

Registered pharmacy inspection report

Pharmacy Name: Boots, 48-52 Montague Street, WORTHING, West Sussex, BN11 3HE

Pharmacy reference: 1037418

Type of pharmacy: Community

Date of inspection: 28/05/2024

Pharmacy context

This is a pharmacy situated in a large Boots store in the town centre and provided services to people who live or work locally as well as providing services to care homes in the surrounding area. The pharmacy provides a vaccination service as well as dispensing prescriptions and providing the NHS Pharmacy First 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
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 identifies and manages its risks well. It has written instructions to help its team members work safely. It continually monitors the safety of its services to protect people and further improve patient safety. It generally keeps the records it needs to by law. It has appropriate insurance to protect people if things do go wrong. And people can share their experiences of using the pharmacy and its services to help it do things better. The pharmacy team members record and review the mistakes they make and learn from them to try and stop the same sort of things happening again. They can explain what they do, what they are responsible for and when they might seek help. They keep people's private information safe. And they understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had up-to-date electronic standard operating procedures (SOPs) for the services it provided. And these were reviewed periodically by a team at the pharmacy's head office. Team members were required to read, complete training on the SOPs relevant to their roles.

The pharmacy carefully managed its dispensing workflow to reduce the chances of its team making mistakes. It stored its pharmaceutical stock alphabetically. Members of the pharmacy team responsible for making up people's prescriptions kept the dispensing workstations tidy. They used plastic containers to separate each person's prescription and medication. They referred to prescriptions when labelling and picking medicines. They scanned the bar code of the medication they selected to check they had chosen the right product. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked and initialled by the responsible pharmacist (RP). The pharmacy also utilised the central Boots dispensing hub to assist in managing the dispensing of prescriptions.

The pharmacy had robust processes to deal with patient safety incidents and dispensing mistakes that were found before reaching a person (near misses) and those which hadn't (dispensing errors). And the safety and the quality of its services were reviewed and monitored. Members of the pharmacy team recorded the mistakes they made and any lessons they learnt from them. They reviewed their mistakes regularly to help them spot patterns or trends. And they shared any learnings with one another. So, they could try to stop the same sorts of mistakes happening again and improve the safety of the dispensing service they provided. And, for example, they recently reviewed and strengthened their dispensing process to make sure people got the right number of tablets.

The pharmacy displayed a notice that told people who the RP was at that time. Members of the pharmacy team wore name badges. They knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within the SOPs. A team member explained that they couldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist. People shared their experiences of using the pharmacy and its services online. The pharmacy had a complaints procedure. It had leaflets which asked people to share their views and suggestions about how the pharmacy could do things better.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for

the services it provided. It had a controlled drug (CD) register. And the stock levels recorded in the register were checked regularly. The pharmacy kept appropriate records to show which pharmacist was the RP, although one recent entry was missing. And the team recorded the emergency supplies it made of medicines and private prescriptions it supplied on its computer. The pharmacy kept a record for the supplies of the unlicensed medicinal products it made. People using the pharmacy couldn't see other people's personal information. The company that owned the pharmacy was registered with the Information Commissioner's Office. The pharmacy had policies on information governance and safeguarding. It displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. And it had arrangements to make sure confidential information was stored and disposed of securely. Members of the pharmacy team were required to complete training on information governance and safeguarding. They knew what to do or who they would make aware if they had a concern about the safety of a child or a vulnerable person. They were aware of the 'Ask for Ani' campaign. And they could help people get the support they needed if they were asked.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient team members to provide its services safely and effectively. And it encourages them to give feedback. Members of the pharmacy team work well together and have a work culture of openness, honesty and learning. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets. The pharmacy provides its team members with the training and support they need. It actively encourages them to improve their skills.

Inspector's evidence

At the time of the inspection the pharmacy team consisted of a full-time pharmacist (the RP) together with a foundation trainee, two dispenser and a counter assistant. In addition in the care home business upstairs, a second pharmacist also worked, together with a technician and three dispensers and an administrator. The store manager was also a trained dispenser and currently completing his technician training. So he could help the pharmacy team when needed.

Members of the pharmacy team were up to date with their workload. They worked well together and helped each other to serve people and dispense prescriptions safely. The RP led by example. And they supervised and oversaw the supply of medicines and advice given by the pharmacy team.

The pharmacy had an induction training programme for its team. And this included the trainee pharmacist. The trainee pharmacist confirmed that the RP was their designated supervisor. And there was a training plan in place for their foundation training year. The trainee pharmacist felt supported. They were encouraged to improve their skills and attend regular training events with other trainee pharmacists. They had regular discussions and reviews with the RP. And they received time to study.

