

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 6 High Street, UTTOXETER, Staffordshire,  
ST14 7HT

**Pharmacy reference:** 1037118

**Type of pharmacy:** Community

**Date of inspection:** 17/09/2024

## Pharmacy context

This pharmacy is situated on a busy high street in Uttoxeter town centre. It has a consultation room available for private conversations. The pharmacy sells a wide range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medicines in multi-compartment compliance packs for some people, to help them take their medicines at the right time. It also provides a range of services including the NHS Pharmacy First service, New Medicine service and seasonal 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	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 takes appropriate steps to manage the risks associated with its services. Its team members record their mistakes so that they can learn from them. And they take action to try and stop the same types of mistakes from happening again. The pharmacy keeps the records required by law. Members of the team take the correct action to keep people's private information safe and safeguard vulnerable people.

### Inspector's evidence

There were up to date electronic standard operating procedures (SOPs) for the services provided. Team members accessed them using an individual log on and they marked each SOP to show they had read and accepted them. Roles and responsibilities of the team members were set out in SOPs and members of the pharmacy team were aware of their duties.

Mistakes that were identified during the accuracy checking process, also known as near misses, were discussed with the pharmacy team member at the time. They corrected the mistake and made a record of the near miss on electronic software. Details of the mistake and learning points were included. The regular pharmacist reviewed the near miss log and generated a patient safety report which included the identification of trends and common mistakes. They had recently identified quantity errors as being a common trend and shared some learning points with the team to try and reduce the risk of these types of errors. Actions taken included circling the quantity on the medicine packaging and trying to reduce distractions when dispensing prescriptions. Mistakes that were identified after a person was supplied their medicines, known as dispensing errors, were also recorded electronically, and shared with head office for investigation.

The correct responsible pharmacist (RP) notice was displayed clearly. A dispenser was able to correct explain what tasks could and could not be completed if the RP was absent. A complaints procedure was in place and copies of a pharmacy practice leaflet detailing how people were able to raise concerns were present in the retail area. A dispenser explained they tried to resolve complaints in the pharmacy wherever possible, and referred people to the head office if it was unresolved. Professional indemnity insurance was in place.

The private prescription record, emergency supply record, unlicensed medicines records, responsible pharmacist (RP) record and the controlled drug (CD) registers were in order. Records of CD running balances were kept and these were audited regularly. However, some of the CD registers had incomplete headers and had become unbound. This meant there was a risk of a register becoming misplaced or an entry being made in the incorrect register. The RP agreed to rectify these issues. Patient returned CDs were recorded and disposed of appropriately. The physical stock of two CDs were checked against the running balance and found to be correct.

Confidential waste was stored in a designated bin to be collected by an authorised carrier. And confidential information was kept out of sight of the public. The pharmacy team had completed electronic information governance training when they commenced their employment and received refresher training annually. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information. A privacy notice was displayed in the retail area explaining how the pharmacy intended to use people's personal data. Members of the pharmacy team had completed

safeguarding training on the pharmacy's e-learning platform and the pharmacist had completed level three safeguarding training. The contact numbers required for raising safeguarding concerns were present.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. They have access to an ongoing, structured training programme to help develop their skills and knowledge.

### Inspector's evidence

The pharmacy team consisted of a regular pharmacist, a store manager who was also a trainee dispensing assistant, two trained dispensing assistants, one medicines counter assistant and another trainee dispensing assistant. There was also a relief dispensing assistant helping the pharmacy team, but it was explained that relief team members were rarely used. Annual leave and absences were covered by members of the team. The pharmacy also had a team of delivery drivers to deliver medicines to people's homes. They were not assigned to a specific branch and supported multiple pharmacy branches within the same company.

Team members completed ongoing e-learning training to help keep their knowledge up to date. This also included annual refreshers of important topics such as safeguarding and information governance. Appraisals were completed by the store manager, and they discussed general performance, patient safety incidents and training opportunities to help members of the team progress in their role. They also felt comfortable raising concerns and providing feedback to the store manager and head office.

