

Registered pharmacy inspection report

Pharmacy Name: Boots, 13 Market Place, NORTH WALSHAM,
Norfolk, NR28 9BP

Pharmacy reference: 1035374

Type of pharmacy: Community

Date of inspection: 07/06/2023

Pharmacy context

This community pharmacy is in the marketplace in the rural Norfolk town of North Walsham. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it delivers some medicines to people's homes.

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 acts appropriately to identify and manage risks associated with providing its services. It advertises how people can provide feedback, and it acts on this feedback to inform the way it provides its services. The pharmacy mostly keeps the records it needs to by law. And it keeps people's confidential information secure. Pharmacy team members understand how to respond to concerns to protect potentially vulnerable people. And they act openly and honestly by recording and discussing their mistakes.

Inspector's evidence

The pharmacy had a comprehensive range of up-to-date standard operating procedures (SOPs) to support its safe and effective running. It held most of these electronically, some SOPs not yet due for review were held in a folder within the dispensary. An up-to-date index of SOPs clearly informed team members whether the SOP was held electronically or in a paper-based format. A sample of training records confirmed team members completed regular learning related to the SOPs. These involved completing e-learning associated with each SOP and completing an assessment to test their understanding of the SOP. Pharmacy team members had a good understanding of their roles and responsibilities, and they were observed working in accordance with both dispensing and sales of medicines SOPs. A team member serving on the medicine counter identified what tasks couldn't be completed should the responsible pharmacist (RP) take absence from the pharmacy.

Pharmacy team members acted with care by acknowledging safety prompts provided by the patient medication record (PMR) system during the dispensing process. For example, they used the PMR to scan medicines to confirm they had picked a medicine correctly. Prescriptions containing medicines with barcodes not recognised by the PMR were highlighted to the RP to help prompt additional care. Pharmacy team members generally recorded mistakes made and identified during the dispensing process, known as near misses. The team had identified that recording rates fluctuated particularly during busier periods and was working to ensure the opportunity was taken to record and reflect on a mistake at the time it occurred. The RP explained how they would respond to a mistake that was identified following the supply of a medicine to a person, known as a dispensing error. This included speaking to the person affected, correcting the mistake, and reporting the incident. A team member held the role of patient safety lead, and part of this role included reviewing and documenting safety events each month. The team held discussions as part of this review process. And the reviews were consistent and supported the team in acting to reduce the risk of similar mistakes occurring.

The pharmacy advertised how people could provide feedback and raise a concern. Pharmacy team members understood how to manage feedback and how to escalate a concern when required. The team used information from a local community social media page, and from direct feedback to help inform the way it provided its services. For example, it had made recent changes to the way it managed its workload to reduce delays in supplying medicines through its home delivery service. Team members engaged in mandatory learning relating to confidentiality and data security. The pharmacy held all personal identifiable information in the staff area of the premises and confidential waste was segregated and securely disposed of. The team engaged in safeguarding learning to help protect vulnerable people. This included learning associated with safety initiatives designed to offer a safe

space to people experiencing domestic violence. A team member provided an example of how the team discussed concerns relating to medicine compliance with a person's own GP.

The pharmacy had up-to-date indemnity insurance. The RP notice on display contained the correct details of the RP on duty. A sample of pharmacy records examined mostly complied with legal requirements. But details of prescribers within the private prescription record were not always accurate. And the address of the wholesaler was not always recorded in the controlled drug (CD) register when receipt of a CD was entered. The pharmacy maintained running balances in the CD register and completed full balance checks of physical stock against the register most weeks. A random physical balance check of a CD conducted during the inspection complied with the running balance in the register. The team recorded patient-returned CDs in a separate register at the point of receipt.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a dedicated team of people working together well to provide its services. Its team members complete regular learning associated with their roles and they are supported through structured learning and development reviews. Pharmacy team members engage in conversations designed to maintain patient safety. And they are empowered to share their ideas and feedback at work.

