

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 42 Union Street, KINGSTON UPON THAMES,  
Surrey, KT1 1RP

**Pharmacy reference:** 1036651

**Type of pharmacy:** Community

**Date of inspection:** 02/12/2019

## Pharmacy context

A Boots pharmacy located in a busy shopping centre in Kingston Upon Thames. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), a New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes and medicines for care homes, vaccination services (travel, flu chicken pox, HPV, meningitis), supervised consumption and a delivery service.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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

Overall, the pharmacy's working practices are safe and effective. It records and reviews its mistakes to stop them happening again. The team keeps all the records required by law and team members keeps people's information safe and they help to protect vulnerable people.

### Inspector's evidence

Each member of staff would record their own near misses on individual near miss logs. However, not all entries included detailed reasons explaining why the error occurred or what actions could be taken to prevent a recurrence. At the end of each month, the team reviewed all the near misses and incidents in a 'Patient Safety Review'. Recently the main dispensary team had implemented an action whereby the quantities of CDs were written on the external boxes to help prevent quantity errors. The pharmacy also had a care home team and they also completed their own 'Patient Safety Reviews' based upon their incidents. The team received a 'The Professional Standard' newsletter from their Superintendent's office every month and this latest newsletter included information about controlled drugs. All the staff had read the Professional Standard and signed to say they had done so.

The team used Pharmacist Information Forms (PIFs) to communicate messages about the patient's medicines to the pharmacist. Such information included whether the medicine was new to the patient, whether anything had changed since the last time they received it, whether the patient had any allergies or whether the patient was eligible for further services, such as an MUR. The form also included a blank box to write any further information that the dispenser thought the pharmacist should be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Multi-compartment compliance aids and care home medicines were prepared in dedicated rooms in the basement of the building to reduce distractions. The team used stackable containers to hold dispensed drugs to prevent mixing up different prescriptions and an audit trail was observed being used by the members of the pharmacy team where they signed a quadrant stamp to identify who dispensed, clinically checked, accuracy checked and handed out a prescription. Dispensing labels were signed by two different people indicating who had dispensed and who had checked a prescription. The team members also signed the bag labels to highlight who had handed out the medicines to the patient.

All the standard operating procedures (SOPs) had the roles and responsibilities of the staff set out and on questioning, the team members were clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. The team were currently reading their new updated controlled drug SOPs. The other SOPs had been signed by the team. A certificate of public liability and professional indemnity insurance was held electronically on the company's intranet and was valid until the end of July 2020. There was a complaints procedure in place and this was detailed in the practice leaflet displayed in the retail area of the pharmacy. The leaflet also had the contact details for the company's head office, Patient Advice and Liaison Service and the Independent Complaint Advocacy Service. The results of previous Community Pharmacy Patient Questionnaire (CPPQ) were displayed on the nhs.uk website and were seen to be positive.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of MST 30mg tablets was checked for record accuracy and was seen to be correct. The CD stock was balance checked every week by the pharmacist. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription and emergency supply records were completed electronically with all the required information recorded. The specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential waste paper was collected in blue confidential waste bins which were removed by the company for destruction. Information Governance (IG) practice was reviewed annually in the pharmacy. The pharmacists and technicians had completed the level 2 Centre for Postgraduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults e-learning program on the company's training website which all the members of staff had completed, and they were all Dementia Friends. The team explained that they were all confident that they could recognise the signs to look out for which may indicate safeguarding issues in both children and vulnerable adults. They displayed a Safeguarding poster in the dispensary with contact details for the Boots head office safeguarding leads.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

### Inspector's evidence

On the day of inspection, there were three pharmacists, one pre-registration pharmacist, two accredited checking technicians, ten dispensers and two medicines counter assistants. The staff were seen to be working well together and supporting one another.

The staff completed online training modules on the company's intranet. The modules consisted of compulsory modules and assessments covering topics from all aspects of the pharmacy, including medical conditions, health and safety, law and ethics and over-the-counter products. There was also a library of training modules available for staff to choose and complete voluntarily if they felt their knowledge in an area needed improvement. The team explained that they were provided with time during the working day to complete training and they also received 'The Tutor' training packs to ensure they were kept up to date with relevant healthcare information.

