

Registered pharmacy inspection report

Pharmacy Name: Boots, 93 Aylsham Road, NORWICH, Norfolk, NR3
2HW

Pharmacy reference: 1035285

Type of pharmacy: Community

Date of inspection: 23/09/2024

Pharmacy context

This community pharmacy is located in a residential area in the city of Norwich in Norfolk. It provides a variety of services including the dispensing of prescriptions, supervised consumption of certain medicines, the New Medicine Service (NMS) and the Pharmacy First service under patient group directions (PGDs). It also provides medicines in multi-compartment compliance packs for people who need additional support taking their medicines.

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 manages the risks associated with its services well. And its team members review any dispensing mistakes regularly so they can learn from these. It has written procedures to help the team work safely and these are updated regularly. The pharmacy keeps all the records it needs to by law. And its team members know how to protect vulnerable people.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The pharmacy had a range of standard operating procedures (SOPs) that had been issued by the pharmacy's head office and were available electronically. These had been read by all team members who each had their own individual account, and this could be seen by the pharmacy manager. The SOPs were updated regularly by head office and team members would be informed of any alterations and would then read the updated SOPs.

Near misses (dispensing mistakes spotted before a medicine left the pharmacy) were recorded electronically. The pharmacy manager said that the records were submitted to head office for review. The pharmacy manager also said that she discussed near misses with the team member involved and reviewed near misses monthly for any trends or patterns. Dispensing errors (mistakes which had reached a person) were also recorded electronically in more detail and sent to head office. The pharmacy manager said that if an error occurred a report would be completed, and an investigation would take place looking into the causes of the error and a meeting would take place in the pharmacy to discuss the error. The error would also be noted on the patient's medicine record (PMR). The pharmacy manager said that there had been a previous error involving a controlled drug (CD). And as a result of this the pharmacy had implemented an extra check of CDs before being handed out as well as ensuring only one CD item was proceeded at a time to reduce the chance of a similar error occurring again.

Complaints and feedback were usually submitted online. However, the pharmacy manager said that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually resolved in store by the pharmacy manager but could be escalated to head office if necessary.

Confidential material was disposed of in dedicated confidential waste bags. When full, the waste was taken away for secure disposal. No confidential waste was found in the general waste bin. And no person-identifiable information could be seen from outside the dispensary area. There was also a privacy notice on display in the shop floor area of the pharmacy explaining how the pharmacy would use people's private information. Team members had completed appropriate safeguarding training. The RP had completed safeguarding level three with the Centre for Pharmacy Postgraduate Education (CPPE) and all team members had completed safeguarding level one training. There were contact details of local safeguarding leads available in the pharmacy.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly of CDs, and records in the CD register were made in accordance with the law. A random check of a CD showed that the quantity in stock matched the running balance in the register. Records seen about private

prescriptions were complete. Records seen about unlicensed medicines were also complete. The RP record was complete with all entries seen having a start and finish time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. Team members do the right training for their roles and they do regular ongoing training to keep their knowledge and skills up to date. They have a regular review of their progress. The team feels comfortable about raising any concerns. And targets do not affect team members ability to provide a safe and effective service.

Inspector's evidence

The team consisted of the RP, the pharmacy manager and five dispensers. The pharmacy manager confirmed the pharmacy had enough team members to manage its workload, although they were short one part-time dispenser. However, the team was observed working safely and efficiently during the inspection and the team was up to date with dispensing. All team members had completed the appropriate training for their role with an accredited training provider. Team members were provided with ongoing training in the form of e-learning from head office, and the pharmacy manager confirmed that she had a regular informal review with all team members every month. Team members knew what could and could not be done in the absence of an RP. And they had no concerns about raising any issues and would usually go to the pharmacy manager or RP but could go to head office if necessary. Team members were set some targets relating to the NMS and Pharmacy First services. But the pharmacy manager said that these targets were achievable and did not affect the team's ability to provide a safe pharmacy service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for people to access its services. It has enough space for team members to carry out their work safely. And it has a consultation room for people to have private conversations. The pharmacy is kept secure from unauthorised access.

