

Registered pharmacy inspection report

Pharmacy Name: Boots, 35 Great Melton Road, Hethersett,
NORWICH, Norfolk, NR9 3AB

Pharmacy reference: 1091300

Type of pharmacy: Community

Date of inspection: 05/07/2024

Pharmacy context

This community pharmacy is located in the town of Hethersett near Norwich. It provides a variety of services including the dispensing of NHS and private prescriptions, the New Medicine Service (NMS) and the Pharmacy First service under patient group directions (PGDs). It also provides medicines in multi-compartment compliance packs for people who need additional support taking their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Overall, the pharmacy manages the risks associated with its services well. And its team members review any dispensing mistakes regularly so they can learn from these. It has written procedures to help the team work safely and these are updated regularly. And it has appropriate insurance arrangements in place. The pharmacy keeps the records it needs to by law. And its team members know how to protect vulnerable people.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The pharmacy had a range of standard operating procedures (SOPs) that had been issued by the pharmacy's head office. These had been read by all team members, who were able to explain their roles and responsibilities within the pharmacy. The SOPs were updated regularly by head office and team members would be informed of any alterations and would then read the updated SOPs. Near misses (dispensing mistakes spotted before a medicine left the pharmacy) were recorded electronically. The pharmacy manager said that the records were submitted to head office for review. The pharmacy manager also said that she reviewed near misses monthly for any trends or patterns. Dispensing errors (mistakes which had reached a person) were also recorded electronically in more detail and sent to head office. The pharmacy manager said that if an error occurred a report would be completed, and an investigation would take place looking into the causes of the error. The RP said that as a result of a previous error, some similar sounding medicines were separated in the dispensary to reduce the chance of a similar error occurring again.

The pharmacy manager explained that the team had recently completed a number of audits in the pharmacy. One of these looked at prescribing of oral anticoagulants and how any potential harm could be reduced. A second one looked into people's inhaler usage in the community and if this was in keeping with current clinical guidelines.

Complaints and feedback were usually submitted online. However, the pharmacy manager said that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually resolved in store by the pharmacy manager but could be escalated to head office if necessary.

Confidential material was disposed of in dedicated confidential waste bags. When full, the waste was taken away for secure disposal. No confidential waste was found in the general waste bin. And no person-identifiable information could be seen from outside the dispensary area. There was also a privacy notice on display in the shop floor area of the pharmacy explaining how the pharmacy would use people's private information. Team members had completed appropriate safeguarding training. The RP, pharmacy manager and an accuracy checking technician (ACT) had completed level three and all other team members level two. The pharmacy also had contact details of local safeguarding leads to report a concern.

The pharmacy had current indemnity insurance. The pharmacy had the appropriate signed and in-date PGDs for the Pharmacy First service. Balance checks were carried out regularly of controlled drugs (CDs), and records in the CD register were made in accordance with the law. A random check of a CD

showed that the quantity in stock matched the running balance in the register. Records seen about private prescriptions were complete, as were records about unlicensed medicines. The RP record was complete with all entries seen having a start and finish time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. And team members do the right training for their roles. Team members do regular ongoing training to keep their knowledge and skills up to date. And they feel comfortable about raising any concerns. Targets do not affect team members ability to provide a safe and effective service.

