

Registered pharmacy inspection report

Pharmacy Name: Boots, 19 Castle Mall, NORWICH, Norfolk, NR1 3DD

Pharmacy reference: 1035301

Type of pharmacy: Community

Date of inspection: 15/11/2023

Pharmacy context

This pharmacy is located in a busy shopping centre in the city of Norwich. It provides a variety of services including dispensing NHS prescriptions, the New Medicine Service (NMS), supervised consumption of medicines and seasonal flu vaccinations through a patient group direction (PGD). The pharmacy is located on the ground floor at the back of the store.

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

Overall, the pharmacy manages the risks associated with its services well. And its team members record and regularly review any dispensing mistakes. The pharmacy largely keeps the records it needs to by law. And people can provide feedback about its services. The pharmacy has appropriate insurance arrangements in place. And its team knows how to protect vulnerable people.

Inspector's evidence

There was a range of standard operating procedures (SOPs) that had been issued by the pharmacy's head office. These were available electronically and had been read by all team members. Team members were able to explain their roles and responsibilities within the pharmacy. And they also knew what activities they could and could not do in the absence of an RP. Near misses (dispensing mistakes which were spotted before a medicine leaves the pharmacy) were recorded electronically in good detail. Dispensing errors (mistakes which had reached a person) were also recorded electronically and in more detail. The team regularly reviewed near misses and dispensing mistakes and had a monthly meeting to discuss them.

Complaints and feedback were usually submitted online. The team confirmed 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 but could be escalated to head office if necessary.

Confidential waste was disposed of in a dedicated confidential waste bin. When full, the waste was bagged up and taken away by an external company for safe disposal. No confidential waste was found in the general waste bin. And there was a privacy notice on display explaining how the pharmacy would use people's personal information. The RP confirmed that she had completed level three safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). Team members had also completed appropriate safeguarding training. The team members knew what to do if a vulnerable person presented in the pharmacy. And there was a folder in the dispensary with contact details of local safeguarding leads.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly for controlled drugs (CDs), and records seen 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 dispensed were generally complete, although some were missing the name of the prescriber. The RP said this would be included going forward. The pharmacy did not have the appropriate RP notice displayed. The RP said the correct notice would be printed and displayed. However, 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 just enough team members to manage its workload. And team members do the right training for their roles. Team members do ongoing training to keep their knowledge and skills up to date. And they have a regular formal review of their progress. Team members feel comfortable about raising any concerns they have.

Inspector's evidence

On the day of the inspection, there was the RP, an assistant manager and a dispenser. There were also two dispensers who worked downstairs preparing medicines for people in care homes. At one stage the pharmacy became quite busy with a queue of people, but the team worked well together to provide an efficient service. And the pharmacy was up to date with dispensing. All team members had completed the appropriate training for their roles with an accredited training provider. Team members were provided with ongoing training in the form of e-learning from head office, and a team member confirmed that they had a formal appraisal yearly. Team members had no concerns about raising any issues and would usually go to the RP first but could raise a concern with head office if necessary. The RP confirmed the team was set some targets including completing five NMS checks a week and 300 flu vaccinations over the course of the flu season. The RP confirmed that these targets were achievable and did not affect the ability of the team to provide a safe and efficient 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. People can have a conversation with a team member in a private area. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair. The shop floor was clean and professionally presented. It had plenty of space and had chairs for people who wished to wait for their prescription. Pharmacy only (P) medicines were stored securely behind a counter next to the pharmacy. This area was cordoned off when not in use and P medicines could only be purchased from the tills in the pharmacy section of the store. The dispensary area was clean and tidy and had just enough floor and desktop space for the team to work in. It had a sink for the preparation of liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate. There was a staff toilet on the first floor with access to hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal level of volume to be had without being heard from the outside. The room was a good size, and it was kept clean. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. And it gets its stores its medicines appropriately. The pharmacy can cater to people with different needs. And it responds to safety alerts and recalls of medicines and medical devices appropriately. So, this helps people be sure that they are getting medicines that are fit for purpose.

Inspector's evidence

The pharmacy had step-free access and it 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 plenty of space for people with wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and plastic boxes were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The delivery driver used a secure electronic device to keep a record of deliveries, the pharmacy also kept a paper record of deliveries. 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.

The pharmacy used cards and stickers to highlight prescriptions that contained a high-risk medicine, a CD or an item requiring refrigeration. The RP confirmed that she always handed out high-risk medicines and that people received the appropriate counselling for their medicines.

The pharmacy also provided medicines to people in care homes in the local area. These were prepared in a designated room on the lower ground floor of the pharmacy. These were prepared and checked before being delivered to the care homes. Prescriptions were checked against previous records for any changes or discrepancies. A team member said that they would always contact the surgery regarding any queries they had with prescriptions.

The pharmacy obtained medicines from licensed wholesalers. CDs requiring safe custody were stored securely and medicines requiring refrigeration were stored appropriately. The pharmacy had two fridges where it stored medicines. 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. Expiry date checks were done weekly on a rota basis with a different section being checked each time. A random check of medicines on the shelves revealed no expired medicines. Safety alerts and recalls were received electronically and actioned accordingly. After being actioned, alerts were automatically archived electronically.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented at the pharmacy. Team members were shown where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information. The pharmacy had a patient group direction (PGD) for the administration of seasonal flu vaccinations. The

PGD was signed and in date. The pharmacy also had access to adrenaline injections located in the consultation room for anyone who had a reaction to the vaccination. These were in date and fit for use.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment to provide its services safely. And it protects people's privacy when using its equipment.

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. Team members were observed using their own NHS smartcards. The pharmacy had cordless phones so conversations could be had in private. Electrical equipment had been safety tested earlier in the year. The pharmacy had a blood pressure monitor in the consultation room. The team were aware that blood pressure machines require replacement or recalibration after prolonged use and explained that it was due to be replaced with a new one in the near future. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines. It also had tablet triangles for counting medicines and a separate one for counting cytotoxic medicines such as methotrexate.

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.