

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit F 10 Daniell Way, Valley Plaza Retail Park, CROYDON, Surrey, CR0 4YJ

Pharmacy reference: 1036497

Type of pharmacy: Community

Date of inspection: 05/03/2020

Pharmacy context

A community pharmacy set inside a large Boots store on a retail park in Croydon. The pharmacy opens seven days a week. The store sells an extensive range of over-the-counter (OTC) medicines and health and beauty products. It also has a branch of Boots Opticians. The pharmacy dispenses NHS and private prescriptions. It supplies multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. The pharmacy offers Medicines Use Reviews (MURs) and the NHS New Medicine Service (NMS). It also offers substance misuse treatments. The pharmacy provides winter influenza (flu), and travel, vaccinations. And it can supply malaria prevention medicines too.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	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	Members of the pharmacy team work well together and have a work culture of openness, honesty and learning.
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 generally manages its risks well. And it has written procedures to help make sure its team works safely. The pharmacy keeps most of the records it needs to by law and it has adequate insurance to help protect people if things do go wrong. It asks people using its services for their views. Members of the pharmacy team can explain what they do, what they're responsible for and when they might seek help. They review the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they generally keep people's private information safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these were reviewed regularly by the pharmacy's head office. But some SOPs in the SOP folder, such as the pharmacy's controlled drug (CD) procedures, weren't the most recent ones. 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. They scanned the bar code of the medication they selected to check they had chosen the right product. And they initialled each dispensing label. Assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. Members of the pharmacy team discussed individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop errors happening. For example, they highlighted look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product from the dispensary shelves.

The pharmacy displayed a notice that identified the RP on duty. Its team members wore name badges which identified their roles within the pharmacy. The roles and responsibilities of the pharmacy team were described within the SOPs. Members of the pharmacy team knew 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 products liable to overuse, misuse or abuse to the RP. The pharmacy had a complaints procedure and patient satisfaction surveys were undertaken each year. 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 the pharmacy team changing the way it told people their prescriptions were ready to collect.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy's CD register contained some loose sections. And the address from whom a CD was received from wasn't always recorded in it. But its running balance was checked regularly as required by the SOPs. The pharmacy's RP records and its emergency supply records were generally kept in order. The prescriber's details were occasionally incorrect within the pharmacy's private prescription records. The pharmacy's records for the supply of unlicensed medicinal products

('specials') didn't routinely include the date an unlicensed medicinal product was obtained.

The pharmacy had an information governance (IG) policy. And its team members were required to complete online IG training. The pharmacy displayed a privacy notice. And this told people how their personal information was gathered, used and shared by the pharmacy and its team. The pharmacy had arrangements to make sure its confidential waste was collected and then destroyed securely offsite. But people's details weren't always removed or obliterated before patient-returned waste was disposed of as required by the SOPs. The pharmacy had a safeguarding policy and a list of key contacts if its team needed to raise a safeguarding concern. 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 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 96 hours a week. It dispensed about 4,500 NHS prescription items a month. The pharmacy team included two full-time pharmacists, a full-time pre-registration pharmacist trainee, a full-time pharmacy technician, a part-time pre-registration pharmacy technician and two part-time trainee dispensing assistants. The store manager was also a trained dispensing assistant and the assistant manager was an accuracy checking pharmacy technician. So, they could help the pharmacy team when needed. One of the regular pharmacists, the pre-registration pharmacist trainee, the pharmacy technician and the pre-registration pharmacy technician were working at the time of the inspection. The pharmacy relied upon its team, relief staff or staff from other branches to cover absences and provide additional support when the pharmacy was busy. The pharmacy's team members worked well together and supported each other. So, prescriptions were processed efficiently, but safely, and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of staff described the questions he would ask when making over-the-counter recommendations and when he would refer people to a pharmacist. For example, requests for treatments for the very young, the very old, people who were pregnant or breastfeeding or people with long-term health conditions.

