

Registered pharmacy inspection report

Pharmacy Name: Boots, 140A London Road, KINGSTON
UPON THAMES, Surrey, KT2 6QL

Pharmacy reference: 1085495

Type of pharmacy: Community

Date of inspection: 20/01/2020

Pharmacy context

A Boots pharmacy located in a retail park in central in Kingston Upon Thames. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), the New Medicine Service (NMS), multi-compartment compliance aids, supervised consumption and a delivery service.

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 regularly reviews its practices to make them safer and more effective. The pharmacy team identifies and manages risks in the pharmacy appropriately and team members record their errors and learn from them to stop them happening again. They are clear about their roles and responsibilities and work in a safe and professional way. The pharmacy keeps up-to-date records as required by the law and it keeps people's private information safe. Team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy team recorded its near misses and reviewed them at the end of each month in a 'Patient Safety Review'. The dispenser explained that when the new Columbus computer system had been introduced about six months ago, the number of near misses due to picking errors had decreased significantly as all medicines had to be scanned in at the point of dispensing. The team had highlighted all the 'Look Alike Sound Alike' drugs on the shelves to ensure they were dispensing and checking them carefully. The team received 'The Professional Standard' newsletter from their Superintendent's office every month and the latest newsletter the pharmacy had included information about counselling and the hand out process.

The team used Pharmacist Information Forms (PIFs) to communicate messages about the patient's medicines to the pharmacist. Such information included whether the medicine was new to the patient, whether anything had changed since the last time they received it, whether the patient had any allergies or whether the patient was eligible for further services, such as an MUR. The form also had a blank box to write any further information that the dispenser thought the pharmacist should be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed drugs to prevent mixing up different prescriptions and an audit trail was observed being used by the members of the pharmacy team where they signed the prescription to identify who entered the prescription into the computer system, dispensed, clinically checked, accuracy checked and handed out a prescription. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. The team also signed the bag labels to highlight who had handed out the medicines to the patient. All the standard operating procedures (SOPs) had the roles and responsibilities of the staff set out and on questioning, the team members were clear on their roles and responsibilities and explained that they referred to the pharmacist if they were unsure of



something. The SOPs had been signed by the team and they were currently reading through new controlled drug SOPs. A certificate of public liability and professional indemnity insurance was held electronically on the company's intranet and was valid until the end of July 2020. There was a complaints procedure in place, and this was detailed in the practice leaflet displayed in the retail area of the pharmacy. The leaflet also had the contact details for the company's head office, Patient Advice and Liaison Service and the Independent Complaint Advocacy Service. The results of previous Community Pharmacy Patient Questionnaire (CPPQ) were displayed on the nhs.uk website and were seen to be positive.

Records of controlled drugs and patient-returned controlled drugs were complete and accurate. A sample of Physeptone 5g tablets was checked for record accuracy and was seen to be correct. The CD stock was balance checked every week by the pharmacist. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription and emergency supply records were completed electronically with all the required information recorded. The specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential waste paper was collected in blue confidential waste bins which were removed by the company for destruction. Information governance (IG) practice was reviewed annually in the pharmacy. The pharmacists who regularly worked in the pharmacy had completed the level 2 Centre for Post-graduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff had completed, and they were all Dementia Friends. The team explained that they were all confident that they could recognize the signs to look out for which may indicate safeguarding issues in both children and vulnerable adults. They had displayed a Safeguarding poster in the dispensary with contact details for the Boots head office safeguarding leads. The store manager and regular pharmacist also had the NHS Safeguarding app on their phones to use if necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team keep their skills and knowledge up to date. So, they can deliver safe and effective care. They're comfortable about giving feedback on how to improve the pharmacy's services. 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

On the day of inspection, there was one pharmacist, two dispensers and two medicines counter assistants. The staff were seen to be working well together and supporting one another. The staff completed online training modules on the company's intranet. The modules consisted of compulsory modules and assessments covering topics from all aspects of the pharmacy, including medical conditions, health and safety, law and ethics and over-the-counter products. There was also a library of training modules available for staff to choose and complete voluntarily if they felt their knowledge in an area needed improvement. The team explained that they were provided with time during the working day to complete training and they also received 'The Tutor' training packs to ensure they were kept up to date with relevant healthcare information.