Inspector's evidence

The team consisted of the RP, another pharmacist who worked regularly at the pharmacy, an ACT, four dispensers, one of which was the pharmacy manager and a counter assistant. The pharmacy manager was currently undergoing training to become an ACT. She confirmed the pharmacy had enough team members to manage its workload. The team was observed working safely and efficiently during the inspection and the team was up to date with dispensing. All team members had completed the appropriate training for their role with an accredited training provider or were currently on an accredited training course. Team members were provided with ongoing training in the form of e-learning from head office, and the pharmacy manager confirmed that she had a regular informal review with all team members every six months. Team members knew what could and could not be done in the absence of an RP. And they had no concerns about raising any issues and would usually go to the pharmacy manager or RP but could go to head office if necessary. Team members were set some targets relating to the NMS and Pharmacy First services. But the pharmacy manager said that these targets were achievable and did not affect the team's ability to provide a safe pharmacy service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair and was professional looking. There was a small car park directly outside the pharmacy to provide ease of access to people driving to the pharmacy. The shop floor area was clean and tidy. And it had chairs for people who wished to wait for the pharmacy's services. The pharmacy had a consultation room for services and for people who wished to have a conversation in private. It was clean and tidy and allowed for a conversation at normal volume to be had without being heard from the outside. It also had leaflets on display about various health promotion topics for people to read and take and there was a chaperone policy on display. The room was kept locked when not in use. Pharmacy-only (P) medicines were stored securely behind the counter. The dispensary area was generally clean and tidy although there were some bags and totes on the floor which presented a tripping hazard. The pharmacy manager said that these would be moved. The dispensary had plenty of desktop space for the team to work on. And there was a sink for preparing liquid medicines which was clean. The temperature and lighting in the pharmacy were adequate and the pharmacy had air conditioning to help control the temperature. There was a staff toilet with access to hot and cold running water and handwash. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its medicines and services safely. And it largely stores its medicines appropriately. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources. And it takes the right action in response to safety alerts and recalls of medicines ensuring people get medicines fit for purpose.

Inspector's evidence

The pharmacy had step-free access via an automatic door, however during the inspection it was not working. The pharmacy manager said that this had already been highlighted to head office. As a result, the team had propped the door open during opening hours to allow ease of access for people with accessibility issues. The pharmacy was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. It also had a hearing loop. There was enough space for people with wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines. Plastic boxes were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The delivery driver used a secure electronic device to keep a record of deliveries, and the pharmacy also kept a paper record. If there was a failed delivery, the medicines would be returned to the pharmacy and a note put through the door with information about arranging a redelivery.

Prepared multi-compartment compliance packs seen contained all the required dosage and safety information as well as a description of the medicines which included the colour, shape and any markings on the medicines to help people identify their medicines. Team members confirmed that patient information leaflets (PILs) were always included with the packs. They also stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. The pharmacy used cards and stickers to highlight prescriptions that contained a high-risk medicine, a CD or an item requiring refrigeration. The pharmacy manager also said that the patient medication record (PMR) highlighted CD prescriptions that were soon to expire to help reduce the risk of a prescription that was no longer valid being given out. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Fridge temperatures were checked and recorded daily, and records seen were all in the required range. The current temperatures were found to be in range during the inspection. Medicines were generally stored neatly on the pharmacy shelves, but there were very few dividers on the shelves and as a result this caused some medicines to fall on top of each other increasing the chance of picking errors. The pharmacy manager said she was aware of this issue and would highlight it to head office to get more dividers added to the shelves.

Expiry-date checks were carried out weekly on a rota basis with a different section being checked each time. The pharmacy used stickers to highlight medicines soon to expire. A random check of medicines on the shelves found no expired medicines. The pharmacy manager explained that items and medicines

in the shop floor section were also checked regularly for any soon to expire items. Waste medicines were stored in designated blue bins and collected and disposed of by an external company.

Safety alerts and recalls of medicines and medical devices were received electronically. These were printed and actioned as appropriate before being archived in a folder. Team members were aware of the risks of sodium valproate and knew where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information. Team members were also aware of the recent guidance change with regards to supplying sodium valproate in an original pack.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment to protect people's privacy.

Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards. The pharmacy had cordless phones so conversations could be had in private. The team confirmed that electrical equipment had been safety tested at the end of last year and so did not currently require re-testing. The pharmacy had a blood pressure machine in the consultation room. The pharmacy manager explained that this was relatively new and did not require recalibration or replacement and that the blood pressure machine was serviced annually. There was also an otoscope available for provision of the Pharmacy First service. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines with some marked as for use with certain substances only. It also had tablet triangles for counting medicines. This equipment was well maintained and kept clean.

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.