

Registered pharmacy inspection report

Pharmacy Name: Boots, 2-4 Stradbroke Road, Pakefield,
LOWESTOFT, Suffolk, NR33 7HT

Pharmacy reference: 1037220

Type of pharmacy: Community

Date of inspection: 25/10/2023

Pharmacy context

This is a community pharmacy is located on a high-street near the town of Lowestoft. It provides a variety of services including the dispensing of NHS and private prescriptions and the New Medicine Service (NMS). It also provides medicines in multi-compartment compliance packs for people who have difficulty remembering to take their medicines.

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

Overall, the pharmacy manages the risks associated with its services well. And its team members review any dispensing mistakes regularly. It has written procedures to help the team work safely. The pharmacy keeps the records it needs to by law. And it has appropriate arrangements in place to protect vulnerable people.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. It had a range of standard operating procedures (SOPs) that had been issued by the pharmacy's head office. These had been read by all team members, who were able to explain their roles and responsibilities within the pharmacy. Near misses (dispensing mistakes that had not left the pharmacy) were recorded electronically. Each near miss was recorded by the team member who made it. Dispensing errors (mistakes which reached a person) were also recorded electronically in more detail and were discussed at team meetings.

Complaints and feedback were usually submitted online. However, a team member said that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually resolved in store but could be escalated to head office if necessary.

Confidential waste was disposed of in a dedicated confidential waste bin. When full, the waste was bagged up and taken away by an external company for safe disposal. No confidential waste was found in the general waste bin. The team said that they sought the appropriate details from people collecting medicines or phoning the pharmacy for information. The pharmacy had a privacy notice on display explaining how they would use people's personal information. Team members had completed appropriate safeguarding training with the RP having completed level 3 and all other team members level 2. The pharmacy also had a safeguarding folder which contained details of local safeguarding contacts.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly of controlled drugs (CDs), and other records in the CD register were made in accordance with the law. A random check of a CD showed that the quantity in stock matched the running balance in the register. Records seen about private prescriptions were complete, as were records about unlicensed medicines. Records about emergency supplies were also complete with entries seen listing the nature of the emergency. The RP record was complete with all entries seen having a start and finish time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. And team members do the right training for their roles. Team members do some ongoing training to keep their knowledge and skills up to date. And they feel comfortable about raising any concerns.

Inspector's evidence

The team consisted of the RP, two full-time dispensers, four part-time dispensers and a delivery driver. A team member confirmed the pharmacy had just enough team members to manage its workload, and the team was up to date with dispensing. All team members had completed the appropriate training for their role with an accredited training provider. Team members were provided with ongoing training in the form of e-learning from head office, and a team member confirmed that they had a formal appraisal every six months.

Team members know what could and could not be done in the absence of an RP. They had no concerns raising any issues and would usually go to the RP or head office if necessary. Team members were set some targets such as completing five NMS reviews a week. But these targets were very achievable and did not affect the team's ability to provide a safe service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair and was professional looking. The pharmacy had chairs for people who wished to wait for their prescription. Pharmacy-only (P) medicines were stored behind the counter. The shop floor area of the pharmacy was clean and tidy, as was the dispensary area which had plenty of space for the team to work in. There was a sink for preparing liquid medicines which was clean. The temperature and lighting in the pharmacy were adequate. And there was a staff toilet with access to hot and cold running water and handwash. The pharmacy also had a consultation room for people who wished to have a conversation in private. It was clean and tidy and allowed for a conversation at normal volume to be had without being heard from the outside. It also had leaflets on display about various health promotion topics for people to read and take. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its medicines and services safely. And it generally stores its medicines safely. People with different needs can access the pharmacy's services. And it takes the right action in response to safety alerts and recalls of medicines ensuring people get medicines fit for purpose.

Inspector's evidence

The pharmacy had step-free access via a ramp and automatic door. It was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. It also had a hearing loop. There was enough space for people with wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and multi-compartment compliance packs were prepared in a designated area. Baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The delivery driver used a secure electronic device to keep a record of deliveries, the pharmacy also kept a record. If there was a failed delivery, the medicines would be returned to the pharmacy and a note put through the door with information about arranging a redelivery.

The pharmacy used cards and stickers to highlight prescriptions that contained a high-risk medicine, a CD or an item requiring refrigeration. The RP confirmed that he always handed out high-risk medicines and that people received the appropriate counselling for their medicines. The patient medication record (PMR) highlighted CD prescriptions that were soon to expire to help reduce the risk of a prescription that was no longer valid being given out. The pharmacy also had a dedicated tray in a prominent location within the dispensary where CD prescriptions that had been given out were placed. This was emptied each day and the prescription details entered into the CD register. This system helped to reduce the risk of the details being entered into the register after the required timeframe or not being entered at all.

Prepared multi-compartment compliance packs seen contained all the required dosage and safety information as well as a description of the tablets. They also had a description of the colour, shape and any markings on the medicines to help people identify their medicines. Team members confirmed that patient information leaflets (PILs) were always included with the packs. They also stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Fridge temperatures were checked and recorded daily, and records seen were all in the required range. The current temperatures were found to be in range during the inspection. Expiry date checks were carried out weekly on a rota basis with a different section being checked each time and each section was clearly labelled in the dispensary. The pharmacy used stickers to highlight medicines soon to expire. A random check of medicines on the shelves found one medicine that had expired in late 2022. Team members said they would be more vigilant when checking medicines going forward.

Waste medicines were stored in designated yellow bins and collected and disposed of by an external company. Safety alerts and recalls were received by email. These were printed and actioned as appropriate before being archived.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented at the pharmacy. Team members were shown where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information. The pharmacy had a patient group direction (PGD) for the supply of emergency hormonal contraception (EHC). The PGD was signed and in date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment to protect people's privacy.

Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards. The pharmacy had cordless phones so conversations could be had in private. The team confirmed that electrical equipment had been safety tested the previous month. The pharmacy had a blood pressure machine in the consultation room. A team member explained that this was relatively new and did not require recalibration or replacement. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines. It also had tablet triangles for counting medicines.

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.