The team explained that they were aware of how to raise concerns and to whom. There was a whistleblowing policy in place and this was also detailed in a poster in the staff area of the pharmacy. The team also completed an annual satisfaction survey where they were able to provide feedback about their day-to-day roles, the company and any areas of improvement they'd like to see. There were targets in place for services, but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to do so.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

### Inspector's evidence

The main pharmacy was located on the first floor the building and included a medicines counter, consultation room and dispensary. The pharmacy was well presented from the public view. The retail areas and medicines counter were well defined away from the dispensary. The dispensary was clean, tidy and modern in appearance. The care home dispensing room and the compliance aid dispensing room were based in the basement of the building and were also clean, tidy and well presented. The team explained they cleaned the pharmacy between themselves when it was quiet, and they also had cleaners who cleaned the floors and emptied the bins in the main dispensary every day.

The consultation room allowed for confidential conversations, was locked when not in use and included a table, seating, a clean sink and storage. There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines, and alcohol hand gel was available. Medicines were stored on the shelves and in the drawers in a generic and alphabetical manner and the shelves were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. The lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

### Inspector's evidence

Pharmacy services were displayed on posters around the pharmacy area. The pharmacy had Healthy Living status and the team had a health promotion area which they updated regularly to reflect national health promotion campaigns. There were escalators and lifts in the store to visit the pharmacy on the first floor and there was seating for patients or customers waiting for services. There was also an induction loop available should a patient require its use. The team used a logical process to prepare multi-compartment compliance aids for domiciliary patients and logged the activities on posters in the compliance aid preparation room. The compliance aids were prepared with descriptions of the medicines inside and the Patient Information Leaflets (PILs) were supplied every month. Each patient had a file where the team recorded their medicines, when they were taken, any known allergies, any discharge information from the hospitals and relevant contact details.

The care home team explained that the care services processes were completed to a model day where they initially rang the care homes to prompt them to order on their 'ordering week' and they then chased them to check they have placed the orders before planning in drivers to pick up prescriptions. The pharmacy team then checked the prescriptions and phoned the care homes to highlight anything missing as well as fax them a missing item form. They then maintained communication with the care homes around missing items and two days prior to the care home starting their cycle, they referred to the pharmacist about the missing items, so they could decide whether to provide an emergency supply or not. The care home team kept communication forms in duplicate where they kept one copy in the admin area to chase and one to hold in the care home file for audit trail. The ACT explained that they visited each care home twice a year and an external company pharmacist carried out all pharmacist advice visits and audits, including antipsychotic audits.

The team had legally valid PGDs, with named pharmacists, for all the services they were delivering. The pharmacy was an accredited yellow fever vaccination centre and could issue International Certificates of Vaccination for the vaccine. The whole pharmacy team was confident on how to handle requests for these services and how to refer to the pharmacist. The pharmacy team used an online diary to plan when services could be booked online by patients at home, or in store when they phoned up. If the team were short of staff or if they were particularly busy, the team would block out the electronic diary to prevent appointments being made at specific times.

Patients taking warfarin would have a laminated 'warfarin card' attached to their prescription to highlight the need for the team to ask them for INR levels, blood test dates and warfarin dosage. The dispenser explained that they always asked these questions and documented the answers on patient's records, so they could monitor their doses and ensure that supplies of warfarin were safe. The

pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate information cards and leaflets were available for use during dispensing for all patients in the at-risk group on valproates and the pharmacist explained that all their patients on valproates were aware of the possible risks.

The pharmacy obtained medicinal stock from Alliance, Boots, Phoenix and dressings from NWOS. Specials were ordered from BCM Specials. Invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. There were two CD cabinets in the pharmacy which were secured in accordance with regulations. Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were maintained. The staff used "caution short dated stock" stickers when stock was short dated. Opened stock bottles examined during the inspection were seen to include the date of opening on them and the fridges were in good working order and the stock inside was stored in an orderly manner. The pharmacy team was aware of the European Falsified Medicines Directive (FMD), but they were not currently compliant. Boots head office was currently in the process of rolling equipment and software out to their pharmacies. MHRA alerts came to the pharmacy electronically through the company's intranet and they were actioned appropriately. Recently, the team had dealt with a recall for Emerade injections. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

### Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 250ml, 100ml, 50ml and 10ml measures. Some were marked to show that they should only be used with methadone liquid. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Electrical equipment appeared to be in good working order and was PAT checked annually.

Up-to-date reference sources were available such as a BNF, a BNF for Children, Martindale as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources.

### 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.