

Registered pharmacy inspection report

Pharmacy Name: Boots, 8 High Street, HORLEY, Surrey, RH6 7AY

Pharmacy reference: 1036627

Type of pharmacy: Community

Date of inspection: 21/10/2019

Pharmacy context

This is a community pharmacy set in a pedestrianised area of Horley town centre. The pharmacy opens seven days a week. It 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 to help people take their medicines. And it delivers medicines to people who can't attend its premises in person.

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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It 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 identify and manage risks appropriately. They record 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 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. 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 and near misses. Members of the pharmacy team discussed and documented 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 them happening again; 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's opening hours were recently reviewed. So, it wouldn't open on Sundays anymore.

The pharmacy displayed the wrong RP notice when the inspector arrived at the pharmacy. But this was promptly changed when the matter was brought to the RP's attention. Members of the pharmacy team explained what they could and couldn't do and when they might seek help; for example, they would refer repeated requests for the same or similar products to a pharmacist. Staff roles and responsibilities were described within the pharmacy's SOPs. 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. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy's emergency supply records and its RP records were adequately maintained. The details of the prescriber were sometimes incorrectly recorded in the pharmacy's private prescription records. The date an unlicensed medicinal product was obtained wasn't routinely included in the pharmacy's 'specials' records. The address from whom a controlled drug (CD) was received from wasn't always recorded in the pharmacy's CD register. Correctional footnotes made to the CD register were sometimes undated. And entries within the CD register were occasionally crossed out. But the CD register's running balance was checked regularly as required by the pharmacy's SOPs.

The pharmacy team was investigating a running balance discrepancy at the time of the inspection. And this would be reported to the CD accountable officer if it couldn't be resolved.

An information governance policy was in place and staff were required to complete online training on it. The pharmacy had arrangements in place to make sure confidential waste was collected and then sent to a centralised point for secure destruction. Its 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 people's details weren't always removed or obliterated before patient-returned waste was disposed of. A safeguarding policy and a list of key contacts for safeguarding concerns were available. Staff 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 ✓ Standards met

Summary findings

The pharmacy has enough staff to deliver its services safely. And it encourages its team to provide feedback. The pharmacy's team members make appropriate decisions about what is right for the people they care for. They know how to raise a concern if they have one. They occasionally feel under pressure to do all the tasks they're expected to do. But, their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 63 hours a week. It dispensed about 4,000 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a store-manager, a full-time trainee dispensing assistant, a part-time dispensing assistant and five part-time trainee dispensing assistants. The RP, the store manager and three dispensing assistants were working at the time of the inspection. The pharmacy's team members, including the store manager, were required to complete 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. But the pharmacy had relied upon relief and locum pharmacists since its regular pharmacist left and its current pharmacist started. And there has been a recent turnover of staff too. So, the services the pharmacy could provide, such as influenza (flu) vaccinations, and the continuity of care some people received have been affected.

Staff supported each other so prescriptions were processed in a timely manner 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 needed to follow. A trainee dispensing assistant 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.

Staff performance and development needs were discussed informally throughout the year and at colleague reviews. Members of the pharmacy team were encouraged to ask questions, familiarise themselves with new products, read the company's monthly 'Professional Standard' newsletter and undertake online training to keep their knowledge up to date. And they sometimes got time to train while they were at work when the pharmacy wasn't busy. But they could train in their own time too. Team meetings were held to update staff and share learning from mistakes or concerns. Staff unable to attend these meetings were updated during one-to-one discussions. The pharmacy had a whistleblowing policy in place. Members of the pharmacy team felt comfortable in providing suggestions about the pharmacy during team meetings. And staff knew who they should raise a concern with if they had one or how to raise it anonymously. Their feedback led to changes in the pharmacy's prescription ordering process.

The pharmacy's team members have occasionally felt under pressure to cope with all the tasks they were expected to do. But they didn't feel their professional judgement or patient safety were affected by targets. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists 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 pharmacy premises were bright, appropriately presented and air-conditioned. The pharmacy had the workbench and storage space it needed for its current workload. But part of its workspace was cluttered with some obsolete stock and partly assembled prescriptions. And a few fixtures, such as some drawers in the dispensary, were showing signs of wear. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. But it couldn't be locked. So, the pharmacy team needed to make sure its contents were appropriately secure when it wasn't being used. The pharmacy was cleaned by a cleaning contractor a few days each week. But the pharmacy team also needed to keep the pharmacy clean and tidy. The pharmacy's sink was clean. 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 delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it usually stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they 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. Its services were advertised in-store and were included within its practice leaflet. The pharmacy's team members were helpful. They knew what services were offered and where to signpost people to if a service couldn't be provided. The pharmacy also acted as a collection point for people of a local hospital to collect their out-patient prescriptions from.

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 a delivery record to say they had received their medicines. The pharmacy provided three to four MURs a week. But it provided very few NMS consultations. People were required to provide their written consent when recruited for these services. The pharmacy used a disposable and tamper-evident system for people who received their medicines in multi-compartment compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a compliance pack. 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 each compliance pack and who had checked it. The pharmacy team provided a brief description of each medicine contained within the compliance packs. 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. Prescriptions were highlighted to alert the team member handing the medication over that these items had to be added or if extra counselling was required. And patient information leaflets were routinely supplied to people too. The pharmacy team was aware of the valproate pregnancy prevention programme. And staff knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available online.

The pharmacy used recognised wholesalers, such as AAH and Alliance Healthcare, to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately. It also kept its medicines and medical devices within their original manufacturer's packaging. But some products weren't kept tidily on the shelves. Pharmaceutical stock was subject to date checks, which were documented, and short-dated products were highlighted. Some adrenaline injections, which were expired or short-dated, were found in the consultation room. They were quarantined during the inspection to make sure they weren't administered or supplied in error. 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 accumulate. 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 despite an update to the pharmacy's patient medication record (PMR) system. 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 an appropriate sharps container. People attempting to return prohibited items, such as household chemicals, were appropriately signposted. Suitable pharmaceutical waste receptacles were available and in use. 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, it uses these to keep people's private information safe.

Inspector's evidence

The pharmacy had a range of clean glass measures. It also had equipment for counting loose tablets and capsules too. 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. The pharmacy didn't provide health checks anymore. So, the diagnostic equipment it had for this service was no longer being used.

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.