

Registered pharmacy inspection report

Pharmacy Name: Boots, 170-172 George Lane, South Woodford,
LONDON, E18 1AY

Pharmacy reference: 1040234

Type of pharmacy: Community

Date of inspection: 28/11/2022

Pharmacy context

This pharmacy is located on a local high street serving a mixed local population. In addition to dispensing medicines the pharmacy provides flu vaccinations. And it supplies people with medicines in multi-compartment compliance packs to help them manage their medicines. The pharmacy also provides a private service for treating cystitis.

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	1.2	Good practice	The pharmacy proactively reviews dispensing incidents and continuously learns from them.
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 the risks associated with its services well. It keeps all the records it needs by law to ensure that its medicines are supplied safely and legally. And it asks people who use the pharmacy for their views. The pharmacy's team members understand their role in protecting vulnerable people. They undertake regular training to keep people's information safe. They record and review any mistakes they make when dispensing medicines to help prevent similar errors in the future.

Inspector's evidence

Standard operating procedures (SOPs) were available and were up to date. Team members had read and signed SOPs relevant to their roles except for some new SOPs which they were in the process of reading. The company was in the process of moving to keeping SOPs electronically and these would be included as part of the team members electronic learning modules. The responsible pharmacist (RP) described that there were quizzes at the end of each of the electronic SOPs to check team members understanding.

Internal audits were conducted to assess how the pharmacy was adhering to clinical governance routines. The store manager completed a weekly clinical governance checklist. This looked at several areas including record keeping, controlled drug (CD) balance checks, date checks, staffing levels and incidents.

The pharmacy had processes to record dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). When a near miss was identified it was discussed with the team member who had dispensed the prescription and rectified. A record was then made on the electronic system. Near misses were recorded consistently. They were reviewed periodically by the team and the data was analysed by the system to provide a breakdown of what area the near miss had occurred at or the type of near miss. Such as if it included medicines which looked alike and sounded alike or if it was a walk-in prescription or if it was a multicompartiment compliance pack. The team monitored the near miss record on a weekly basis. And a monthly patient safety review was also completed the findings of which were discussed with the team. As part of the area team meetings pharmacists discussed near misses or dispensing errors that had occurred to share the learning. The RP explained how the number of near misses had decreased after the company had introduced a new system for dispensing medicines as it required all items to be scanned before a label was printed. Most near misses that occurred now largely involved dispensing the incorrect quantity or adding the wrong instructions to the dispensing label. Following a recent review, the RP had noticed a trend where there had been several near misses involving split packs. It was found that team members were not marking the packs as required. All team members had been briefed on the SOP and were requested to ensure quantities were checked as part of the dispensing process. The RP coached team members who repeatedly made the same mistake.

Dispensing errors which reached people were investigated and recorded electronically with a copy submitted to the head office team. The pharmacy team received a monthly Professional Standards bulletin from the superintendent's office. This also covered learning from errors. Team members were all required to read thorough this and sign once they had done so. Copies were also available electronically.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. It had a complaints procedure and the pharmacist tried to resolve these in store where possible. Complaints were investigated and reported electronically. iPads were available which customers could use to provide feedback about the pharmacy.

Records for private prescriptions, emergency supplies, unlicensed medicines, RP records and controlled drug (CD) registers were well maintained. CDs that people had returned were recorded in a register as they were received. CD balance checks were completed at regular intervals.

Patient confidentiality was protected using a range of measures. Prescriptions awaiting collection were stored in a way to ensure people's private information was out of sight of the public. Team members all completed annual training about information governance. Most team members had individual smartcards to access NHS systems. Pharmacists had access to Summary Care Records and consent to access these was gained from people verbally. Confidential waste was separated into designated bags and sent to head office for destruction.

Pharmacists and pharmacy technicians had completed level two safeguarding training and other team members had completed the Boots mandatory training about safeguarding, electronically. Contact details were available for local safeguarding boards.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications or are completing the right training to deliver services safely and effectively. Team members get time set aside for ongoing structured training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the team comprised of the RP, two trained dispensers and a trained health care assistant (HCA). The store manager was a trained dispenser and helped when needed. The RP described that there had been issues with staffing levels since August, but the pharmacy had now recruited two new team members. The RP said the pharmacy was now fully staffed, and things would become easier once they were more experienced. The week prior to the inspection a few team members had been away; this had resulted in the pharmacy falling slightly behind with their prescriptions. To catch up with the workload instead of only dispensing for the next day as they usually would the team were dispensing all prescriptions that were received. During the peak of the flu vaccination period a second pharmacist had come to provide support.

The HCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She would refer to the pharmacist if she was unsure. She was aware of the maximum quantities of medicines that could be sold. To keep up-to-date, team members completed ongoing training. Team members read through and shared leaflets that were received and completed '30-minute tutor' packs that were sent from head office. These covered over-the-counter products and common conditions seen in pharmacies. Team members also completed training on the E-learning platform. E-learning modules included mandatory training on health and safety, safeguarding and information governance. Team members were provided with time to complete training either in store or were given time back if it was done at home.

Staff performance was managed by the store manager with reviews carried out quarterly. The RP also gave team members immediate feedback. Team members felt able to make suggestions and give feedback.

