

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 19-20 Victoria Road, SURBITON, Surrey, KT6 4JZ

**Pharmacy reference:** 1036787

**Type of pharmacy:** Community

**Date of inspection:** 25/10/2022

## Pharmacy context

This is a medium-sized branch of Boots on the busy main road through the centre of Surbiton in Surrey. And it is near the railway station. It dispenses people's prescriptions, sells over-the-counter medicines and provides healthcare advice. It offers a small range of other services such as flu vaccinations in the autumn and winter months. It also delivers prescriptions to people who can't visit the pharmacy themselves.

## 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

The pharmacy provides its services in line with detailed processes and procedures which are being followed by its team members. They are clear about their roles and responsibilities. And they work to professional standards, identifying and managing risks effectively. The pharmacy keeps adequate records of the mistakes that happen during the dispensing process. And it has a 'patient safety champion' who generally reviews them with the rest of the team so that they can learn from them and avoid problems being repeated. The pharmacy manages and protects most confidential information appropriately. Its team members understand their role in helping to protect the welfare of vulnerable people. The pharmacy keeps all the records it should and has appropriate insurance in place to help protect people if things do go wrong.

### Inspector's evidence

The inspection was carried out after the majority of the COVID-19 related restrictions had been lifted. Some members of the pharmacy team were wearing masks in accordance with the current government guidance for healthcare settings.

There were Standard Operating Procedures (SOPs) in place to underpin all professional standards, which had recently migrated online. There was still an old folder with the previous paper SOPs available. All staff working in the healthcare team had their own login so that they could access the new SOPs and sign them digitally. The manager could then see which members of the team had signed which SOPs. The responsible pharmacist (RP), who was a self-employed locum, explained that she received copies of the SOPs, and updates to them via the online booking platform used for arranging her work. Staff roles and responsibilities were all set out in a matrix within the SOPs, and staff were all able to explain what they do, what they were responsible for and when they might seek help.

Errors and near misses were recorded online, and a monthly patient safety review dated June 22 was displayed on the dispensary noticeboard for the team to see. The RP explained that the regular pharmacist, who was not on duty on the day of the inspection, was the 'patient safety champion.' Members of the team confirmed that he had reviewed them since June and regularly briefed the whole team. The RP explained how all near misses and errors were recorded online immediately by the individual team member involved. The reviews were an opportunity for all members of the team to learn from their mistakes and reduce the likelihood of them happening again.

The written RP log was seen to be complete and up to date. Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist notice was correct and clearly displayed for people to see. A current certificate of professional indemnity and public liability insurance was held electronically on the company's intranet.

Private prescription records were maintained electronically on the Patient Medication Record (PMR) system, but a search of the system indicated that none had been dispensed in the previous four months. The pharmacy advisor and the RP were both able to explain what records they would keep, and the checks made to verify the registration of the prescriber. People requesting emergency supplies were generally advised to contact NHS111 so that an emergency prescription could be provided

through the Community Pharmacy Consultation Service (CPCS) and the GP notified.

Those sections of the controlled drug (CD) register examined were found to be correctly maintained. Running balances were checked weekly in accordance with the SOP. Stock balances of two random samples were checked and found to be correct. Amendments to the records were asterisked with a signed and dated footnote to identify who had made the amendment. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Patient-returned CDs were securely bagged up and labelled in bottom of cabinet, separate from stock to be used for dispensing. There was a separate bag, clearly labelled, for out-of-date CDs. Records of unlicensed 'specials' were present with all the necessary information recorded on those certificates of conformity examined.

Those team members questioned were able to demonstrate an understanding of data protection and had undergone General Data Protection training. Confidential waste was kept separate from general waste and shredded offsite. Completed prescriptions awaiting collection were stored on open shelving clearly visible to people waiting at the counter. Prescriptions were attached to the bags and positioned so that people's personal details were also visible. When this was pointed out the RP agreed to notify the manager and rearrange them to rectify this.

There were safeguarding procedures in place and contact details of local referring agencies for both adults and children were available. All registrants had been trained to level two and all other staff members had undergone level one Boots e-learning. Staff were able to describe some of the signs to look for and knew when to refer to the pharmacist.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are generally well-trained and have a clear understanding of their roles and responsibilities. They work well together and can make suggestions to improve safety and workflows where appropriate.

