

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Unit 5, Bolton Shopping Park, Trinity Street,  
BOLTON, Lancashire, BL3 6DH

**Pharmacy reference:** 1091205

**Type of pharmacy:** Community

**Date of inspection:** 04/06/2024

## Pharmacy context

This community pharmacy is located in a large retail park in the town of Bolton. The pharmacy dispenses NHS prescriptions, private prescriptions and sells medicines over the counter. It also supplies medicines in multi-compartment compliance packs to some people to help them manage their medication. And it provides a range of services including the New Medicines service, Pharmacy First and a substance misuse 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
<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

Overall, the pharmacy manages risks well. The pharmacy team follow written procedures to ensure the services they provide are safe. And it keeps the records it needs to by law. Team members record their mistakes and regularly review them to try and stop the same error happening again. The pharmacy keeps people's personal information safe. And team members understand their role in safeguarding vulnerable individuals.

### Inspector's evidence

The Pharmacy had an electronic set of Standard Operating Procedures (SOPs) in place. These were routinely updated by head office and allocated to team members depending on their roles. They accessed SOPs via their own log in details. And they were given time to read and sign them. Each team member completed a quiz to test their understanding of new SOPs which ensured they followed best practice. Team members had clear roles and could explain what activities they could and could not do in the absence of the responsible pharmacist (RP).

Near misses (mistakes picked up at the dispensing stage) were recorded onto an online system. The RP explained when a near miss was identified, the dispenser recorded the mistake and then discussed any learnings with the RP. Dispensing incidents were also recorded online and sent through to head office. These were investigated in more detail by the RP and store manager. And once a month, the store manager carried out a more formal review to identify any trends and shared this with the pharmacy team. The pharmacy had noticed several near misses happening when packs had not been scanned using the electronic system at the point of dispensing. And so, it implemented a process to mark prescriptions where the packs had not been scanned to ensure a more thorough final check was carried out.

The correct RP notice was displayed in the pharmacy. And the RP log had been completed as required. Controlled Drug (CD) registers were kept as required by law. And CD balance checks were completed weekly. A random check of a CD balance matched the physical stock. The pharmacy kept their private prescription records electronically and these were seen to be complete. And it kept appropriate records of emergency supplies of medicines. The pharmacy had valid indemnity insurance.

People could provide feedback to the pharmacy via a company survey. And the pharmacy had a complaints procedure in place. People could complain directly to the pharmacy in person or over the phone. They could also contact the company head office via telephone or online. Generally, complaints were handled by the pharmacist or store manager in the first instance but there was an escalation process if required. Confidential waste was stored in a separate bin in the dispensary. And no confidential information was seen to be mixed with normal paper waste. Assembled prescriptions waiting to be collected were generally not visible. One bag with patient information could be seen but this was promptly moved by the RP at the start of the inspection. Team members were observed to be using their own NHS smartcards. This meant there was an accurate audit trail when accessing people's information.

The pharmacy team had all completed safeguarding training. And the RP had completed safeguarding level 2 training. Team members explained how they might identify a vulnerable person and the actions

they would take. Local safeguarding contact information was on display in the dispensary for the team to use if an issue should arise.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team work well together to manage the workload and services effectively. Team members are suitably trained for their roles and receive ongoing support to keep their knowledge and skills up to date. And they feel comfortable to make suggestions or raise any concerns they have.

### Inspector's evidence

On the day of the inspection, there was the RP, two dispensers and the store manager present. The pharmacy generally had enough trained staff to manage its workload. Staff had completed accredited training relevant to their role. But it had found that due to a closure of a nearby pharmacy, their workload had increased in the last few months. The store manager explained the pharmacy was soon getting a new dispensing support system which would help support with the increased workload. Team members said they were comfortable with staffing levels and felt supported by the pharmacists.

Members of the team received regular training and were given time to complete this. They were currently undergoing the regular cycle of compliance training. Pharmacy team members also received training on new services such as the NHS Pharmacy First service. The RP had also completed training on the service, including face to face training from head office on using an otoscope. A monthly professional standard newsletter was sent from the superintendent pharmacist (SI) for all pharmacy team members. And team members signed to confirm they had read it.

Team members had annual appraisals to review their performance and would also receive feedback informally. They knew who they could raise any concerns to and said they felt comfortable to do so. This would normally be the pharmacist, but team members could also feedback to the store manager or area manager if necessary.

The team were set targets for the delivery of some services. But the RP said he would use his professional judgement to ensure the service provided was always appropriate and safe.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is bright, clean and provides an appropriate environment for the provision of healthcare services. The premises is kept secure from unauthorised access to protect people's personal information. It has a consultation room for people to have a private conversation.

### Inspector's evidence

The front fascia of the pharmacy was in good repair and projected a professional image. There was adequate space and seating available for people who wanted to wait to use the pharmacy's services. Pharmacy only (P) medicines were stored behind a counter to the side of the dispensary. There was a hatch located at the front of the store where people could access pharmacy services when the main retail store was closed.