Inspector's evidence

The front fascia of the pharmacy was in an adequate state of repair. The shop floor area was clean and tidy. And it had chairs for people who wished to wait for the pharmacy's services. The pharmacy had a consultation room for services and for people who wished to have a conversation in private. It was clean and tidy and allowed for a conversation at normal volume to be had without being heard from the outside. The room was kept locked when not in use. There was also a chaperone policy displayed in the room as well as leaflets about various health and wellbeing topics for people to read and take. Pharmacy only (P) medicines were stored securely behind the counter. The dispensary area was generally clean and tidy, and it had enough floor and desktop space for the team to work in. There was a sink for preparing liquid medicines which was clean. The temperature and lighting in the pharmacy were adequate and it had air conditioning to help control the temperature. There was a staff toilet with access to hot and cold running water and handwash and a small kitchenette for team members to use. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

On the whole, the pharmacy provides its medicines and services safely. And it stores its medicines appropriately including ones which require cold storage and safe custody. The pharmacy gets its medicines from reputable sources. And it takes the right action in response to safety alerts and recalls of medicines ensuring people get medicines and medical devices which are fit for purpose.

Inspector's evidence

The pharmacy had step-free access via manual doors and was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. It also had a hearing loop. There was enough space for people with wheelchairs and pushchairs to access the dispensary counter. However, the opening times listed on the entrance to the pharmacy differed to the opening times available on the pharmacy's website and on Google with these times not showing that the pharmacy closed for lunch. This could make it more difficult for people using the pharmacy to know when it is open and could delay people getting their medicines or accessing the pharmacy's services. The pharmacy manager said she had raised this issue with head office on multiple occasions, but nothing had been done.

The dispensary had separate areas for dispensing and checking medicines. Baskets were used to separate prescriptions and reduce the chance of prescriptions for different people getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail. The appropriate, signed and in-date PGDs for the Pharmacy First service were stored in the dispensary. The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The delivery drivers used a secure electronic device to keep a record of deliveries, and the pharmacy also kept a paper record which was archived in a folder in the pharmacy. An extra signature was required for any deliveries containing a CD. If there was a failed delivery, the medicines would be returned to the pharmacy and a note put through the door with information about arranging a redelivery.

Multi-compartment compliance packs were prepared in a dedicated room in the pharmacy. Prepared packs seen contained all the required dosage and safety information as well as a description of the medicines which included the colour, shape and any markings on the medicines to help people identify their medicines. The pharmacy manager confirmed that patient information leaflets (PILs) were always included with the packs. She stated that the pharmacy would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. The pharmacy used cards and stickers to highlight prescriptions that contained a high-risk medicine, a CD or an item requiring refrigeration. CD prescriptions also had a sticker with the expiry date attached to them to help reduce the risk of a prescription that was no longer valid being given out. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Fridge temperatures were checked and recorded daily, and records seen were all in the required range. And the current temperatures were found to be in range during the inspection. Safety alerts and recalls of medicines and medical devices were received electronically. These were printed and actioned as appropriate with the action taken recorded on the alert before being archived in a folder. Team

members were aware of the risks of sodium valproate and the RP knew what to check if a new patient in the at-risk category presented in the pharmacy. Team members knew where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information and were of the guidance changes about supplying sodium valproate in the original pack.

Medicines were stored neatly on the pharmacy shelves and expiry-date checks were carried out weekly on a rota basis with a different section being checked each time. The pharmacy used stickers to highlight medicines soon to expire and recorded the names of the medicines and their expiry dates on a log sheet kept in the dispensary. A random check of medicines on the shelves found no expired medicines. The pharmacy manager explained that items and medicines in the shop floor section were also checked regularly for any soon to expire items.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment to protect people's privacy.

Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. There was a cordless phone which allowed for conversations to be had in private. Team members were observed using their own NHS smartcards. Electrical equipment had been safety tested at the end of last year. The pharmacy had a blood pressure machine in the consultation room and the pharmacy manager explained that it had recently been recalibrated. There was also an otoscope available for provision of the Pharmacy First service. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines with some marked as for use with certain substances only. It also had tablet triangles for counting medicines. This equipment was well maintained and kept clean.

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.