### Inspector's evidence

There was one trainee healthcare advisor (medicines counter assistant or MCA), two pharmacy advisors (a role that combines that of both dispenser and MCA) and the RP on duty during the inspection. Team members were seen to be working well together. In the event of staff shortages, they would adjust their working hours to cover each other. They could also seek help from, and provide help to, other local stores. All staff wore badges showing their names and role.

Certificates to confirm staff qualifications were available online but not inspected. Ongoing training consisted of e-learning modules for staff to complete online. Both of the pharmacy advisors independently described the most recent training on updated SOPs. There was an additional member of staff working on the checkout at the front of the pharmacy. She stated that she helped cover the counter from time to time and had been registered on the healthcare advisor course. She was unable to confirm that she had started any part of that training and the manager later confirmed that she was still awaiting login details. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. All members of staff were seen to serve customers and asking appropriate questions when responding to requests or selling medicines.

There were targets in place, but they appeared to be applied sensibly. Team members were involved in open discussions about their mistakes and learning from them. There was a whistleblowing policy available for staff if required.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a secure and professional environment for people to receive its services. They are easily accessible for people with a wide range of needs. The premises include a suitable private room which the team uses for some of its services and for private conversations.

### Inspector's evidence

There was step-free access into the pharmacy through a wide entrance from the street with two manual doors and one automatic. There were posters in the window to highlight the online doctor service provided by Boots. The premises were clean and tidy with plenty of room for people with pushchairs or those with mobility issues. The dispensary itself was small with only limited workspace. There were some boxes of prescriptions awaiting a final accuracy check but it appeared to be well organised, and the workstations were tidy and free of clutter.

There was a small consultation room for confidential conversations, consultations and the provision of services. It was in the stockroom and was furnished with a small desk, two chairs and a filing cabinet. There was no confidential information on view inside the consultation room. The room itself had a glass door which could be screened with a curtain for privacy. Access was restricted by a keypad lock on the door from the sales area to the stockroom.

The sink in the dispensary was clean, with hot and cold running water and handwash available. Room temperatures were appropriately maintained by combined heating and air-conditioning units, keeping staff comfortable and suitable for the storage of medicines. There were clear Perspex screens running the length of the medicines counter and across the front of the dispensary to help minimise the spread of airborne viruses.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner. It sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take. Pharmacy team members identify people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. But they don't record all of those checks, which may make it harder to show what had been done if a problem were to arise in the future.

### Inspector's evidence

There was a range of leaflets providing general health information and highlighting the services available from the pharmacy. The pharmacy provided a range of services in addition to dispensing NHS prescriptions. There was a 'healthcare zone' noticeboard and a 'fair data processing' notice was on display for people to see. The pharmacy also made its premises available as a 'safe zone' for the 'Ask Ani' service to help some vulnerable people.

Staff were observed serving people and dealing with their prescription requests. There was a selection of laminated prompt cards for specific types of prescription, for example those for babies and young children, or those for high-risk medicines such as warfarin. They prompted staff to check key safety information with the person collecting the prescription. They used baskets to keep individual prescriptions separate, and prescription labels were initialled to show who had dispensed and checked them. All product barcodes were scanned and any without were noted on margin of the Electronic Prescription Service (EPS) token. This prompted the team to triple check those items for accuracy. The system also endorsed the prescription tokens with prompts for the staff to sign showing who had labelled, clinically checked, assembled and completed the final check. Staff initialled the bag label on the finished prescriptions to complete the audit trail, signifying who had filled the bag and checked that it was complete and correctly labelled. Staff were observed checking people's identity before adding an extra signature on the bag itself to indicate who had handed it out. All of this helped to identify who had been involved at each stage in the process if any query arose after the prescription had been handed out. Owings tickets were in use when medicines could not be supplied in their entirety. The prescription was completed as soon as the missing item was back in stock.

