

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 14A & B, Telford Forge Retail Park,
Colliers Way Old Park, TELFORD, Shropshire, TF3 4AG

Pharmacy reference: 1089724

Type of pharmacy: Community

Date of inspection: 11/09/2024

Pharmacy context

This community pharmacy is located in Telford Forge retail park in the town of Telford. Its main services are dispensing NHS and private prescriptions and selling over-the-counter medicines. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help them take their medicines correctly. The pharmacy offers the NHS Pharmacy First service and blood pressure service. It also provides flu vaccinations during the winter 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 has safe and effective working practices. It has written procedures to help its team members deliver services safely. Members of the team keep a record of their mistakes so that they can learn from them. Improvements and changes are implemented as a result of any errors made and communicated within the team to help make sure people receive safer care. The pharmacy takes appropriate steps to protect people's private information and safeguard vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the main operational practices of the pharmacy. The company was in the process of updating the SOPs to an online version, so the pharmacy currently had a mixture of paper and online SOPs available to view. Team members had signed the latest versions of the SOPs and the store manager regularly checked the training records to ensure all team members were up to date.

The pharmacy had a complaints procedure which was detailed in the SOPs. The pharmacy team usually tried to resolve any complaints with people directly but referred them to the store manager or area manager if required. The pharmacy did not have an up-to-date patient leaflet detailing the complaints procedure so people may not be aware of the best way to raise a concern or provide feedback. However, the store manager had ordered a new version of the leaflet and was waiting for this to arrive in store.

The pharmacy used an online system to record any dispensing incidents. Near misses (errors which were identified before the medicine was handed out to a person) were also recorded online. The pharmacist completed a patient safety review based on the near miss errors and any incidents that had happened in the previous month and shared the findings with the whole pharmacy team to identify where any improvements or changes could be made to minimise errors happening again in the future.

The pharmacy had a valid certificate for public liability insurance and professional indemnity insurance. The controlled drug (CD) register was well maintained, and balances were checked and recorded on a weekly basis. There was also a register to record CDs that had been returned to the pharmacy for destruction. A random balance check of a CD showed the quantity of stock in the register matched the amount of medication in the cupboard.

The responsible pharmacist (RP) log was complete, and the correct notice was displayed so people could identify who this was. A sample of the private prescription register was checked, and records matched the prescriptions that had been dispensed. The pharmacy kept a file of any unlicensed medicines it had supplied. Most of the records had the correct information added to them, but some of the records were missing full details of the person who had prescribed the medication and date of dispensing for the dispensed items. The pharmacy did not make any extemporaneous products.

The pharmacy team had completed safeguarding training as part of their annual compliance training and could articulate several instances where they had used the knowledge they had learnt. They were aware of when to refer a person to the pharmacist if they thought they required additional help and support. The pharmacist had completed level 2 safeguarding training. Information governance training had also been completed as part of annual compliance training. Team members were able to talk about

how they kept people's information confidential and there was a separate bin for confidential waste to be collected in. The pharmacist had signed a confidentiality agreement as part of their contract of employment.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload effectively. Members of the pharmacy team work well together. They are happy to share suggestions with each other about improvements that can be made with the services they provide.

Inspector's evidence

During the inspection there were two pharmacists on duty. The RP was the regular pharmacist and mostly worked Monday to Friday at the pharmacy. A second pharmacist was also on duty. They were new to the area after transferring from a different part of the country and were shadowing for a short period at the pharmacy. A regular relief pharmacist covered on Saturdays. Two dispensers were also working. They had both been qualified for some time. The store manager was a trained dispenser and assisted the pharmacy team when required. The pharmacy had a staff vacancy of around 15 hours which the store manager advised was being filled by a staff member moving from a neighbouring store. The staff were knowledgeable and worked well together as a team. Team members worked additional hours when required to help with any staff absence, such as holidays, to ensure the pharmacy continued to operate safely. Team members explained what questions they asked when selling medicines over-the-counter and when they would refer a person to the pharmacist for further advice.

The pharmacy provided each team member with appropriate training for their role. Some of this training was mandatory and was reviewed by the store manager to ensure all team members were up to date. Team members had an annual appraisal with the store manager. At the meetings they reviewed what had gone well since the last appraisal and identified any areas where improvements still needed to be made. The regular pharmacist felt supported by the store and area manager and felt they could raise any concerns directly to either of them.

Team members attended a regular monthly meeting where they reviewed any patient safety incidents. The outcome of this meeting was recorded and gave the team focus for the month ahead. Team members felt they were regularly updated with information from the company about topics which included patient safety incidents and new initiatives that were introduced. The pharmacy had a whistleblowing policy. Team members were aware of this and said that they would be comfortable raising any concerns if they needed too. Team had been set some targets to achieve by the company based on NHS prescription items and services. Team members felt some pressure to achieve the targets as some of them were more difficult to achieve due to lack of people coming to the pharmacy in person. However, the RP advised it would not affect his professional judgement and would only do the services that were suitable for the people that came in for them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises is well maintained, clean and suitable for the services its provides. The pharmacy has a large consultation room where people can access services and have confidential conversations with team members.

