

Registered pharmacy inspection report

Pharmacy Name: Boots, 31-33 Replingham Road, Southfields,
LONDON, SW18 5LT

Pharmacy reference: 1041222

Type of pharmacy: Community

Date of inspection: 27/06/2019

Pharmacy context

A community pharmacy set in a parade of shops near an underground station in Southfields. The pharmacy opens seven days a week and it dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines and it provides multi-compartment compliance aids to help people take their medicines. It also offers winter influenza (flu) vaccinations and a stop smoking service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	5.2	Standard not met	The pharmacy's monitor used for the stop smoking service isn't checked (calibrated) regularly as required.

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. The pharmacy has appropriate insurance to protect people if things do go wrong. The pharmacy keeps all the records it needs to by law. Its team members act upon people's feedback. And they generally keep people's private information safe. The pharmacy team understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members 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 one of the pharmacists who were also seen initialling the dispensing label.

The pharmacy had systems to record and review dispensing errors and near misses. Staff discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they separated different strengths of diazepam on the dispensary shelves to reduce the risk of them picking the wrong product.

The pharmacy displayed a notice that identified the RP on duty. And its staff were required to wear name badges which identified their roles within the pharmacy. Members of the pharmacy team understood what their roles and responsibilities were. And these were described within the SOPs. A member of the pharmacy team explained that repeated requests for the same or similar products were referred to a pharmacist.

A complaints procedure was in place and a patient satisfaction survey was undertaken annually. The results of recent patient satisfaction surveys were published online. People could provide feedback about the pharmacy online or by contacting the company's customer care centre. People's feedback led to changes in the way the pharmacy team managed its dispensing workload to reduce prescription waiting times.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy's controlled drug (CD) register and its RP records were adequately maintained. The CD register's running balance was checked regularly as required by the pharmacy's SOPs. The nature of the emergency within the pharmacy's records for emergency supplies made at the request of patients didn't always provide enough detail for why a supply was made. The date of prescribing wasn't included in the pharmacy's records for emergency supplies made at the

request of practitioners. The details of the prescriber were occasionally incorrectly recorded within the pharmacy's private prescription records. The date a 'specials' line was obtained at the pharmacy wasn't 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. Members of the pharmacy team tried to make sure people's names and addresses on prescription bags couldn't be seen when standing at the pharmacy's counter. People's details weren't always removed or obliterated from patient-returned waste before its disposal.

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 team members to provide safe and effective care. The pharmacy's team members are suitably qualified or undergoing training for their roles. And they're encouraged to keep their skills up to date. Members of the pharmacy team are comfortable about giving feedback to improve the pharmacy's services. They use their judgement to make decisions about what is right for the people they care for. They 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 opened for 67 hours a week and it dispensed between 4,000 and 4,500 prescription items a month. The pharmacy team consisted of a full-time pharmacist manager, two part-time pharmacists, a full-time dispensing assistant, a full-time trainee dispensing assistant, a part-time dispensing assistant, a full-time medicines counter assistant and a part-time medicines counter assistant. Members of the pharmacy team were required to complete or undertake accredited training relevant to their roles. The pharmacy was reliant upon its team members, relief staff and staff from nearby branches to cover any absences.

The RP, the pharmacist manager, a dispensing assistant, a trainee dispensing assistant and a medicines counter assistant were working at the time of the inspection.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The RP and the pharmacist manager supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. The medicines counter assistant described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant, elderly people or people with long-term health conditions.

Staff performance and development needs were discussed informally throughout the year and at colleague reviews. Members of the pharmacy team were encouraged to ask the pharmacists questions, familiarise themselves with new products, read the company's monthly 'Professional Standard' newsletter, complete their accredited training and undertake online training to keep their knowledge up to date. Team meetings were held to update staff and share learning from mistakes or concerns. Staff unable to attend these meetings were updated during one-to-one discussions. Members of the pharmacy team felt comfortable in providing suggestions about the pharmacy during team meetings. And they knew how to raise a concern with the persons nominated within the company's whistleblowing policy or anonymously through a telephone hotline. Their feedback led to changes being made to when multi-compartment compliance aids were assembled at the pharmacy.

The pharmacy's team members didn't feel their professional judgement or patient safety were affected by company targets. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare. But it could do more to make sure people's conversations in the consultation room cannot be overheard.

