

Registered pharmacy inspection report

Pharmacy Name: Boots, 57 High Street, EGHAM, Surrey, TW20 9EX

Pharmacy reference: 1091661

Type of pharmacy: Community

Date of inspection: 30/01/2020

Pharmacy context

A community pharmacy set amongst some retail shops in Egham town centre. The pharmacy opens seven days a week. And most people who use it live, or work, close by. The pharmacy sells a range of over-the-counter medicines and health and beauty products. It dispenses NHS and private prescriptions. It offers a needle exchange service and substance misuse treatments.

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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They understand their role in protecting vulnerable people. And they generally keep people's private information safe. They identify and manage risks appropriately. They review the mistakes they make. But they don't always record them. So, they may be missing opportunities to learn from them and stop them happening again.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The pharmacy no longer dispensed people's medicines in multi-compartment compliance packs. And these were now assembled at, and delivered, by another branch. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used plastic containers to separate people's prescriptions and to help them prioritise the dispensing workload. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. But near misses haven't always been recorded. The pharmacy team discussed its mistakes to share learning and help strengthen the pharmacy's dispensing process. For example, look-alike and sound-alike drugs were highlighted to help reduce the risks of team members picking the wrong product.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. Staff were required to wear name badges which identified their roles within the pharmacy. And their roles and responsibilities were described within the SOPs. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to a pharmacist. A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of last year's patient satisfaction survey were available online. The pharmacy's practice leaflet told people how they could provide feedback about the pharmacy in person, online or by contacting the company's customer care centre. The pharmacy team asked people to share their views. People's feedback led to the pharmacy team trying to keep people's preferred makes of prescription-medicines in stock.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The address from whom a controlled drug (CD) was received from wasn't always recorded in the CD register. And a few correctional notes within it were undated. The CD register contained some photocopied and unpaginated pages. And some entries were made on the back of these photocopied pages as the pharmacy had, until recently, run out of CD register sections. But the pharmacy team was using the new register sections at the time of the inspection. The CD register's running balance was checked regularly. The pharmacy's emergency supply records were generally kept in order. But sometimes the nature of the emergency for supplies made at the request of patients didn't provide enough detail for why a supply was made. The prescriber's details and the date

of prescribing were occasionally incorrect within the pharmacy's private prescription records. The pharmacy's records for the supplies of unlicensed medicinal product were incomplete. And the date a product was obtained, when it was supplied and to whom weren't always recorded. The pharmacy's RP records were adequately maintained.

An information governance (IG) policy was in place. And members of the pharmacy team were required to complete online IG training. The pharmacy had arrangements to make sure confidential waste was collected and destroyed securely. But a file containing people's prescriptions was found on the pharmacy's counter at the beginning of the inspection. The pharmacy team promptly relocated this file to a more secure area within the pharmacy when the matter was brought to its attention. So, people's details couldn't be seen by people who shouldn't see them. A safeguarding policy and a list of key contacts for safeguarding concerns were available. Members of the pharmacy team were required to complete safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team are trained or undergoing training for the jobs they do. They keep their skills and knowledge up to date. And they use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 100 hours a week. It dispensed about 3,500 NHS prescription items a month. The pharmacy team consisted of two full-time pharmacists, two part-time pharmacists, a full-time store manager, a full-time trainee dispensing assistant, two part-time dispensing assistants, two part-time trainee dispensing assistants and a sales assistant. Most of the team members, including the store manager, have recently started at the pharmacy. There was a vacancy for a full-time dispensing assistant. One of the pharmacists was due to leave the pharmacy shortly. And one of the dispensing assistants was absent from the pharmacy. The pharmacy relied upon its team members, staff from nearby branches and relief or locum pharmacists to cover people's holidays, sick leave or other absences. A locum pharmacist (the RP) and two trainee dispensing assistants were working at the beginning of the inspection. They were joined by a pre-registration pharmacy technician trainee from another store. The store manager and a relief pharmacist also arrived during the inspection.

The pharmacy's team members needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period and an induction training programme. They supported each other so prescriptions were processed safely. And people were served promptly. The pharmacists supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist. For example, requests for treatments for infants or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

Members of the pharmacy team discussed their performance and development needs throughout the year with their line manager. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged to read company newsletters and complete training and assessments to help keep their knowledge up to date. And they could train while they were at work when the pharmacy wasn't busy. But they could also train in their own time. Team meetings and one-to-one discussions were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. Its team felt comfortable about making suggestions on how to improve the pharmacy and its services. Staff knew how to raise a concern if they had one. And their feedback led to changes to the rostering of tasks. Members of the pharmacy sometimes found it challenging to do all the things they were expected to do. But they didn't feel their professional judgement or patient safety were affected by targets. And, for example, Medicines Use Reviews and New Medicine Service consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The premises were air-conditioned, bright, clean, secure and adequately presented. The pharmacy had the workbench and storage space it needed for its current workload. A consultation room was available if people needed to speak to a team member in private. But it couldn't be locked. So, its contents needed to be kept secure when it wasn't being used. The pharmacy was cleaned regularly by a cleaning contractor. And the pharmacy team was also responsible for keeping the premises clean and tidy. The pharmacy's sink was clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. The pharmacy provides services that people can access easily. And it stays open later than usual six days a week. It gets its medicines from reputable sources and it stores most of them appropriately and securely. Members of the pharmacy team are helpful. And they make sure people have the information they need to take their medicines safely. They generally dispose of people's waste medicines properly. They mostly carry out the checks they need to. So, people get medicines or devices which are safe.

Inspector's evidence

The pharmacy had automated doors and its entrance was level with the outside pavement. Its services were advertised in-store and were included within its practice leaflet. The pharmacy was open most days of the year. And it stayed open later than usual six days a week. The pharmacy's team members were helpful and provided advice to people on how to take their medicines safely. They knew what services were offered and where to signpost people to if a service couldn't be provided. The pharmacy offered a paid-for delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines.

The pharmacy's dispensing workflow was managed to reduce the chances of staff making mistakes. Members of the pharmacy team followed the pharmacy's SOPs. They referred to prescriptions when labelling and picking products. They scanned the bar code of the medication they selected to check they had chosen the right product. And they initialled each dispensing label. Assembled prescriptions were not handed out until they were checked by a pharmacist who also initialled the dispensing label. And patient information leaflets were routinely supplied. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. A 'Counselling Reminder' card and a 'Pharmacist Information Form' were used to alert the person handing the medication over that these items had to be added or if extra counselling was required. Prescriptions for CDs were generally marked with the date the 28-day legal limit would be reached to help make sure supplies were made lawfully. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer's packaging. But some medicines were found within inadequately labelled containers. And a few split packs were found to contain stock from different batches. So, the pharmacy team promptly quarantined these medicines to make sure they weren't supplied. Pharmaceutical stock was subject to date checks, which were documented, and short-dated products were marked. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. Members of the pharmacy team were aware of the Falsified Medicines

Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock at the time of the inspection. The pharmacy team was uncertain as to when the pharmacy would become FMD compliant. Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. And needle exchange clients were asked to return spent sharps within a sharps container. People attempting to return prohibited items, such as household chemicals, were appropriately signposted. Pharmaceutical waste bins were available. But the pharmacy didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products. The pharmacy had a process in place for dealing with alerts and recalls about medicines and medical devices. But the pharmacy team didn't always record the actions it took when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. Its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures. It had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure the equipment they used to measure or count medicines was clean before using it. And they used disposable gloves when handling loose tablets from bulk packs. The pharmacy team had access to up-to-date reference sources. And it could contact the Chief Pharmacist's office to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.