

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 118-120 Brighton Road, COULSDON, Surrey,  
CR5 2ND

**Pharmacy reference:** 1036482

**Type of pharmacy:** Community

**Date of inspection:** 25/11/2019

## Pharmacy context

A community pharmacy set within a parade of shops on the high street in Coulsdon. The pharmacy opens seven days a week. And most people who use it live nearby. The pharmacy sells a range of over-the-counter medicines and health and beauty products. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (blister packs) to help people take their medicines. It delivers medicines to people who can't attend its premises in person. And it offers winter influenza (flu) vaccinations.

## 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	1.2	Good practice	The pharmacy continually monitors the safety of its services to protect people and further improve patient safety.
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy provides its team members with the training and support they need. And it actively encourages them to improve their skills.
		2.4	Good practice	Staff work well together as a team and have a work culture of openness, honesty and learning.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures to help make sure its team works safely. It continually monitors the safety of its services to protect people and further improve patient safety. Its team members log and review the mistakes they make. So, they can learn from these and act to avoid problems being repeated. The pharmacy has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. They understand their role in protecting vulnerable people. And they generally keep people's private information safe.

### Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used plastic containers to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. And they initialled each dispensing label. Assembled prescriptions were not handed out until they were checked by a pharmacist who also initialled the dispensing label. The pharmacy had robust systems to record and comprehensively review dispensing errors, near misses and other patient safety incidents. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes regularly to help spot the cause of them and any trends. So, they could try to stop them happening again and improve the safety of the dispensing service they provide. They highlighted look-alike and sound-alike drugs on the dispensary shelves to reduce the risk of them picking the wrong product. And they've recently reviewed and strengthened their prescription handing-out process following a mistake when a member of the team gave someone another person's prescription. The safety and quality of the pharmacy's services were monitored and reviewed periodically by the pharmacy team and during company compliance audits.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. Staff were required to wear name badges which identified their roles within the pharmacy. And their roles and responsibilities were described within the SOPs. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to the pharmacist. A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of last year's patient satisfaction survey were available online. The pharmacy's practice leaflet told people how they could provide feedback about the pharmacy in person, online or by contacting the company's customer care centre. The pharmacy team asked people for their views. People's feedback led to changes in the way the team explained how the pharmacy's repeat prescription process worked.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. Its emergency supply records, its private prescription records and its RP records

were adequately maintained. Its controlled drug (CD) register was generally kept in order. And the CD register's running balance was checked regularly. The date an unlicensed medicinal product was obtained wasn't routinely included in the pharmacy's 'specials' records.

An information governance (IG) policy was in place and staff were required to complete online IG training. The pharmacy had arrangements in place to make sure confidential waste was collected and then sent to a centralised point for secure destruction. The pharmacy team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. But, it didn't always remove or obliterate people's details before patient-returned waste was disposed of as required by the pharmacy's SOPs. A safeguarding policy and a list of key contacts for safeguarding concerns were available. Members of the pharmacy team were required to complete safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough suitably qualified team members to provide its services safely and effectively. And it encourages them to give feedback. Staff work well together as a team and have a work culture of openness, honesty and learning. The pharmacy provides its team members with the training and support they need. And it actively encourages them to improve their skills. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

### Inspector's evidence

The pharmacy opened for 64½ hours a week. It dispensed about 7,000 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist, a part-time pharmacist, a full-time store-manager, a full-time pre-registration pharmacy technician trainee, three full-time dispensing assistants and three part-time dispensing assistants. One of the pharmacy's regular pharmacists (the RP), a relief pharmacist, the store manager, the pre-registration pharmacy technician trainee and three dispensing assistants were working at the time of the inspection. The pharmacy's team members, including the store manager, have completed accredited training relevant to their roles. The pharmacy was reliant upon its team members, relief staff and staff from nearby branches to cover any absences.

The pharmacists and the store manager led by example. And staff supported each other so prescriptions were processed efficiently, but safely, and people were served promptly. The pharmacists supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

Members of the pharmacy team regularly discussed their performance and development needs with their line manager and at colleague reviews twice a year. And they helped each other learn. They were encouraged to ask questions, read company newsletters and familiarise themselves with new products. They were also encouraged to keep their knowledge up to date by completing training and online assessments. Staff could train while they were at work when the pharmacy wasn't busy or during their own time. But, they received set aside time to make sure they could undertake accredited learning and mandatory training. They were comfortable talking about their own mistakes and weaknesses with their colleagues. Team meetings and one-to-one discussions were held to update staff and to share learning from mistakes or concerns. The pharmacy had a whistleblowing policy. Its team felt comfortable in providing suggestions about the pharmacy during team meetings. Staff knew who they should raise a concern with if they had one or how to raise it anonymously. Their feedback led to a review of the pharmacy's prescription texting service.