The pharmacy had an induction training programme for its team. Members of the pharmacy team needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period. They regularly discussed their performance and development needs with their line manager and at colleague reviews. And, for example, a recent review led to a dispensing assistant being enrolled upon a pharmacy technician training course as part of her development. Team members helped each other learn. They were comfortable talking about their own mistakes and weaknesses with their colleagues. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged to read company newsletters and complete training and assessments to make sure their knowledge was up to date. And they received set aside time to train. The pre-registration trainee pharmacist confirmed the pharmacy was her training site and the RP was her tutor. She had a training plan in place for her development and had regular reviews with her tutor. She also received time to study. And she felt supported by her tutor and the pharmacy team. Team meetings and one-to-one discussions were held to update staff and share learning from mistakes or concerns.

The pharmacy had a whistleblowing policy in place. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew how to raise a concern if they had one. And their feedback led to one of the pharmacy's computer terminals being

relocated into a quieter area of the dispensary. The pharmacy team wasn't under pressure to complete the tasks it was expected to do. Members of the pharmacy team didn't feel their professional judgement or patient safety were affected by targets. And MURs and NMS 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 in. It has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The store and the pharmacy were air-conditioned, bright, clean, secure and adequately presented. But the store's heating system wasn't working properly. So, the premises were cold throughout the inspection. The pharmacy had the workbench and storage space it needed for its current workload. It had a suitably-sized consultation room for the services it offered and if people needed to speak to a team member in private. The consultation room was locked when it wasn't being used. So, its contents were kept secure. Conversations in the consultation room couldn't be overheard in the public areas next to it. The pharmacy team and a cleaning contractor were responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities and alcoholic hand sanitisers for its staff.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access easily. Its working practices are generally safe and effective. The pharmacy offers vaccinations and keeps appropriate records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team are helpful. They generally dispose of people's waste medicines properly. And they mostly carry out the checks they need to. So, people get medicines or devices which are safe.

Inspector's evidence

The retail park had a large car park for people to use. The store 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 was open most days of the year. And it stayed open later than usual six days a week. The store closed at 8pm Monday to Saturday. But the pharmacy's services were accessible until midnight on these days via a hatchway. The pharmacy advertised its services in-store and in its practice leaflet. The pharmacy team was helpful. It provided advice to people on how to take their medicines safely. And team members knew where to signpost people to if a service couldn't be provided. The pharmacy offered a delivery service to a few 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 had anaphylaxis resources in place for its vaccination services. And the RP was appropriately trained to vaccinate people. People often needed to make appointments to be vaccinated. So, the pharmacy team could manage its workload and make sure two pharmacists were on duty. The pharmacy kept a record for each vaccination it made. And this included the details of the person vaccinated, an audit trail of who vaccinated them, the details of the vaccine used and the site the vaccine was administered to. The RP asked another appropriately trained team member to check that the vaccine she selected was the correct one before administering it. The pharmacy team needed to make sure the sharps bin was kept securely when not in use. The pharmacy had valid, and up-to-date, patient group directions for its vaccination services. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged. The pharmacy team generally provided a brief description of each medicine contained within the compliance packs. But patient information leaflets weren't always supplied. So, sometimes people didn't have all the information they needed to take their medicines safely. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the 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. Prescriptions for CDs were generally marked with the date the 28-day legal limit would be reached to help make sure supplies were made lawfully. 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. The pharmacy had some valproate educational materials available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It stored its stock, which

needed to be refrigerated, appropriately between two and eight degrees Celsius. But the pharmacy's refrigerator was congested with stock making it difficult for team members to find products, such as vaccines, easily. The pharmacy generally 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 team highlighted short-dated products and marked containers of liquid medicines with the date they were opened. The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. But these have been allowed to build up and needed to be destroyed. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. And they had started to decommission stock for some prescription-medicines, but not all, as the pharmacy had the equipment and computer software to do so. The pharmacy had procedures and equipment for the handling of patient-returned medicines and medical devices. The pharmacy team emptied patient-returned waste into a tray and checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Pharmaceutical waste bins were available. But the pharmacy didn't have a receptacle for the disposal of hazardous waste. And some cytotoxic waste was found in a bin intended for non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. Its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures. It had equipment for counting loose tablets and capsules too. Members of the pharmacy team 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 to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. Access to the pharmacy's computers and the patient medication record 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.

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.