The team held weekly huddles; these included the store manager. Team members also used their personal company email accounts to communicate. There was an internal Boots social media platform that could be used by team members to share information, ideas, concerns and feedback. Team members were not able to post any confidential information on this. Each year the company carried out an anonymous employee survey and team members said the results of this were analysed and changes had been made based on feedback received. Targets were set for the services provided. However, the RP said there was no pressure to meet these and they did not affect his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean; there was ample workspace which was clear and tidy and was allocated for certain tasks. There were designated areas for storing prescriptions waiting for stock or an accuracy check and the shelves were clearly labelled. A clean sink was also available in the dispensary. Cleaning was carried out by the team members. Medicines were arranged on shelves and pull-out drawers in a tidy and organised manner. The room temperature and lighting were adequate for the provision of healthcare. The store temperature was regulated. The premises were kept secure from unauthorised access.

A clean, signposted consultation room was available. The room allowed for conversations to be held inside which would not be overheard. The room was locked when not in use. Paperwork and records with people's private information was held in a lockable cabinet. The RP said that people were not left unattended in the room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

Access into the pharmacy was step free and via a wide automatic door. A hearing loop was available. The team members were able to produce large print labels if needed. Chairs were available in the retail area for people waiting for their prescriptions. Most team members were multilingual and also used translation applications if needed. People were signposted to other services where appropriate and the team used either NHS or the Boots websites. The Boots website was used particularly for private services and allowed team members to book appointments at other stores for people for services that were not offered there. Services were appropriately advertised.

The RP felt the New Medicine Service (NMS) and blood pressure services had the most impact locally. The flu vaccination service had also been popular, and the pharmacy had vaccinated over 500 people up until the day of the inspection. The RP described how many people were not aware if their blood pressure was high and the service enabled the pharmacy to check and make referrals where a high reading was found. Local GPs also referred people to the service to have their blood pressure monitored over a 24-hour period. Team members had also found that following the pandemic more people were coming into the pharmacy for general advice on minor ailments.

Most prescriptions were received electronically by the pharmacy. Each morning, team members printed out all new prescriptions and either collected stock from the shelves for what was available or ordered the stock. The prescriptions were labelled by one of the dispensers and dispensed by another. Walk-in prescriptions with a small number of items were dispensed at the front counter. Larger prescriptions and repeat prescriptions were dispensed at the back. Where stock had to be ordered in the prescription form was marked with the date the person was due to collect. Prescriptions for which there were items owed were annotated with the date the product had been ordered. If there was an issue with obtaining a particular item, the date it was expected to come back in stock was recorded. Prescriptions for owed items were checked on a regular basis to ensure they were processed in a timely manner. Dispensing audit trails were maintained. Team members signed the quadrant stamps printed on the prescriptions forms to identify who was responsible for dispensing, accuracy checking, clinical checking and handing the prescription out. Dispensed and checked by boxes were also available on the labels which were used by all team members. Plastic tubs were used to separate prescriptions to prevent transfer between patients.

Pharmacist information forms (PIFs) were used to flag services suitable for the person and to highlight any clinical issues or changes to the prescriptions. These were printed automatically when labelling; hard copies were also available for team members to handwrite any additional notes. Prior to the pandemic the pharmacy had sent prescriptions to a central hub for dispensing. However, due to a decrease in the number of items, this had stopped.

Team members had all read the SOP for dispensing 'high-risk' medicines which included sodium

valproate. The RP was aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). People in the at-risk group who were not part of a PPP would be referred to their prescriber. The pharmacy did not have anyone in the at-risk group who collected sodium valproate. Sodium valproate was usually dispensed in its original pack. Team members were aware of the need to attach a warning label and provide people with the information card. Team members had also completed an e-learning module on dispensing sodium valproate. Additional checks were carried out when people collected medicines which required ongoing monitoring. For medicines such as methotrexate and warfarin a specific laminate was attached to the prescription which prompted team members of the checks they were required to complete. The company also had specific SOPs on dispensing and supplying these medicines. The RP mentioned that it was now very uncommon to dispense warfarin.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. Individual record sheets were available for each person. Any changes or missing items were queried with the surgery and recorded on the sheets. Packs were labelled by one team member and prepared by another. There were no prepared packs available to see at the inspection. The RP printed out a sample sheet to demonstrate what information was included. The sample backing sheet had product details, mandatory warnings and there was an audit trail in place to show who had dispensed and checked the packs. Information leaflets were supplied monthly.

The company operated a paid for delivery service. There were online audit trails for the deliveries and drivers used handheld devices to record when medicines were delivered. If someone was not available, medicines were returned to the pharmacy.

The pharmacy provided a cystitis treatment service. Pharmacists needed to complete online training before being accredited to provide the service. The service was provided in accordance with a patient group direction. People were able to purchase a test kit or there was a form they needed to complete. Depending on the symptoms the pharmacist was able to supply either nitrofurantoin or trimethoprim depending on suitability.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored daily and recorded; these were within the required range for storing temperature-sensitive medicines. CDs were kept securely.

Date checking was done routinely with a section checked each week; this was usually done on Sundays. No date-expired medicines were observed on the shelves sampled. A date-checking matrix was available. Short-dated stock was labelled, and a record was also made. Out-of-date and other waste medicines were separated and then collected by licensed waste collectors. Drug recalls were received electronically from head office. Once they were actioned team members were required to update the system.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had glass, crown-stamped measures, and tablet counting equipment. Equipment was clean and ready for use. The pharmacy had two medical grade fridges and a legally compliant CD cabinet. Up-to-date reference sources were available including access to the internet. A blood pressure monitor was available. This was new and had been obtained for the blood pressure service. There were plans for calibrating this when needed. Computers were all password protected and screens faced away from people using the pharmacy.

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.