The team members weren't under pressure to complete the tasks they were expected to do. And they didn't feel their professional judgement or patient safety were affected by targets. Medicines Use Reviews and New Medicine Service consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The public area of the pharmacy was air-conditioned, bright and adequately presented. But, the pharmacy was in an old building. And the general decoration of some areas of the premises, such as peeling paintwork in the office and a stairwell, required attention. The pharmacy's dispensary was small. And some of its fixtures were dated and worn. But, it was organised. The pharmacy team assembled people's blister packs on a small bench in the stockroom because of the limited workspace in the dispensary. The pharmacy had a small consultation room for the services it offered and if people needed to speak to a team member in private. Conversations in the consultation room couldn't be overheard in the areas next to it. But, it couldn't be locked. So, the pharmacy team needed to make sure its contents were secured when it wasn't being used. The pharmacy was cleaned by a cleaning contractor a few days each week. And the pharmacy team also kept the pharmacy clean and tidy. The pharmacy's sink was cleaned regularly. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. It provides services that people can access easily. It offers flu vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources and it mostly stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they generally dispose of people's waste medicines safely too.

### Inspector's evidence

The pharmacy had automated doors. And its entrance was level with the outside pavement. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy advertised its services in-store. And its team was helpful and knew where to signpost people to if a service couldn't be provided. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign an electronic delivery record to say they had received their medicines.

The pharmacy provided a winter flu vaccination service. The pharmacy had valid, and up-to-date, patient group directions and appropriate anaphylaxis resources in place for this service. Its team made sure its sharps bin was kept securely when not in use. But, some adrenaline auto-injectors were found unattended and unsecured in the consultation room. These were promptly removed during the inspection. The pharmacy kept a record for each vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they weren't eligible for the NHS service. The pharmacy used a disposable and tamper-evident system for people who received their medicines in blister packs. The pharmacy team checked whether a medicine was suitable to be re-packaged. And it had a process to assess if a person was eligible for the service. The pharmacy kept an audit trail of the person who had assembled and checked each prescription. The pharmacy team provided a brief description of each medicine contained within the blister packs. But, patient information leaflets weren't always supplied as required by the SOPs. So, people didn't always have the information they needed to make sure they took their medicines safely. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. A 'Counselling Reminder' card and a 'Pharmacist Information Form' were used to alert the person handing the medication over that these items had to be added or if extra counselling was required. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare and Phoenix, to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks which were documented. The pharmacy needed to store its stock, which needed to be refrigerated, between two and eight degrees Celsius. It stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. Staff were required to keep patient-returned

and out-of-date CDs separate from in-date stock. Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock at the time of the inspection as the pharmacy didn't have the appropriate facilities to do so. The pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. And the pharmacy team didn't know when the pharmacy would become FMD compliant.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was emptied into a plastic tray and was checked for CDs or prohibited items. And needle exchange clients were asked to return spent sharps within a sharps container. People attempting to return prohibited items, such as household chemicals, were appropriately signposted. Pharmaceutical waste bins were available. But, the pharmacy didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products. The pharmacy had a process in place for dealing with alerts and recalls about medicines and medical devices. And staff described the actions they would take and the records they would make when the pharmacy received a concern about a product.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. And, its team makes sure the equipment it uses is clean and stored securely.

### Inspector's evidence

The pharmacy had a range of clean glass measures. It had equipment for counting loose tablets and capsules too. And staff made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the Chief Pharmacist's office to ask for information and guidance. The pharmacy had a medical refrigerator and a domestic refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerators' maximum and minimum temperatures. But, the temperature of the domestic refrigerator was slightly elevated at the beginning of the inspection. So, the pharmacy team took steps to address this. And checked the refrigerator's temperature range at regular intervals to make sure it remained within the nominal range. The store manager also gave an assurance that a replacement medical refrigerator would be obtained. Access to the pharmacy computers and the PMR system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

### 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.