The RP was aware of the risks involved in dispensing valproates to women in the at-risk group, and all such patients were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. But the pharmacy was not currently documenting each intervention on the patient record. Upon reflection the RP agreed to remind people at each supply, and then record the intervention on the PMR. The same principles were discussed in relation to other high-risk medicines such as warfarin and lithium.

The pharmacy supplied some medicines in multi-compartment compliance aids to a small number of people. There was a matrix for each week on the wall to track the process, ensuring that the prescriptions were ordered from the surgeries on time. The matrix also tracked when the prescriptions were received, clinically checked, labelled, assembled and finally checked for accuracy. They worked to a four-week cycle, and kept records of each persons' medication, when they were taken, any known

allergies, any discharge information from the hospitals and contact details. If anything changed, a new record sheet would be produced to reflect the new situation rather than simply changing the existing sheet. There were copies of the old sheets kept for reference in a separate file. The labels included product descriptions to help people identify their medicines. The pharmacy had recently reviewed this service and as a result some people now received their medicines in their original packs together with a Medicines Administration Record (MAR) chart as a reminder of when to take them. The pharmacy advisor confirmed that the needs of everyone using the service were assessed and that they continued to receive compliance aids if the assessment confirmed a need for them.

The pharmacy offered Pneumonia vaccination service as well as the seasonal flu vaccinations. There were valid signed Patient Group Directions (PGDs) in place for both services. The file also contained the SOP for the flu service and a training log to show who had been trained and when. There were adrenaline ampoules available in the consultation room for use in an emergency. Upon examination they were confirmed as being in date.

The pharmacy offered a chargeable delivery service for those who couldn't otherwise collect their medicines. The driver was shared with other local branches. Deliveries were booked using an app, which was also used by the driver to record each delivery as it was made.

There were two files for the CPCS service, one for referrals from NHS111 via the online PharmOutcomes platform. The second file was for referrals from GPs which up until February 2022 had come via the Sonar platform. After that time, all referrals came via PharmOutcomes. The files contained copies of the CPCS referrals and resulting tokens for any supplies made.

The pharmacy acted as a collection point for prescriptions dispensed by the Boots out-patient pharmacy at Kingston hospital. There was a file containing details of prescriptions sent from the hospital for collection from the pharmacy. People's identity was verified before handing the medicines out. The signed form was then faxed back to the hospital so they would know the medicine had been collected. Once faxed, the collection details were recorded, and the form was then filed.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance. Unlicensed 'specials' were obtained from Alliance and BCM Specials. Routine date checks were seen to be in place, and record sheets were seen for each quarter. Items approaching their expiry date were recorded on monthly sheets, and any left in stock one month prior to expiry were then disposed of. There were records present for items due to expire each month up to and including November 2022. Part-used bottles of liquid medicines were annotated with the date upon which they were opened.

Fridge temperatures were recorded daily, and all seen to be within the correct temperature range. The fridge was tidy with clearly labelled shelves and separate areas for dispensed medicines awaiting checking and collection. There was no frost or ice inside. Pharmacy-only medicines were displayed behind the medicines counter to prevent self-selection of these medicines.

Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients returning sharps were signposted to the local council for disposal. There was a tray to help staff safely sort through any returned medicines. The pharmacy had a separate container with a purple lid for the disposal of medicines classified as hazardous waste. But there was no list of those medicines available for staff to refer to and those questioned were unaware of the need to separate hazardous medicines. Upon reflection the RP agreed to notify the manager and check the local policy and procedures.



The pharmacy received drug alerts and recalls from the MHRA, printed copies of which were kept in a file. Each alert was annotated with any actions taken, the date and initials of those involved. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has appropriate facilities for the services it provides, and it keeps them suitably clean and tidy. It also ensures that people's private information is kept safe and secure.

### Inspector's evidence

The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was clean and tidy. There was a range of standard glass conical measures, one of which was marked for use with methadone only. There was a selection of counting triangles (including a separate one for cytotoxics) and capsule counters. There was one medicines fridge, and one CD cabinet. The pharmacy had online access to up-to-date reference sources.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen in use with some sharing of passwords. Once this was pointed out, the team member involved replaced the smartcard with his own and agreed to only use that in future.

### 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.