip read, a hearing aid loop was available, and some members of the team spoke different languages to assist people whose first language was not English. In addition, the pharmacy held documented details to signpost people to other organisations or providers of care if needed.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. After prescriptions had been assembled, checked for accuracy, and bagged, they were stored in a separate location. When people arrived to collect them, their location was accessed by using the pharmacy's system. Laminated cards were attached to identify fridge items, CDs, if pharmacist intervention was required and for higher-risk medicines (as described below). The latter also served as a reminder to prompt staff to ask relevant questions.

The team routinely identified people prescribed higher-risk medicines. A range of laminated cards for different higher-risk medicines were attached to prescriptions during the dispensing process. On hand-out, staff asked details about relevant parameters, such as blood test results for people prescribed these medicines. After obtaining this information, records were kept about this. Team members were also aware of risks associated with valproates, they ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and had identified people at risk, who had been supplied this medicine. People were counselled accordingly, and educational material was provided upon supply.

The pharmacy's stock was stored in an organised way. Licensed wholesalers such as Alliance Healthcare and Phoenix were used to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were routinely identified. There were no date-expired medicines or mixed batches seen. Medicines were kept appropriately in the fridge. Dispensed medicines requiring refrigeration and CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. CDs were stored under safe custody and the keys to the cabinet were maintained in a way which prevented unauthorised access.

Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps which were redirected. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

The pharmacy provided compliance packs after people's needs had been assessed. The team ordered prescriptions on behalf of people and kept schedules to highlight when different stages in the process had been completed. Staff identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied. The pharmacy also offered a delivery service, and the team kept records about this service. Failed deliveries were brought back to the pharmacy, people were called beforehand to inform them about the delivery and medicines were not left unattended.

The RP explained that the NMS was beneficial to people. Conclusive outcomes included identifying side effects associated with certain medicines (such as a cough with ramipril) which resulted in changing the medication. This service also better enabled the pharmacist to advise, face-to-face, on inhaler technique for people with asthma. She reinforced the use of inhalers and the role of the 'preventer' (steroid inhaler) versus the 'reliever' (salbutamol) as well as how often each should be used.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And the team ensure they are used appropriately to protect people's private information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included current versions of reference sources as well as online access, a range of clean, standardised conical measures for liquid medicines, counting triangles and a capsule counter, a legally compliant CD cabinet and an appropriately operating pharmacy fridge. The dispensary sink for reconstituting medicines was clean but slightly stained. The pharmacy had hot and cold running water available. Computer terminals were positioned in a location and manner that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

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.