A member of the pharmacy team working at the medicines counter was clear about their role. They knew what questions to ask when making a sale and when to refer people to the pharmacist. Another member of the team was clear which medicines could and could not be sold if the pharmacist was absent for a short period. And they demonstrated a clear understanding of medicines liable to misuse and would speak to the pharmacist if they had concerns about individual requests. The pharmacist said there were targets in place for professional services, but they did not feel under pressure to achieve them and did not let any incentives affect their professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it is a suitable place to provide healthcare services safely. It has a consultation room so that people can have a conversation in private with a member of the team.

### Inspector's evidence

The pharmacy was clean and tidy. The dispensary was large enough for workload undertaken and cleaning was done on a daily basis. Work benches were clean and tidy which helped to make sure prescriptions were assembled safely. A clean sink was available to prepare medicines that required mixing before being supplied to people. Lighting and the ambient temperature of the pharmacy were adequately controlled and maintained. Maintenance problems with the premises were reported to head office. Team facilities included a staff rest area and WC with wash hand basin and antibacterial hand wash.

There was a consultation room available which was uncluttered and clean in appearance. It was clearly signposted and locked when not in use.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people and provided in a safe and effective manner. The pharmacy team carries out extra checks when supplying higher-risk medicines, to make sure they are being used properly. It sources and stores medicines appropriately and carries out checks to help make sure that they are kept in good condition and safe to supply to people.

### Inspector's evidence

There was a small step to the entrance of the pharmacy with automatic doors leading into a large retail area. There was also a permanent ramp available which made it suitable for those with mobility issues. The consultation room was clearly signposted and was suitable for those with a wheelchair or pram. A selection of healthcare leaflets was available, and posters were displayed to advertise the services that the pharmacy provided.

The pharmacy provided a range of services including seasonal flu vaccinations, the New Medicine Service and the NHS Pharmacy First service. The regular pharmacist had completed training on the Pharmacy First service and had signed the patient group directions (PGDs) to show they were able to provide the service. The pharmacist explained that uptake of the service was initially high but the number of referrals from local GP practices had recently declined. Training to deliver the upcoming seasonal flu vaccination services had been completed and members of the team were preparing for the launch of the service.

Prescriptions were received electronically and placed into tubs to help reduce the risk of different people's medicines getting mixed up. Team members signed 'dispensed-by' and 'checked-by' boxes to help create an audit trail to show who was involved in the dispensing and checking process in the event of a query or mistake. Medicines awaiting collection were scanned and stored on numerical shelves so they could be located easily. Team members confirmed the name and address of the person collecting their medicines and they used an electronic device during this process so that the system marked it as collected. The device also highlighted if a fridge item or CD needed to be supplied. The date after which CD prescriptions could not be legally supplied was also highlighted to avoid this happening. Prompts were set up for higher risk medicines and team members provided counselling advice to make sure medicines were used safely. The pharmacist was aware of the updated guidance regarding valproate and topiramate containing medicines. Patient information resources for valproate and topiramate were present and were supplied with the medication.

Some medicines were dispensed into multi-compartment compliance packs to help people take their medicines correctly, and at the right time. The pharmacy maintained a record of the medicines for each person who received a pack and any changes to the treatment plan was detailed on the record. Completed packs had appropriate warning labels printed on them and the descriptions of the medicines were included to make it easier for people to identify their medicines. And team members supplied patient information leaflets for people to access additional information if needed.

Stock medicine was sourced from licensed wholesalers and specials from a suitable manufacturer. Stock was stored tidily. CDs were stored appropriately, and a CD key log was available. There were two clean fridges for medicines, equipped with thermometers, and the temperatures were checked and recorded daily. Different sections of stock medicines in the dispensary and retail area were date checked each

week and a record was kept. Short-dated medicines were highlighted with a sticker added to the medicine container. No out-of-date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles to prevent the supply of expired liquid medicines. Alerts and recalls were received via NHS email, MHRA and head office. These were acted on by the pharmacist or pharmacy team member and a record was kept.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. It uses them in a way to help protect privacy. And maintenance is carried out on electrical equipment to make sure it is safe to use.

### Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information, for example, the BNF. Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order and had been PAT tested in May 2024 for safety. There was a selection of clean liquid measures with British Standard and Crown marks. The pharmacy had clean equipment for counting loose tablets and capsules, including tablet triangles.

Suitable equipment was available to use when the pharmacist provided the NHS Pharmacy First service. And they were aware of the calibration requirements. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. Cordless telephones were available and were used to hold private conversations with people when needed.

### 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.