

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 21-23 St Johns Road, Clapham Junction,  
LONDON, SW11 1QN

**Pharmacy reference:** 1041111

**Type of pharmacy:** Community

**Date of inspection:** 25/04/2019

## Pharmacy context

This is a community pharmacy set on a busy high street close to Clapham Junction station. The pharmacy opens seven days a week. People who use the pharmacy live in or commute into the area. The pharmacy dispenses NHS prescriptions. It offers flu (influenza) vaccinations, emergency contraception (morning after pill), a stop-smoking service and a substance misuse treatment service. It also supplies medicines in multi-compartment compliance packs to people who live in their own homes.

## 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

Members of the pharmacy team know what their roles and responsibilities are. They work to professional standards and identify and manage risks appropriately. The pharmacy adequately monitors the safety of its services. Its team members log, review and learn from the mistakes they make during the dispensing process. The pharmacy generally keeps all the records it needs to by law. The pharmacy acts upon people's feedback. And it keeps their private information safe. The pharmacy team is trained in how to protect vulnerable people and team members know what to do to protect people's welfare.

### Inspector's evidence

The pharmacy's consultation room was locked when not in use to ensure its contents were kept securely and safeguarded from unauthorised access. The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles. The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic containers to separate people's prescriptions. And to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the Responsible Pharmacist (RP) who was also seen initialling the dispensing label.

Staff were aware of the company's "Monthly Patient Safety Review" process. They described the actions they have taken to prevent risks in the dispensing process, such as the separation of look-alike and sound-alike drugs. Dispensing incidents and near misses were recorded, reviewed and discussed to share learning and help strengthen the dispensing process.

A RP notice was on display next to the pharmacy's reception area. Staff were required to wear name badges which identified their roles within the pharmacy. They understood what their roles and responsibilities were, and these were described within the SOPs.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. People could provide feedback about the pharmacy online or by contacting the company's customer care centre. And the results of a recent patient satisfaction survey were published online. People's feedback led to additional seating being provided in the public area of the pharmacy.

The pharmacy had insurance arrangements in place including professional indemnity. The controlled drug (CD) register, the records for emergency supplies made at the request of patients and the RP records were adequately maintained. And the CD running balance was checked regularly as required by the SOPs. The date of prescribing wasn't always included in the records for emergency supplies made at the request of practitioners. The details of the prescriber were occasionally incorrect in the private prescription records. And the date a specials line was obtained wasn't routinely included in the pharmacy's specials records.

An information governance policy was in place and staff were required to complete online training on it. Arrangements were in place for confidential waste to be collected and sent to a centralised point for secure destruction. Prescriptions awaiting collection were stored in such a way to prevent people's

details being visible to the public.

A safeguarding policy and a list of key contacts for safeguarding concerns were available. Staff were required to complete safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to deliver its services safely. But some members of the pharmacy team didn't always have time set aside so they can train whilst at work. The pharmacy encourages its staff to provide feedback. The team members know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

### Inspector's evidence

The pharmacy was open for over 69 hours a week and dispensed between 4,000 and 4,500 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), two part-time pharmacists, two full-time dispensing assistants, a part-time dispensing assistant and six part-time medicines counter assistants (MCA). The pharmacy was managed by a store manager from a neighbouring Boots branch. Members of the pharmacy team had completed or were undertaking accredited training relevant to their roles.

The RP and a trainee MCA were working in the public area of the pharmacy and a dispensing assistant was assembling some multi-compartment compliance packs in another part of the building when the inspector arrived. Queues developed quickly at the pharmacy counter at the beginning of the inspection especially when people needed to speak to a pharmacist and before the dispensing assistant returned to the healthcare area. Another MCA started her shift during the inspection. The pharmacy was reliant upon staff from nearby branches or relief staff to cover planned and unplanned absences.

Staff supported each other so patients were served and counselled in a helpful and knowledgeable way. The RP supervised and oversaw the supply of medicines and advice given by staff. One of the MCAs described the questions he would ask when making OTC recommendations and when he would refer people to the RP; for example, requests for treatments for infants or repeated requests for products liable to abuse.

The pharmacy's team members discussed their performance and development needs with their line manager. They were encouraged to keep their knowledge up to date by completing accredited training and online training. But they were sometimes too busy serving people or delivering the pharmacy's services and didn't always get time to train whilst at work.

Team meetings were held to update staff, share learning from mistakes or complaints and so staff could make suggestions about the pharmacy. Staff felt comfortable in providing feedback about the pharmacy during team meetings and knew how to raise a concern with the persons nominated within the company's whistleblowing policy or anonymously through a telephone hotline. Staff feedback led to trainees being mentored and supported by a suitably qualified team member in addition to the pharmacists.

The team members didn't feel company targets affected their judgement or patient safety. Pharmacists would only carry out Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations when it was clinically appropriate to do so and when the workload allowed so the delivery of services to patients was not compromised.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and is adequate for the services it provides.

