

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 4, Colney Fields Shopping Park, London Colney, ST. ALBANS, Hertfordshire, AL2 1AB

Pharmacy reference: 1089729

Type of pharmacy: Community

Date of inspection: 07/08/2019

Pharmacy context

This is a community pharmacy located on a retail park just off the M25 junction for London Colney in Hertfordshire. The pharmacy does not have an NHS contract, it provides medicines against a few private prescriptions and predominantly offers private services such as travel vaccinations and malaria chemoprophylaxis. It also provides advice about healthcare and sells a range of over-the-counter (OTC) medicines.

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 manages risks associated with its services in a satisfactory manner. Pharmacy team members deal with their mistakes responsibly. They protect people's private information well. And, they understand how to protect the welfare of vulnerable people. But, team members may not always be recording all the details when mistakes happen or formally reviewing them. So, they may be missing opportunities to spot patterns and prevent similar mistakes happening. The pharmacy does not hold contact details for the local safeguarding agencies. So, team members may not be able to respond to concerns appropriately. And, although the pharmacy adequately maintains most of the records that it must, it is not always recording all the details for its private prescriptions in accordance with the law.

Inspector's evidence

The pharmacy was clear of clutter and organised. A range of standard operating procedures were (SOPs) were available to support the safe provision of services. Staff declarations were complete to verify that they had read the SOPs, team members knew their roles and responsibilities and knew when to refer to the responsible pharmacist (RP), the team's roles were defined within the SOPs and the correct RP notice was on display. This informed people about the pharmacist in charge on the day.

The RP explained that she first clinically checked, processed and assembled prescriptions before asking other staff to complete the final accuracy check. According to the RP, there was a near miss log available to record internal mistakes however, this was not seen. Ensuring this was more visibly displayed and easily accessible was discussed during the inspection. The pharmacy was not using the company's Patient Safety Review process to identify relevant information about incidents or near misses at the point of inspection.

The company's practice leaflet was on display and this provided details about the pharmacy's complaints procedure. The RP's process to handle incidents was in line with the company's policy. Feedback about the pharmacy's service was obtained from people using cards and surveys, the RP explained that they were informed from their WhatsApp group when comments were left, some of the comments were seen and described positive experiences.

There was no confidential material left in areas that were accessible to the public. Confidential waste was segregated and disposed of through company procedures. Staff had completed information governance e-learning training and were up to date with this. The pharmacy informed people about how it maintained their privacy. Team members were trained to safeguard vulnerable people and could identify signs of concern. They had completed the relevant e-learning module and the RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). However, there were no relevant local policy and contact details available.

The company's pharmacy log was routinely completed, and the pharmacy held appropriate professional indemnity insurance for its services. The RP record was maintained in full, emergency supplies were not provided, there had been no prescriptions for unlicensed medicines and there were no controlled drugs stored on site. There were missing entries within the electronic register for private prescriptions, details about the supplies made against private prescriptions from the pharmacy's private services were routinely not being entered.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. The pharmacy provides them with resources to complete ongoing training. This helps to ensure that their skills and knowledge are kept up to date.

Inspector's evidence

The pharmacy dispensed very few private prescriptions, around 10-15 private prescriptions were seen dispensed in the last month. The pharmacy also provided several private services against Patient Group Directions (PGDs). This included travel vaccinations, vaccinations for meningitis, chicken pox, human papillomavirus and seasonal flu as well as supplying medicines for hair retention, malarial chemoprophylaxis and for cystitis.

Staff at the inspection consisted of the RP and two trained medicines counter assistants (MCA). Other staff included another two more regular pharmacists and two further MCAs, one of whom was undertaking accredited training with the company. Staff wore name badges outlining their roles and their certificates to demonstrate their qualifications obtained were on display.