Inspector's evidence

The store manager was a qualified dispenser. They had commenced their role in January 2023 and were supported by a team of four qualified dispensers and a trainee dispenser. Most team members worked part time and would work additional hours to cover leave within the team. Contingency arrangements for unplanned leave had recently been strengthened through the formation of area cluster groups. This involved team members potentially working at other pharmacies within the cluster to support during periods of low staffing. The pharmacy did not have a regular pharmacist and the team explained that this had led to some closures when a pharmacist could not be found to cover a shift. For example, the pharmacy had been closed for two days the week prior to the inspection. Team members were familiar with how to manage a closure and reported good working relationships with a neighbouring pharmacy. Pharmacy team members worked well together to support the delivery of services and were clearly dedicated to their work. They reported some pressures caused predominantly by the closures. The team had responded to these pressures well by working hard to catch up following a closure and using time during closures to complete housekeeping tasks. The RP was familiar with the pharmacy and explained that specific targets related to the delivery of services had not been discussed with them. They received a briefing from the manager when arriving at work about the day's priorities and were able to apply their professional judgement when delivering pharmacy services. The RP took the opportunity to provide positive feedback about the way team members worked together and the organised working environment.

The trainee dispenser was enrolled on an accredited GPhC training course appropriate for their role and was progressing well with the learning. Team members could take time in work when required to complete learning associated with their roles. But this training time was not protected, and most team members opted to complete their learning at home. They received structured feedback through regular performance reviews used to support their learning and development. And they felt able to feedback during their review. The pharmacy had a whistleblowing policy and its team members understood how to raise and escalate concerns at work. Pharmacy team members felt confident in discussing their concerns with each other and the manager. And explained how they regularly shared ideas during discussions. For example, the team had strengthened the use of audit tools designed to identify when people collected multi-compartment compliance packs. This supported the team in managing its workload and in identifying potential safeguarding concerns. The team engaged in a patient safety review each month and recorded the outcomes of these reviews. But a recent action point documented within the patient safety review related to promoting a customer reward scheme rather than managing patient safety. This meant the team may be missing opportunities to identify and review actions designed to reduce risk.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. It offers a suitably professional environment for delivering healthcare services. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

Inspector's evidence

The pharmacy was secure and appropriately maintained. The team had reported two maintenance concerns recently and the pharmacy manager was confident these were being addressed. The pharmacy was clean and tidy. Lighting was bright throughout the premises. Air conditioning was fitted in the public area only. Heaters and fans were used within the dispensaries and windows could be opened during the working day to increase ventilation. Pharmacy team members had access to sinks equipped with antibacterial hand wash, sanitiser gel and paper towels.

The public area was fitted with wide-spaced aisles. A large mirror on the wall of the dispensary supported the RP in supervising activity at the medicine counter. The pharmacy's consultation room was clean and tidy. It was clearly advertised as a safe space, and team members explained how the room would be used to maintain people's confidentiality. Space in the dispensary was limited but the team used it well. Clear workbench space was available for assembling and checking tasks. A second dispensary on the first floor of the pharmacy provided ample space for managing tasks associated with the multi-compartment compliance pack service. A stock room was accessible at the back of the premises, along with staff facilities and offices on the first and second floor of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It obtains its medicines from licensed sources and stores them safely and securely.

Inspector's evidence

People accessed the pharmacy through a manual door up a step from street level. Handrails either side of the door supported access up the step, and a bell was available if people required assistance. The pharmacy clearly advertised its opening times and details of its services for people to see. It provided seating for people wishing to wait for their medicine or for a service. And team members had a clear understanding of how to signpost people to other pharmacies or healthcare services when the pharmacy was unable to provide a service or supply a medicine. The need to do this had increased since the pandemic due to the acute short-term closures of the pharmacy.

