

Registered pharmacy inspection report

Pharmacy Name: Boots, 11 The Broadway, Crouch End, LONDON, N8 8DU

Pharmacy reference: 1040367

Type of pharmacy: Community

Date of inspection: 16/07/2024

Pharmacy context

This pharmacy is located on a busy high street. The pharmacy offers a range of services including NHS dispensing, the New Medicines Service, the Hypertension Case-Finding Service, the Pharmacy First Service and NHS 111 referrals. It also provides the flu vaccination during flu season.

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's working practices are largely safe and effective. On the whole, the pharmacy keeps the records it needs to by law so that medicines are supplied safely and legally. And people can provide feedback or raise concerns about the pharmacy. It generally protects people's personal information well. And staff know how to protect the wellbeing of a vulnerable person. Team members consistently record any dispensing mistakes which provides them with opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

The pharmacy had Standard Operating Procedures (SOP)s that covered a range of pharmacy-related activities. The SOPs outlined the roles and responsibilities of team members and were in date. Most SOPs were available digitally. Team members completed training about the SOPs online and signed the SOPs electronically to indicate they had read and understood them. The team members were notified when SOPs were updated or amended so they could access the updated SOPs and read them. Locum pharmacists were required to read and sign the SOPs before starting.

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). Near misses were recorded electronically by team members as they occurred. And the manager reviewed them each month. This meant that the team had the opportunity to learn from its mistakes. The RP gave the example of different strengths of Duraphat being mixed up due to scanning issues. As a result, team members double checked each other when dispensing Duraphat. Dispensing errors were reported online. Team members explained that there had not been a dispensing error for a while and were able to describe the process they would follow if one happened. The team knew to report controlled drug (CD) related incidents to the CD Accountable Officer.

The incorrect responsible pharmacist (RP) notice was displayed. This was corrected at the start of the inspection. The importance of displaying the correct RP notice was discussed. 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 store manager informed the team of complaints received. The team tried to resolve these in store where possible. Where matters could not be resolved these were then escalated. People were provided with contact details if they wanted to make a complaint and they were referred to the pharmacy's website if they wanted to provide feedback.

Records for emergency supplies, unlicensed medicines, RP records and controlled drug (CD) registers were well maintained. The private prescription records were largely well maintained except for a sample checked which listed the incorrect prescriber. The need to ensure that the records accurately reflected the correct prescriber's details was discussed with the RP. CDs that people had returned were recorded in a register as they were received and destroyed with a witness. 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 mandatory training about information governance and had read the relevant SOPs. Team members did not all have individual NHS smartcards but were in the process of obtaining them. The RP had his own smartcard and could access Summary Care Records (SCR). Consent to access SCR was obtained verbally and recorded on the Patient Medication Record (PMR). The manager's smartcard was still in a computer terminal even though he was not present. The RP replaced the smartcard with his own during the inspection.

The RP had completed level three safeguarding training and other team members had completed level one safeguarding training. Details of the local safeguarding boards were available, and team members would report concerns to the manager or via the safeguarding app.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to help provide its services safely and effectively. Staff do some ongoing training to help keep their knowledge and skills up to date. And they feel comfortable about raising any concerns.

Inspector's evidence

At the time of the inspection the team comprised of the RP who was a locum pharmacist, a trainee dispenser, a trained dispenser, and a trained medicines counter assistant (MCA). The pharmacy had another trained dispenser and manager who were not present during the inspection. The pharmacy did not have a regular pharmacist at the time of inspection and was in the process of recruiting a new pharmacist.

The team members felt that they were able to manage the workload. They felt comfortable about raising concerns and had direct access to the manager. Absences were managed via a rota that was arranged by the store manager. The MCA would refer queries to the pharmacist if she was unsure. The trainee dispenser, who also worked on the medicines counter when needed, was aware of the maximum quantities of medicines that could be sold. To keep up to date, team members completed ongoing training, which was accessed through the e-learning platform each week and when there was an update. Digital records were kept and progress on completion was monitored by the store manager. Team members also discussed their development with the pharmacist when they had a regular pharmacist in the store.