Counter staff asked relevant questions before selling medicines over the counter (OTC) and they referred to the pharmacist appropriately. Team members had access to e-learning modules, newsletters, information from the company system and took instruction from the pharmacist to keep their knowledge current. The team was up to date with the company's mandatory training. Performance reviews to monitor staff progress occurred every six months and a WhatsApp group was also used to help keep them informed about relevant information.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an adequate environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy premises were located on the first floor of the building with a small dispensary at the rear to one side. The store consisted of large retail areas on both floors. There was a signposted consultation room available to one side of the dispensary that could be used for private conversations or services. A curtain could be drawn over the glass door to assist with maintaining the privacy of people when the room was used. The door was unlocked initially, there was a sharps bin present on the floor and this meant that there was a potential risk of needle-stick injury to anyone inadvertently entering the room. This was discussed at the time. The RP subsequently locked the door and was observed to routinely keep this locked after using the space.

The pharmacy was in general, clean, it was suitably lit with adequate ventilation. A portable air conditioning unit and fans were being used to assist with the latter. Pharmacy (P) medicines were stored behind the front counter, staff were always within the vicinity and there were barriers at either end to help prevent P medicines from being self-selected.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and effectively. It obtains its medicines from reputable sources and stores them appropriately. And, it ensures its services can be accessed by everyone.

Inspector's evidence

The store's entrance was at street level with automatic doors, and inside there were wide aisles as well as clear, open space. The pharmacy was located on the first floor and it could be accessed by stairs, escalators and lifts. This facilitated easy access for people using wheelchairs or those with restricted mobility. Staff could use a hearing aid loop to assist people who were partially deaf, information was conveyed verbally for people who were visually impaired, and staff spoke more slowly or clearly for people whose first language was not English. There were two seats available for people waiting for prescriptions and plenty of car parking spaces outside the pharmacy. Leaflets about the pharmacy's services were also on display.

An appointment-based system was used to manage the private services with around 10 people seen every week. The RP was trained to provide the private PGDs through company processes, she worked to defined procedures, informed consent was obtained, a risk assessment was carried out and relevant PGD paperwork for all the services was signed and readily accessible. This also included SOPs for the services. The consultation room was used and relevant equipment to provide the service was available. This included adrenaline autopens and a sharps bin.

A dispensing audit trail from a facility on generated labels as well as a quad stamp on prescriptions assisted in identifying staff involved in the various processes. The pharmacy did not hold any stock of valproates, the team was informed about risks associated with this and described being able to print relevant literature to provide to people upon supply. The RP confirmed that no private prescriptions had been received for valproate and there were no private prescriptions seen for higher-risk medicines.

The pharmacy used licensed wholesalers such as Alliance Healthcare and AAH to obtain medicines and medical devices. Only a very small selection of prescription-only medicines (POMs) were stocked in the dispensary such as antibiotics or medicines for malarial chemoprophylaxis. The pharmacy system was set up to scan medicines upon receipt and on hand- out, however the pharmacy was not yet complying with the process for the European Falsified Medicines Directive (FMD). There was no relevant equipment on site or guidance information present.

Medicines were stored in an organised manner. POMs were checked for expiry every quarter, there was a schedule available to verify this and stickers were used to highlight short-dated items. There were no date-expired medicines or mixed batches present. There were no controlled drugs stored on site. Medicines were stored appropriately in the fridge. Drug alerts were received through the company system, medicines were checked, and action taken as necessary. An audit trail of documented safety alerts was present to verify the process. The pharmacy did not hold a contract to dispose of medicines that were brought back by people. Staff did not accept them from people and referred them to other providers accordingly.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has some, but not all of the equipment it needs to provide its services effectively. Although the pharmacy dispenses few prescriptions, there is a chance that without conical measures, treatment could be delayed if people require antibiotics that need reconstituting.

Inspector's evidence

The team could access current reference sources online and this included online databases such as Medicines Complete. The fridge appeared to be operating appropriately. The sink in the dispensary used to reconstitute medicines could have been cleaner. There was hand wash as well as hot and cold running water available. The sole computer terminal was password protected and positioned in a manner that prevented unauthorised access. There were no conical measures available to measure liquid medicines and there were no counting triangles or capsule counters available.

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.