The pharmacy was busy throughout the inspection. One team member was always assigned to the medicine counter and was able to ask for support if a queue built-up. This supported a safe workflow in the dispensary as team members did not need to break-off from their work when completing a task. Pharmacy team members were attentive to people's needs and took the time to ensure they received the advice and support they required when visiting the pharmacy. The pharmacy stored Pharmacy (P) medicines behind the medicine counter. Team members were observed following procedures when responding to requests for P medicines. They had an appropriate awareness of how to manage requests for higher-risk P medicines subject to abuse, misuse and overuse. Pharmacy team members used bright laminated cards when dispensing medicines identified as higher risk. The PMR also prompted the team to apply additional care when dispensing these medicines. Assembled CDs and cold-chain medicines were stored in clear bags. And bags containing CDs were clearly highlighted with details of the prescription's validity period. Safety information was also printed on Pharmacist Information Forms (PIFs) which were kept with prescription forms to inform safety checks throughout the dispensing process. A discussion confirmed the team understood the requirements associated with the valproate Pregnancy Prevention Programme. And had engaged in learning associated with the programme. The RP had a good understanding of the counselling required when supplying valproate to a person within the at-risk group.

The pharmacy had efficient systems for managing owed medicines and medicines it delivered to people's homes. Audit trails supported the team members in answering queries they may receive about the pharmacy's dispensing services. An audit grid on prescription forms identified who had completed tasks associated with labelling, assembling, clinical checks, accuracy checks and handing out. Pharmacy team members also signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy sent some of its workload to the company's offsite hub pharmacy. Its processes associated with this service ensured only a pharmacist completed data accuracy and clinical checks of prescriptions prior to the team transmitting the data to the hub pharmacy. The team had an efficient process for dispensing some items locally and matching these with items dispensed at the hub pharmacy ahead of sending them out for delivery or transferring them to the retrieval area.

The pharmacy dispensed some medicines in multi-compartment compliance packs. Records associated

with this service included a schedule to support the timely management of workload and individual patient records. Patient records included clear details of people's medicine regimens and suitability assessments that provided assurances that supplying medicines in this way was in a person's best interests. The team documented changes to people's medicine regimens clearly. A sample of assembled compliance packs contained full dispensing audit trails and clear descriptions of the medicines inside the compliance packs. The pharmacy routinely supplied patient information leaflets alongside compliance packs at the beginning of each four-week cycle.

The pharmacy obtained its medicines from licensed wholesalers stored them tidily and within their original packaging. The team recorded activities associated with date checking. And it highlighted short-dated medicines with stickers. A random check of dispensary stock found no out-of-date medicines. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy kept CDs securely with date-expired and patient-returned CDs appropriately labelled and separated. The pharmacy's medicine fridge was an appropriate size for the medicines it held. Fridge temperature records showed that the temperatures had stayed within two and eight degrees Celsius. The pharmacy had appropriate medical waste bins to support the safe disposal of medicine waste. It received medicine alerts electronically and it kept an audit trail of the action it took in response to these alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate and well-maintained equipment and facilities for providing its services. Its team members use the equipment in a way which protects people's privacy.

Inspector's evidence

Pharmacy team members had access to up-to-date reference resources, the company's intranet, and internet. They could also obtain information from the company's internal telephone support line. The pharmacy protected its computers from unauthorised access by using passwords and NHS smart cards. It stored bags of assembled medicines safely in an area only accessible by staff. Pharmacy team members used cordless telephone handsets when speaking to people over the telephone. The RP provided an example of how they had moved into the consultation room with the handset when providing counselling to a person by telephone.

The pharmacy team used a range of appropriate equipment to support it in delivering the pharmacy's services. This included crown-stamped measuring cylinders for measuring liquid medicines and equipment for counting capsules and tablets. There was separate equipment available for counting and measuring higher-risk medicines. This mitigated any risk of cross contamination when dispensing these medicines. The pharmacy maintained its equipment to help ensure it remained safe to use and fit for purpose. For example, electrical equipment had been subject to safety checks within the last year.

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.