

Registered pharmacy inspection report

Pharmacy Name: Boots, London House, The Cross, West End,
Minchinhampton, STROUD, Gloucestershire, GL6 9JA

Pharmacy reference: 1091364

Type of pharmacy: Community

Date of inspection: 17/09/2024

Pharmacy context

This is a community pharmacy located in the small market town of Minchinhampton, in Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It offers Pharmacy First, the New Medicine Service (NMS), seasonal flu vaccinations and local deliveries. The pharmacy also provides some people's medicines inside multi-compartment compliance packs if they find it difficult to manage their 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 mostly operates in a safe and effective manner. It has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. And the pharmacy generally maintains its records as it should.

Inspector's evidence

The pharmacy had a range of current electronic standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. The staff had read them. Team members were clear on their roles and responsibility and knew what their tasks involved. They also knew which activities could take place in the absence of the responsible pharmacist (RP). Relevant policies and documented guidance seen also included details on how to safeguard the welfare of vulnerable people. The pharmacist was trained to level three on this with the rest of the team trained through the company's mandatory training modules. Staff recognised people who could need assistance and signs of concern. They knew who to refer to in this situation and contact details for relevant agencies were readily accessible.

The team followed set procedures when dispensing and worked in defined areas for different tasks. Staff ensured they were not interrupted when working, dispensing benches were kept clear of clutter, and they rotated jobs. Every morning, the team gathered to decide how tasks would be allocated for that day and one member of staff was responsible for answering the phone to help minimise distractions to other staff. Some of the pharmacy's processes were automated with bar code scanning technology being used. This helped minimise the risk of selection errors, it was said to have made internal processes more efficient and helped reduce the pressure on the RP. Staff routinely recorded their near miss mistakes electronically. The details were collated and reviewed formally every month which helped identify any trends or patterns. The team then put in place corrective measures to help minimise the risk of them recurring. The pharmacy had a suitable complaint as well as an incident management policy. The RP and manager's process here were in accordance with the company's requirements.

The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display and the pharmacy's records were mostly compliant with the relevant requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. Records about supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had been appropriately completed. The RP record was also mostly complete but had the odd missed entry with no details recorded. However, incorrect details about prescribers were seen to have been documented within the electronic private prescription register. Incomplete details and abbreviations were also used to record the nature of the emergency when a supply of a prescription-only medicine was made, in an emergency without a prescription (such as 'wknd'). This could make it harder for the pharmacy to justify the supplies made. These points were discussed at the time.

The pharmacy displayed details on how it protected people's confidential information and the team mostly ensured confidential information was protected. Confidential information was stored and disposed of appropriately. No sensitive details could be seen from the retail space, staff ensured that they did not speak loudly when they used the phone and computer systems were password protected. However, a member of staff's NHS smart card had been left within one computer terminal and was being used during the inspection. This person was not on the premises at the time and their password was known. This limits the pharmacy's ability to control access to people's confidential information.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have a range of skills and experience. They can also develop their essential training further. The company who owns the pharmacy gives the team access to training resources to complete their ongoing training. This helps keep their skills and knowledge up to date.

Inspector's evidence

During the inspection, the pharmacy team consisted of the store manager who was also a trained dispensing assistant, a regular, part-time RP, another trained dispensing assistant and a trainee dispenser. The team consisted of a mix of experienced and new staff. They knew when to refer to the pharmacist appropriately, asked relevant questions before selling medicines and checked details with the RP when needed. Staff were also aware of medicines which could be abused or had legal restrictions and sales of these medicines were monitored. They were provided with resources for ongoing training. This was through the company's e-learning platform, and they read SOPs as well as suitable communication sent through the company's head office. This helped ensure team members continually learnt and kept their knowledge up to date. The team's performance was monitored annually. Team members in training felt supported and completed the bulk of their course material at work.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate environment for people to receive healthcare services. A separate space is also available where people can have confidential conversations with the pharmacy team.

Inspector's evidence

The pharmacy had suitable ambient temperature and ventilation for storing medicines and safe working. The retail area was tidy and there was also a separate consultation room to hold private conversations and provide services. The room was kept locked, it was of an adequate size and clearly signposted. The pharmacy had an adequate amount of bench space for staff to carry out dispensing tasks safely and storage space to hold medicines. And it was secured appropriately. Fixtures and fittings were functional; however, the overall appearance of the pharmacy was dated with the retail area in need of decoration. The outside façade was also dated with crumbling brick and stonework. Whilst the pharmacy was kept clean, the floor in the retail area needed a deep clean and the front of some of the drawers used to hold medicines in the dispensary were missing. These points overall, detracted from the professional image of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines appropriately. And members of the pharmacy team regularly identify people who require ongoing monitoring so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

The pharmacy's front entrance had an automatic door but also had steps leading up to it which made it difficult for people using wheelchairs to easily access the pharmacy's services. Staff explained that some people called ahead to alert them, or they delivered medicines, served people at the door and physically assisted people when required. Team members also used written communication, they could print details with a larger sized font if required and used translation services to assist people whose first language was not English.

The pharmacy offered a local delivery service and the team kept records about this service. Failed deliveries were brought back to the pharmacy and no medicines were left unattended. The pharmacy supplied medicines inside multi-compartment compliance packs to some people who lived in their own homes, after this was considered necessary and an assessment had taken place. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. The compliance packs were sealed as soon as they had been prepared. Patient information leaflets (PILs) were routinely supplied and descriptions of the medicines inside the packs were always provided. Some people received sodium valproate inside compliance packs. Staff were aware of issues with this practice due to this medicine's stability and the pharmacy could justify this situation. Each pack was provided every week with this medicine de-blistered into the pack on the day that it was due to be collected or supplied. This helped limit the associated risks and details had been recorded to verify why this practice was required.

The pharmacy team used tubs to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Quadrant stamps printed on the prescriptions helped identify who had been responsible or involved in the various stages. Staff also used the facility on generated dispensing labels as an audit trail. This helped identify who had been involved in the dispensing process when people waited for their prescriptions or for those prescriptions which were manually dispensed by staff and accuracy checked by the RP. Dispensed CDs and temperature-sensitive medicines were stored within clear bags. This helped to easily identify the contents upon hand-out. When people arrived to collect assembled prescriptions, their location was accessed using the pharmacy's system. This prompted staff to make further checks and ask relevant questions, for example if higher-risk medicines had been prescribed. This meant that the pharmacy routinely identified people prescribed medicines which required ongoing monitoring. They asked details about certain parameters, such as blood test results and records were kept about this. Staff were also aware of the additional guidance when dispensing sodium valproate. They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and had identified people in the at-risk group who had been supplied this medicine.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in an organised way. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. The team checked medicines for expiry regularly, identified short-dated medicines and kept records of when this process had taken place. Medicines which were returned to the pharmacy by people for disposal, were accepted and stored within designated containers. This included sharps provided they were within sealed bins. Drug alerts were received electronically, the pharmacy took the appropriate action in response and relevant records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities for the services it provides. And its equipment is kept clean.

Inspector's evidence

The pharmacy team had access to current versions of reference sources, standardised conical measures for liquid medicines, appropriately operating pharmacy fridges and legally compliant CD cabinets. Triangle tablet counters were available including a separate one marked for cytotoxic use only. This helped avoid any cross-contamination. The pharmacy's equipment, including the dispensary sink used to reconstitute medicines, was clean. There was hand wash and hot as well as cold running water 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.