The team explained that they were aware of how to raise concerns and to whom. There was a whistleblowing policy in place and the team completed an annual satisfaction survey where they were able to provide feedback about their day-to-day roles, the company and any areas of improvement they'd like to see. There were targets in place for services, but the pharmacist explained that she did not feel any pressure to deliver these targets and would never compromise her professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was located in a large Boots store and included a retail area, a medicines counter, consultation room and dispensary. The pharmacy was well presented from the public view. The retail area and medicines counter were well defined away from the dispensary. The dispensary was modern in appearance with well-maintained fixtures and fittings. The pharmacy was clean and tidy, and the team explained that they cleaned the pharmacy between themselves when it was a bit quieter and they had a cleaner who cleaned the floors and emptied the bins.

The consultation room allowed for confidential conversations, was locked when not in use and included a table, seating, a clean sink and storage. There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves and in the drawers in a generic and alphabetical manner and the shelves were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy provides services that people can access easily. It gets its medicines from reputable sources and it stores most of them appropriately and securely. Members of the pharmacy team make sure people have the information they need to take their medicines safely. They carry out the checks they need to so they can make sure the pharmacy's medicines are fit for purpose. They dispose of waste medicines properly. And they respond well to drug alerts or product recalls. So, people get medicines or devices which are safe.

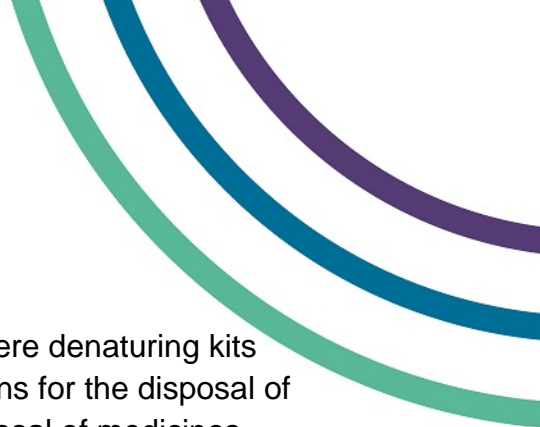
Inspector's evidence

Pharmacy services were displayed in the window of the shop and on posters around the pharmacy area. The pharmacy had Healthy Living status and the team had a health promotion area which they updated to reflect national health promotion campaigns. There was step-free access into the pharmacy and seating for patients or customers waiting for services. There was also an induction loop available should a patient require its use. The pharmacy served a diverse patient group and the team explained that they could speak various languages and used these skills with patients who could not communicate well in English, or they would use Google Translate.

The team used a logical process to prepare multi-compartment compliance aids for domiciliary patients and logged the activities on posters in the compliance aid preparation room. The compliance aids were prepared with descriptions of the medicines inside and the Patient Information Leaflets (PILs) were supplied every month. Each patient had a file where the team recorded their medicines, when they were taken, any known allergies, any discharge information from the hospitals and relevant contact details. Laminated 'warfarin cards' were attached to prescriptions for warfarin to highlight the need for the team to ask patients for their INR levels, blood test dates, warfarin dosage and if they have had any signs of bleeding or bruising. The team explained that this information was recorded on each patient's record to ensure supplies of warfarin were safe.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate information cards and leaflets were available for use during dispensing of valproates to patients in the at-risk group. The pharmacist explained that they had carried out an audit on this and they did not identify any current patients who were at risk.

The team had legally valid PGDs, with named pharmacists, for the services they were delivering. The pharmacy obtained medicinal stock from Alliance, Boots, Phoenix and



dressings from NWOS. Invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were maintained. The staff used “caution short dated stock” stickers when stock was short dated. Anything which was expiring in the next six months was recorded and then pulled out of stock the month before it expired. Opened stock bottles examined during the inspection were seen to include the date of opening on them and the fridges were in good working order and the stock inside was stored in an orderly manner. There two CD cabinets in the pharmacy which was secured to the floor of the dispensary in accordance with regulations.

The pharmacy team was aware of the European Falsified Medicines Directive (FMD) and were compliant. They were using FMD software which was integrated into their new Columbus system. MHRA alerts came to the pharmacy electronically through the company’s intranet and they were actioned appropriately. Recently, the team had dealt with a recall for ranitidine. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when and they were also recorded on the Patient Safety Review at the end of each month. The team kept an audit trail of all the recall notices they had received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure its equipment is kept clean.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml, 50ml and 10ml measures. Some were marked with blue paint to show they should only be used with methadone liquid. Amber medicines bottles were seen to be capped when stored and there were counting triangles as well as capsule counters. Electrical equipment appeared to be in good working order and was PAT checked annually. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them.

What do the summary findings for each principle mean?

✓ 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.