The store manager provided the team with updates during morning huddles when needed. The team also used a group chat on a messaging application to share information. Team members felt able to provide the store manager with feedback. Targets were set for the services provided, however the RP said this did not affect their professional judgment.

Principle 3 - Premises ✓ Standards met

Summary findings

On the whole, the premises are suitable for the pharmacy's services. People can have a conversation with a team member in a private area. The premises are mostly clean and tidy, but the pharmacy could do more to ensure that the dispensary is kept clear from clutter and maintained in an organised manner.

Inspector's evidence

The dispensary was located towards the back of the shop. Pharmacy-only medicines were stored behind a medicines counter. Workspace in the dispensary was limited. Workbenches were cluttered and some medicines were stored in delivery boxes on the floor. A clean sink was available for preparing medicines. There were designated areas for dispensing and checking prescriptions. The room temperature and lighting were suitable for providing pharmacy services.

The pharmacy had a large shop floor. It was accessible for wheelchair users and the pharmacy floor and passageways were generally free of clutter and obstruction. The premises were secure from unauthorised access. The pharmacy had a private consultation room available, and it was kept locked when not in use. The room allowed a conversation at a normal level of volume to take place inside and not be overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and people can access them. It orders its medicines from reputable sources and generally manages them properly. And it takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. Team members identify people receiving higher-risk medicines and carry out appropriate checks. And they provide these people with relevant information so they can take their medicines safely.

Inspector's evidence

The pharmacy was easily accessible with a flat, step-free entrance through the front of the shop. The shop was all located over one floor and aisles were wide and clear with easy access to the pharmacy counter.

Most prescriptions were received electronically by the pharmacy. The dispensing system required barcodes from the medicine packs to be scanned for the label to be generated. Prescriptions were dispensed by the dispenser and checked by the RP. 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 of medicines between patients.

Prescriptions for high-risk medicines, CDs, fridge items and clinical issues were highlighted with laminate cards. These alerted the team members to refer to the pharmacist when handing out the medicines. Pharmacists provided counselling to people taking high-risk medicines. Team members made notes of relevant information on the PMR. Information leaflets were also available to hand out to people on high-risk medicines. The company also had specific SOPs on dispensing and supplying these medicines.

The team reviewed the prescriptions awaiting collection every four weeks to remove any old prescriptions, but an expired prescription for a CD was found on the shelf. The RP gave assurances that the team would review the prescriptions and confirmed that every prescription was scanned when handed out. This meant that expired prescriptions would be captured by the system to prevent them from being handed out.

Team members were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). Packs of sodium valproate were not split, and the dispenser was aware of where to place the label on the pack.

In date patient group directions (PGDs) were available for the services provided. The Pharmacy First service was the only service available under a PGD at the time of the inspection. The RP had completed all the accreditation for the service and signed the PGD.

Medicines were obtained from licensed wholesalers and stored appropriately. These 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. Date checking was done routinely with a section checked each week. No date-expired medicines were seen on the shelves checked. 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 on the computer system, the system was checked twice a day. The store manager usually printed out any pharmacy related recalls and handed them to the team members who took the required action. Once the actions had been taken, team members were required to update the system and the hard copies were filed in the dispensary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely and to protect people's confidentiality.

Inspector's evidence

The pharmacy had glass, crown-stamped measures, and tablet counting equipment. Equipment was clean and ready for use. Separate labelled measures were available for measuring liquid CD preparations to avoid cross-contamination. And separate labelled counting equipment was available for cytotoxic medicines.

The pharmacy had a medical grade fridge. Up-to-date reference sources were available including access to the internet. Computers were all password protected and screens faced away from people using the pharmacy. Access to PMRs was controlled through individual passwords. The pharmacy had a cordless phone so team members could move to a more appropriate area for private conversations.

The pharmacy had an otoscope for use when delivering the Pharmacy First service. Blood pressure machines were also available and were calibrated annually.

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.