Members of the pharmacy team needed to complete mandatory training during their employment. They were required to undertake accredited training relevant to their roles after completing a probationary period. They regularly discussed how they were doing and their development needs with their line manager. And they helped each other to learn. Team members were encouraged to ask questions and familiarise themselves with new products. They kept their knowledge up to date by completing online training. They had time set aside while they were at work to train and support their development. Members of the pharmacy team were comfortable talking about their own mistakes with their colleagues. And team meetings and one-to-one discussions were held so they could update each other and share learning from mistakes or concerns. The pharmacy team didn't feel the targets set for the pharmacy stopped it from making decisions that kept people safe. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew the pharmacy had a whistleblowing policy and who they should raise a concern with if they had one.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a satisfactory environment to deliver its services from. And people can receive services in private when they need to.

Inspector's evidence

The pharmacy was set in a large Boots store. And it consisted of a main dispensary downstairs together with a care home business dispensary upstairs. There was also a consulting room.

The premises were air-conditioned, bright, clean and professionally presented. The pharmacy had sufficient workbench and storage space it needed for its current workload. It used its consulting room for the services it offered that required one and if people needed to speak to a team member in private.

The consulting room was locked when it wasn't being used. So, its contents were kept secure. And people's conversations in it couldn't be overheard outside of it. The store was regularly cleaned by a cleaning contractor. And the pharmacy team was responsible for keeping the pharmacy area clean and tidy. The pharmacy had a sink and a supply of hot and cold water.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access easily. Its working practices are safe and effective. The pharmacy gets its medicines from reputable sources. And it stores most of them appropriately and securely. Members of the pharmacy team are friendly and helpful. They usually dispose of people's unwanted medicines properly. And they carry out checks to make sure the pharmacy's medicines are safe and fit for purpose.

Inspector's evidence

The main pharmacy was located on the ground floor. It had an automatic door. Its entrance was level with the shopping precinct. And the area leading to the pharmacy was kept clear. This made it easier for people to enter the building and access the pharmacy and its services. The pharmacy had notices that told people about its products and the services it delivered. And it had a small seating area for people to use if they wanted to wait in the pharmacy.

The pharmacy provided the NHS Pharmacy First service. People benefited from the pharmacy first service as they could access advice and medication they needed when they needed to. And the pressure on local surgeries to deal with people's urgent requests for medicines or treatments for minor illnesses was reduced too. Members of the pharmacy team were friendly and helpful. And they signposted people to another provider if a service wasn't available at the pharmacy.

The pharmacy offered a paid-for delivery service to people who couldn't attend its premises in person. It kept an electronic audit trail for each delivery. And this showed it had delivered the right medicine to the right person. The pharmacy also used the texting service to notify patients when regular repeat prescriptions were ready for collection. The pharmacy had the anaphylaxis resources and the patient group directions it needed for its flu and travel vaccination service. And the RP was appropriately trained to vaccinate people. The pharmacy kept a record for each vaccination it made. And this included the details of the person vaccinated, their consent and the details of the vaccine used. The pharmacy used a disposable and tamper-evident system for a small number of people who received their medicines in compliance packs. The pharmacy team checked if a medicine was suitable to be re-packaged. And the RP assessed whether a person needed a compliance pack. The pharmacy kept an audit trail of the person who had assembled and checked each prescription. The pharmacy also provided a care home service providing services to people living in local care homes.

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. The pharmacy used reminder cards and notes to alert its team when these items needed to be added or if extra counselling was needed. And assembled CD prescriptions awaiting collection were generally marked with the date the 28-day legal limit would be reached to help make sure supplies were made lawfully. Members of the pharmacy team knew that women or girls able to have children mustn't take a valproate unless there was a pregnancy prevention programme in place. They knew that people in this at-risk group who were prescribed valproate needed to be counselled on its contraindications. They were aware of the rules on dispensing valproate-containing medicines in the manufacturer's original full pack. And they had the resources they needed when they dispensed a valproate.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. And it kept its medicines within their original manufacturer's packaging. Members of the pharmacy team checked the expiry dates of medicines at regular intervals. They recorded when they did these. And they marked products which were soon to expire. These steps helped reduce the chances of them giving people out-of-date medicines by mistake. The pharmacy stored its stock, which needed to be refrigerated, at the appropriate temperature. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy team recorded the destruction of the CDs that people returned to it. The pharmacy had procedures for handling the unwanted medicines people brought back to it. And these medicines were kept separate from the pharmacy's stock and were placed in a pharmaceutical waste bin. But the pharmacy didn't have an appropriate waste bin for the hazardous waste people brought back to it. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And the team described the actions they took and demonstrated what records they made when they received a drug alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's personal information is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures to measure out liquids. And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure they cleaned the equipment they used to measure out, or count, medicines before they used it. The pharmacy team had access to up-to-date reference sources. And it could contact the Superintendent Pharmacist's Office to ask for information and guidance. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded each refrigerator's maximum and minimum temperatures. The pharmacy had a monitor its team could use to measure a person's blood pressure. And this was replaced every two years.

The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members made sure their NHS smartcards were 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.