Inspector's evidence

The pharmacy was bright, appropriately presented and air-conditioned. Its dispensary had adequate workbench and storage space available for the current workload. The pharmacy was cleaned regularly by a cleaning contractor. But the cleaning contractor wasn't left unsupervised in the dispensary. The pharmacy team was also responsible for keeping the registered pharmacy area clean and tidy. The dispensary's sink was clean. And it had a supply of hot and cold water. Antibacterial hand wash and alcoholic hand sanitiser gel were also available at the premises.

The pharmacy's team members took steps to manage the risks associated with an intermittent water leak from a domestic dwelling above the pharmacy. Some ceiling tiles were removed because of the leak and receptacles were used, when necessary, to catch any water. The pharmacy team had already reported the leak to the company's maintenance department. The pharmacist manager confirmed shortly after the inspection that the leak had been repaired and the ceiling tiles had been replaced.

A consultation room was available if people needed to speak to a team member in private. It was locked when not in use to keep its contents secure. But it wasn't enclosed as it didn't have its own ceiling. So, staff tried not to talk too loudly when in it to reduce the risk of their conversations with people being overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. And it provides services that people can access easily. Members of the pharmacy team are helpful. But they could do more to make sure people have the information they need so that they can use their medicines safely. The pharmacy team checks stocks of medicines regularly to make sure they are in-date and fit for purpose. The pharmacy gets its medicines from reputable sources and usually stores them appropriately. And it generally disposes of people's waste medicines safely too.

Inspector's evidence

The pharmacy was open seven days a week and stayed open later than usual. It had an automated door and its entrance was level with the outside pavement. It had an induction loop for people who wore hearing aids. The pharmacy's services weren't clearly advertised in-store. But members of the pharmacy team were helpful. They knew what services were offered and where to signpost people to if a service couldn't be provided.

The pharmacy offered a winter flu vaccination service. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service.

The pharmacy provided over thirty MURs and two to three NMS consultations a month. People provided their written consent when recruited for these.

The company offered a remote independent pharmacist prescribing service for malaria prophylaxis. But demand for this service from the pharmacy was low and seasonal.

The pharmacy offered a commissioned emergency hormonal contraception service. But this was only currently provided two or three days a week when a suitably qualified pharmacist was working at the pharmacy. The pharmacy's commissioned stop smoking service was established. But it too could only be provided two or three days a week when a suitably qualified person was working at the pharmacy.

The pharmacy used disposable and tamper-evident multi-compartment compliance aids for that dispensing service. A dispensing audit trail was maintained for the assembled packs seen. And a brief description of each medicine contained within the compliance aids was provided. But patient information leaflets (PILs) weren't always provided as required by the pharmacy's SOPs.

Clear bags were used for dispensed CDs and refrigerated lines to allow the pharmacy team member 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. Prescriptions for CDs were marked with the date the 28 day legal limit would be reached to ensure supplies were made lawfully.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that patients who may become pregnant who were prescribed valproate needed to be

counselled on its contraindications. Valproate educational materials were available at the pharmacy. The pharmacist manager quarantined some assembled multi-compartment compliance aids containing a valproate during the inspection as they didn't have any warning stickers applied to them.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they couldn't verify and decommission stock at the time of the inspection as the pharmacy didn't have the appropriate software to do so. The pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. The pharmacy team was unclear when the pharmacy would meet the requirements of FMD.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare and Phoenix, to obtain its medicines and medical devices.

The pharmacy kept its CDs, which were not exempt from safe custody requirements, secure. 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. Pharmaceutical stock requiring refrigeration was appropriately stored between 2 and 8 degrees Celsius.

Most medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. A few split packs contained stock from different batches and manufacturers. But these were removed from the dispensary shelves during the inspection. Pharmaceutical stock was subject to date checks, which were documented, and stock nearing its expiry date was appropriately 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. Pharmaceutical waste receptacles were available and in use. But these were full and needed to be collected. And the pharmacy didn't have an appropriate waste receptacle to dispose of people's hazardous waste.

A process was in place for dealing with recalls and concerns about medicines or medical devices. A record of the actions taken by the pharmacy team following the receipt of drug and device alerts was maintained.

Principle 5 - Equipment and facilities Standards not all met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide services safely. But the monitor it uses for its stop smoking service isn't checked or calibrated regularly as required.

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 separate measures for CD liquids. And it had equipment for counting loose tablets and capsules too.

The pharmacy's breath carbon monoxide monitor used in the pharmacy's commissioned stop smoking service hasn't been calibrated for over five years and not every six months as required.

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 patient medication record 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.