### Inspector's evidence

The pharmacy was bright and appropriately presented. The public area of the premises and one of the offices located on the first floor were air-conditioned. A contract cleaning company was used to clean the hard surfaces within the building. But its cleaners weren't left unsupervised in the healthcare area. The pharmacy's team members were also responsible for keeping the premises clean and tidy.

A consultation room was available if people needed to speak to a team member in private. But it was in the opposite corner of the building to the healthcare area. The dispensary was small with limited storage and workspace. But it was organised. Multi-compartment compliance packs were assembled within a room located on the top floor of the premises due to the limited space in the dispensary. The general decorative state of this area required attention and it was not air-conditioned. The pharmacy's sink was clean. There was a supply of hot and drinkable water available at the pharmacy. Antibacterial hand wash and alcoholic hand sanitisers were available.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy stays open later than is usual during the week and at the weekends to make sure its services are accessible to people who use it. The pharmacy provides safe and effective services. The pharmacy gets its medicines from reputable sources and stores them appropriately and securely and supplies them safely. Members of the pharmacy team generally dispose of people's waste medicines safely. But they don't always correctly dispose of medicines that require special handling.

### Inspector's evidence

The pharmacy had automated doors and its entrance was level with the outside pavement. It had an induction loop for people who wore hearing aids. And part of its counter was at a level that wheelchair users could use comfortably. The pharmacy stayed open later in the evenings and at the weekends to meet the needs of the people who used it. The pharmacy's services were advertised in-store and were included in the pharmacy's practice leaflet. The pharmacy team knew where to signpost patients to if a service was not provided.

The pharmacy had about 30 people whose medicines were dispensed into multi-compartment compliance packs. A dispensing audit trail was maintained for each pack seen. A brief description of each medicine contained within the packs was not always provided. And despite the SOPs requiring patient information leaflets to be supplied with dispensed medicines, they weren't always supplied with multi-compartment compliance packs.

The pharmacy offered a delivery service to people who couldn't attend in person. An audit trail was maintained for each delivery. The pharmacy offered influenza vaccinations. Its pharmacists administered about 300 vaccinations last winter. Some people chose to use the vaccination service at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service.

The commissioned emergency contraception (morning after pill) service was established. It was available when an appropriately trained pharmacist was on duty and about 85 consultations were undertaken a week. The regular pharmacists were suitably qualified to deliver the service. But on days when the pharmacy couldn't provide the service staff signposted people to an alternative provider.

Demand for the smoking cessation service was minimal. The pharmacy provided a substance treatment misuse service for a few addiction clients. And its pharmacists could supervise the consumption of some clients' treatments. The pharmacy provided over 30 MURs and four to five NMS consultations a month and people were required to provide their written consent when recruited for these.

Clear bags were used for dispensed CDs and refrigerated lines to allow the person handing over the medication and the patient or their representative to see what was being supplied and query any items. A 'Counselling Reminder' card and a 'Pharmacist Information Form' were used to alert the person handing the medication over that these items had to be added or if extra counselling was required.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on

its contraindications. The pharmacy team couldn't find any valproate educational materials at the time of the inspection. So, the RP agreed to obtain some more.

The RP was aware of the Falsified Medicines Directive (FMD). The pharmacy's team members could check the anti-tampering device on each medicine was intact during the dispensing process. But they could not verify or decommission medicines at the time of the inspection as they didn't have a scanning device or the associated software to do so. And the pharmacy's SOPs hadn't been amended to reflect the changes FMD would bring to its processes. The RP explained that an updated, and FMD compliant, PMR system was scheduled to be installed at the pharmacy within the next few months.

Recognised wholesalers, such as AAH, Alliance Healthcare and Phoenix, were used to obtain medicines and medical devices. CDs, which were not exempt from safe custody requirements, were stored within the CD cabinet. A record of the destruction of patient returned CDs was maintained. Staff were required to mark and keep patient-returned and out-of-date CDs separate from in-date stock within the CD cabinet. But some intact patient-returned Schedule 3 CD medicine capsules were found in a pharmaceutical waste receptacle.

Pharmaceutical stock requiring refrigeration was appropriately stored between two and eight degrees Celsius. Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks, which were documented, and short-dated products were marked.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was emptied into a tray and checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Although pharmaceutical waste receptacles were available and in use, the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as, cytostatic and cytotoxic products. Some hazardous waste was found in a waste receptacle intended for non-hazardous waste. A process was in place for dealing with MHRA recalls and concerns about medicines or medical devices. MHRA alerts were retained and annotated with the actions taken following their receipt.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to deliver its services safely.

### Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to information from the Chief Pharmacist's office. The pharmacy had a range of clean glass measures including marked measures for CDs. It also had equipment for counting loose tablets and capsules including a counting triangle for cytotoxic products.

The accuracy of the breath carbon monoxide monitor used in the pharmacy's stop-smoking service was checked within the past 12 months. A medical refrigerator was used to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked and recorded regularly.

Access to the pharmacy computers and the PMR system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

### 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.