The dispensary area was of an adequate size for the services the pharmacy provided. It was kept clean by staff members who completed a daily cleaning log. There was a sink for preparing liquid medicines which was clean. The temperature and lighting in the pharmacy were adequately controlled. A separate office space was used to dispense medicines into multi-compartment compliance packs. There was a risk non-pharmacy team members could access this space so this was discussed with the RP and store manager who said they would look at alternative ways to store the packs to maintain confidentiality.

The pharmacy had a consultation room which was kept locked when not in use. It was of a good size and allowed for people to have a private conversation without being overheard. There was a chaperone policy available. And there was no confidential information visible. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is easily accessible to people with different needs. And it manages and provides its medicines and services safely. It obtains its medicines from licensed wholesalers and stores them appropriately. Team members highlight high risk medicines to ensure people receive the correct advice. And the team action drug recalls and safety alerts so people only receive medicines and devices that are suitable for use.

### Inspector's evidence

The pharmacy had step free access via the main store entrance. It was located at the back of the store and was easily accessible to people with wheelchairs or pushchairs. It was able to provide additional support to people with different needs. For example, it could print larger font labels for those with visual impairment. A hearing induction loop was available to use for people with hearing difficulties. The pharmacy had leaflets available, providing information for a wide range of healthcare conditions.

The dispensary had a separate area for dispensing and checking prescriptions. The pharmacy ordered repeat prescriptions for some people and contacted them when their medicines were ready to collect. On the day of the inspection, a large number of prescriptions were waiting to be checked. Some of these were seen to be passed their due date. This meant there could be a risk people would run out of their medicines. The RP said that there was a backlog, but people were contacted once their medication was ready and generally the pharmacy ordered people's prescriptions in advance of them running out. Tubs were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Assembled medications and those awaiting collection were seen to contain the initials of the dispenser and the checker which provided a clear audit trail. Coloured laminates were used to highlight prescriptions containing high risk medicines, such as paediatric medicines, methotrexate and lithium. And this ensured that people were given the appropriate advice when collecting their prescriptions. Fridge and CD items were also highlighted.

The pharmacy provided the NHS Pharmacy First service. The RP had completed relevant training and the patient group directions (PGDs) were available in the pharmacy. These had been signed and dated by the pharmacists providing the service. The pharmacy provided a paid delivery service. An electronic log was used to record deliveries due to go out. If there was a failed delivery, the driver would bring the prescription back to the pharmacy and the team would contact the individual to re-arrange their delivery.

The pharmacy dispensed medicines in multi-compartment compliance packs for some patients. And this was completed in a separate office. Prepared packs were seen to be sealed and labelled with a description of the medicines inside. The prescriptions, patient record and empty medicines boxes were kept with the packs for the pharmacist to check. The RP confirmed that patient information leaflets were given with each supply. The team explained that they highlighted any changes to medication on the patient record sheet and contacted the surgery with any queries.

The pharmacy obtained its medicines from licensed wholesalers and specials suppliers. Medicines requiring cold storage were stored appropriately. And CDs requiring safe custody were stored securely. Stock was date checked weekly and records showed which sections had been completed. A random

check of medicines on the shelves found no date-expired products. Fridge temperatures were recorded daily, and records showed these to be in range. Waste medicine was stored in a designated bin in the dispensary.

Pharmacy team members were aware of the risks associated with dispensing sodium valproate. And the RP explained the additional counselling they provided to a person presenting with a prescription for a valproate containing medicine. Team members made sure they did not place dispensing labels over the safety information on boxes of sodium valproate and only dispensed these medicines in their original packs. The pharmacy received safety alerts and recalls through their company portal. They were actioned once received. And printed copied of the alerts were signed by the RP and kept in folder.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the services it provides. Team members maintain equipment to ensure it is safe to use. And they ensure people's privacy is maintained.

### Inspector's evidence

Team members used the internet in the pharmacy to access information and resources they needed. Monitors were positioned away from people using the pharmacy. And all computers were password protected to ensure people's personal information was kept private. Team members were seen to be using their own NHS smartcards.

The pharmacy had two fridges for storing medicines which required cold storage. One was located in the dispensary and one was in an office at the back. It had calibrated glass measures for measuring liquid medicines which were generally clean. And there were a number of clean tablet and capsule counters, including a separate one for counting cytotoxic medicines. The pharmacy had a blood pressure machine in the consultation room as well as an ambulatory blood pressure machine. The RP explained these were relatively new and so did not need calibrating or replacing yet. There was also an otoscope and other disposable equipment available for the Pharmacy First service.

The phone in the pharmacy was corded but it was located at the back of the dispensary. The store manager said a cordless phone was available if a conversation needed to be had 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.