Inspector's evidence

The pharmacy was in a large retail store situated in an out-of-town retail park. The premises were clean and well maintained. The pharmacy was of an adequate size for the services provided. There were separate workstations for dispensing and checking of prescriptions. A new dispensing area had recently been installed to assist team members with a new dispensing process that the company had recently implemented. Medicines that had been dispensed were kept in a separate storage area away from unauthorised access. Pharmacy (P) medicines were kept behind the counter and were not easily accessible for people to select.

The pharmacy team were responsible for the daily cleaning of the pharmacy area and the pharmacy also employed cleaners. There was a clean sink at the rear of the pharmacy with hot and cold running water. The pharmacy had an air conditioning system installed which was programmed so that the air temperature remained in a suitable and comfortable range. The pharmacy was secured when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services well to ensure people get appropriate care, and it supports them to manage their medicines safely. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from licensed wholesalers, and it stores them appropriately.

Inspector's evidence

The pharmacy opened on six days per week and closed on Sundays. It had step free access and automatic doors which made it easy for people to access. There were seats available for people to use whilst waiting for their prescription. The pharmacy had several different leaflets available to give people with information about services available in the pharmacy, and signposting people to other organisations. A paid for home delivery service available and people signed for their medication when they received it. Labels with a larger print were available for people who were partially sighted to assist them with identifying their medication.

The workflow in the dispensary was managed well. The medicines for each prescription were put into individual containers to help reduce the risk of them getting mixed up. Prescriptions were annotated with a stamp and initialled by each member of staff responsible for that particular part of the dispensing process. Staff also signed the 'dispensed-by' and 'checked-by' boxes on medicine labels, so there was a clear audit trail for prescriptions.

The pharmacy was in the process of using a new system called assisted due date dispensing (ADDD). This allowed the pharmacist to clinically check some repeat prescriptions which were then added on to the patient medication record (PMR). Stock was then ordered for these prescriptions and arrived separately from the wholesaler the next day. Stock items were then scanned onto the computer system and assigned to a numbered container. Prescriptions were then reconciled with the numbered containers and items were scanned again to generate a dispensing label which was attached to the medicine packaging. This was a new process that had been implemented over the last few weeks and the pharmacist was still completing an accuracy check of all the medicines as a 'firewall' measure. There was a plan to reduce the number of accuracy checks once the process had been audited and no issues had been found. The staff were adapting to this new system and were able to give feedback on any improvements that needed to be made.

Prescriptions containing higher risk medicines such as anticoagulants, methotrexate, CDs or valproate containing products, were flagged by the computer system when people came to collect them so that extra counselling and checks could be provided. There were also coloured laminates available to use if the staff member felt it was necessary. This ensured that the person received the information needed about the medicines so that they remained safe to use.

The pharmacy provided multi-compartment compliance packs to a small number of people. The pharmacist had undertaken an assessment with all the people using the service to ensure the packs were suitable for them. Any new people requesting packs were assessed in a similar way to ensure they receive the most appropriate help they require. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and patient information leaflets were supplied with the packs.

Members of the pharmacy team were aware of the Pregnancy Prevention programme for Valproate containing medicines and explained the extra advice they provided people taking these medicines. And they were aware of the updated guidance issued recently to give additional advice to male patients as well. The team members were made aware of any safety alerts through email and messages sent through the company intranet. The alerts were actioned and stored in a folder in the pharmacy with a record of actions taken.

The pharmacy had a procedure and records in place to show date checking of medicines had been completed in the dispensary. A different section was checked weekly and signed off once completed. Records were kept of medicines going out of date in the next few months and these medications were reviewed monthly and removed if they were still on the shelves.

Medicines which required refrigeration were stored appropriately and the pharmacy had a daily record of the temperatures of the refrigerator. The records showed the temperature had been maintained between two and eight degrees Celsius. All CDs were stored in an appropriate cupboard and access to the CD keys was controlled. The CD cupboard was neat and tidy, patient returned medication and out of date medication was separated and clearly marked.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it uses its facilities and equipment to suitably protect people's private information.

Inspector's evidence

The pharmacy had access to an online portal where it could access the latest reference sources to assist with any queries. There were crown stamped measures available in various sizes in the pharmacy so that liquids could be measured accurately.

There was suitable equipment for the pharmacy to provide the NHS Pharmacy First service and to measure people's blood pressure. This included an otoscope, and two blood pressure monitors that were replaced annually by head office. An ambulatory blood pressure monitor was also available which was tested annually by an external company arranged by head office.

Computer screens were positioned so that they were not easily seen by people waiting in the retail area. Computers were password protected and each staff member had an NHS smartcard to prevent unauthorised access to people's medication records. A cordless telephone was available so that the team members could have conversations in private.

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.