

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 3, West Quay Retail Park,
SOUTHAMPTON, Hampshire, SO15 1BA

Pharmacy reference: 1090078

Type of pharmacy: Community

Date of inspection: 18/06/2024

Pharmacy context

This is a community pharmacy located in a retail park in Southampton. It serves its local population and is open seven days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS and private prescriptions, provides the Pharmacy First service and supplies medicines in multi-compartment compliance aids for people to use while living in their own homes. They also provide travel vaccines and flu vaccines in the winter as well as a local 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 team identifies and manages risks in the pharmacy satisfactorily. Team members record their mistakes and ensure they learn from them to reduce the likelihood of any recurrences. Team members are clear about their roles and responsibilities and work well together. The pharmacy keeps up-to-date records as they should do. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensing tasks in paper form and electronically. The team members accessed the electronic SOPs and answered a few questions to confirm they had read and understood them. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years by the superintendent pharmacist or when there were any significant changes. The staff explained that there would be regular communication regarding SOPs from the Superintendent's team which included training. The team members demonstrated a clear understanding of their roles and worked within the scope of their role.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a leaflet available in the consultation room. The leaflet explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS).

The dispenser explained that the pharmacists discussed any errors found when checking with the member of staff involved and asked them to reflect on why it had occurred and record it electronically or on a paper record. The near misses were analysed at the end of each month as part of a Monthly Patient Safety Review. The outcome from the review was shared with the whole team who would discuss them and implement any changes to prevent recurrences. The dispenser explained that most incidents involved quantity errors. The team received a Pharmacy Standard newsletter at the end of each month from the superintendent pharmacist. The newsletters would inform team members of the trends in mistakes that had happened across the company and what they can do to prevent these mistakes happening. There was also a case study in the newsletter for the team members to attempt.

There was a workflow in the pharmacy where labelling, dispensing, checking were all carried out at different areas of the work benches. A valid certificate of public liability and professional indemnity insurance was available. The controlled drug register was maintained, and a balance check was carried out every week. Records of this were complete. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. There were cordless telephones available for use and confidential wastepaper was collected in blue bags and later

destroyed appropriately. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module from the company as part of their accredited training. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Team members work well together and are supportive of each other. And they have access to training resources to help keep their skills and knowledge up to date. Team members are able to raise concerns and make suggestions.

Inspector's evidence

During the inspection, there was one pharmacist and one NVQ Level 2 trainee dispenser. The store manager explained that they had enough staff for their dispensing level, and they would work together to ensure they covered the hours when people were away.

The staff completed regular online training to ensure they were kept up to date with any professional changes and their knowledge of clinical subjects was maintained. The pharmacist explained that she also attended regular training sessions to keep her practical skills, such as vaccination training, up to date. She was also applying for the independent prescribing course and the company were supporting her to do this .

The team completed staff satisfaction surveys regularly where their opinions about their job and working environment were considered and they could provide feedback to the company about their work. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were targets in place, but the team did not feel pressurised to deliver the targets and the staff members explained that they would never compromise professional judgement for financial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are 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 and to deliver some services.

Inspector's evidence

The pharmacy building was located in a retail park with a large car park. The pharmacy included a tidy retail area and medicine counter, dispensary and consultation room. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. There was a gate separating the dispensary and medicines counter from the retail space of the shop.

The consultation room was signposted as being available for private discussions. It was located in the staff areas of the building which required a key code to access, and it was locked when not in use. Patient confidentiality could be maintained, and prescriptions were screened from public view. The dispensary was organised and well maintained. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The team members reported that they cleaned the pharmacy regularly and there were contracted cleaners who would help clear the bins and the floor.

The ambient temperature was suitable for the storage of medicines and was regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services effectively, and people with a range of needs can access them. The pharmacy sources and manages medicines safely. This ensures that the medicines it supplies are fit for purpose. Team members identify people taking high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy and the team explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The pharmacy had completed an audit on valproates and although they did not have any affected patients, they explained that they use valproate information cards and leaflets when they dispense valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it. They were also aware of the requirements to only provide original packs when dispensing valproates.

The pharmacy provided the Pharmacy First service and the team had all completed the appropriate training. The PGDs were all signed and seen to be complete, and the pharmacist was familiar with the pathways. The pharmacy team also provided a hypertension case finder service where they would target people more at risk of hypertension for blood pressure checks. The dispenser explained that they had identified some people who had benefitted from this service and it worked well. The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. Each patient with the relevant Patient Information Leaflets every month. The manager explained that they completed an assessment of each person who had the compliance aids to see if they were suitable for their needs.

The pharmacy obtained medicinal stock from the Alliance, AAH and Phoenix. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a designated bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from their head office, and

they were actioned appropriately. The recall notices were printed off in the pharmacy and annotated to show the action taken. Recently the team had actioned an alert for paracetamol tablets.

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.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml, 50ml and 10ml measures. Some were marked to show they should only be used with methadone solution. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources and pharmacy textbooks were available. Internet access was also available should the staff require further information sources.

The computers were all password protected and conversations inside the consultation could not be overheard. Electrical equipment appeared to be in good working order.

The pharmacy had a recommended ambulatory blood pressure monitor available to provide the hypertension case-finding service. The pharmacist also had several items of equipment for the Pharmacy First service. Medicines awaiting collection were stored in a manner which was inaccessible to people. Patient information was not visible from the counter.

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.