

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Unit 1A, Newport Retail Park, Spyttt Road,  
NEWPORT, Gwent, NP19 4QQ

**Pharmacy reference:** 1080274

**Type of pharmacy:** Community

**Date of inspection:** 18/07/2023

## Pharmacy context

This is a community pharmacy which is based on in a retail park in the city of Newport in Wales. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, provides treatment for a range of minor ailments and dispenses NHS prescriptions.

## 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

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It generally manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near miss mistakes were recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Every month, a patient safety review was carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. The pharmacy team had separated high risk medicines, such as methotrexate, on the dispensary shelves. 'Sound alike' and 'look alike' medicines such as quinine and quetiapine were separated.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback on a regular basis by encouraging people to submit comments via the company website. A certificate of public liability and indemnity insurance was held electronically on the company's intranet and was valid and in date.

Records of controlled drugs (CD) and patient-returned CDs were seen to be retained. CD balances were checked weekly. Patient returned CDs were stored and labelled separately to dispensary CD stock. A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were seen to be completed appropriately. Short-dated stock was marked for with stickers. The private prescription records were available electronically, but some entries omitted the prescriber's details. The emergency supply records were retained and were in order. The specials records were retained but some omitted details such as the patient's name and address.

Confidential waste was collected in confidential waste bags and these were removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team was required to complete an e-learning programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff were required to complete. The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Local contact details to raise safeguarding concerns were kept in a file in the dispensary and the pharmacy team knew how to locate these if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There were two pharmacists and two dispensing assistants present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles. The pharmacist reported that there was a vacancy for one full-time and one part-time dispensing assistant at the time of the inspection.

Staff performance was monitored and formally annually. In these reviews, a development plan would be introduced to help further develop and train the members of staff. The pharmacy team could also provide feedback about the place that they worked.

The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacy team were preparing for flu season at the time of the inspection. This included completing refresher modules on how to administer the flu vaccines. The pharmacist reported that it was useful to have this refresher training and face-to-face vaccination training, including training on basic life support, would be provided every three years.

The pharmacy team reported that the pharmacy team would hold patient safety meetings monthly and advise all staff of any relevant learning. Professional standards documents were released by head office regularly and displayed in the pharmacy. The pharmacy team discussed these during regular meetings and audit trails were kept to show that people had read them.

Staff explained that they felt comfortable with raising any concerns they had with the pharmacy manager or their area manager. Staff were aware of the whistleblowing procedure on questioning. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team generally protects people's private information, and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy was based in a large retail store. It was clean, bright, and presented in a professional manner. The dispensary areas were separated from the retail area by a counter to allow for the preparation of prescriptions in private. There were some boxes of stock stored on the floor in the dispensary which could present a trip hazard to staff.

There was a sink available in the pharmacy with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. There was a consultation room in use at the pharmacy and patient information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

### Inspector's evidence

Information about the services provided was detailed on a board outside the pharmacy. There was also a list of services near the entrance of the pharmacy. Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users. The pharmacy had a hearing loop for people with hearing difficulties. Large label printing was available for people with sight difficulties.

The pharmacy team offered treatment for a range of 26 different minor ailments. People could access this service by requesting treatment from the pharmacy team. The pharmacy team could also receive referrals from GP surgeries. This included treatment and advice for conditions such as indigestion, hay fever, dry skin and acne. The pharmacy team completed around seven common ailments service consultations per week.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place.

The pharmacy used recognised wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via Alliance specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available.

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 up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this and these contained audit trails.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle and a capsule counter were available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. Up-to-date reference sources were available in the dispensary and the consultation room, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

### 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.