

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 1, Weeke Gate, Stockbridge Road,
WINCHESTER, Hampshire, SO22 6EL

Pharmacy reference: 1100333

Type of pharmacy: Community

Date of inspection: 12/08/2024

Pharmacy context

This is a community pharmacy located on a shopping parade in Winchester. It serves its local population and is open six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS and private prescriptions, provides the Pharmacy First service, a blood pressure service, 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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the team follows. It completes all the records it needs to by law, and it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect 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 which they were required to complete within a set time to ensure that they stayed up to date. 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 pharmacy team demonstrated feedback they had received from people, both positive and negative. The team explained how they used negative feedback to think more about empathising with people and doing everything they could to assist them.

The technician, who was also the pharmacy manager, 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. 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 technician explained that most incidents involved quantity errors. The pharmacy manager explained that the team had a few incidents whereby some prescriptions which had been sent to another site for preparation came back in multiple packages and some of the packages were missed on hand out to people. Therefore, they changed their company process and have now started to secure them together to ensure all prescription packs for one person are held together.

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 by the pharmacist. 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 and technician 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. Some team members also had access to the NHS Safeguarding app.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses and provides additional training to allow the staff to develop their roles. The pharmacy team manages its workload safely and effectively by ensuring they have enough members of staff. Team members support one another well and they are comfortable with assisting one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one pharmacist, one NVQ Level 3 registered technician who was also the manager, two dispensers, one who was undergoing training and one medicines counter assistant who was also being trained. The store manager explained that she felt that they had enough staff for their dispensing level, and they prioritised different tasks to ensure the work was completed in a timely manner. She stated that all the staff members 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 attended regular training sessions to keep his practical skills, such as vaccination training, up to date. He stated that he felt supported to continue training and develop his skills further.

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 premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable consultation room for private conversations which the team use regularly.

Inspector's evidence

The pharmacy building was located in a unit on a modern shopping parade. 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 counter separating the dispensary and over the counter medicines area from the retail space of the shop. There was also a stock room and staff area at the back of the dispensary.

The consultation room was signposted as being available for private discussions and a poster about the chaperone policy was on display outside the consultation room. It was located in the retail space and was locked when not in use. The consultation room was well presented and professional in appearance. It included a sink, seating area, table and a computer. There was also locked storage in the consultation room. The layout of the pharmacy assisted in maintaining patient confidentiality 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.

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 a range of services to support the health needs of the local community. And people can easily access these services. Team members make suitable checks to ensure people taking higher-risk medicines do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts and medicines shortages, so people get medicines and medical devices that are safe to use.

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. The pharmacy also had a notice board near the dispensary where they displayed health promotion information and other pieces of useful information. 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 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 technician demonstrated how they identified people who may benefit from the service, and she demonstrated the system used to ensure that any follow up was action with the patient's surgery. The technician explained that she had a meeting with the local surgery to look at how the surgery received the blood pressure referrals. She stated that the system appeared to be smooth, and it required the surgery to follow-up which meant that the pharmacy did not have to chase the referrals and they could be confident the surgery deal with them. The technician demonstrated a record for someone who had a 24-hour ambulatory blood pressure monitor with some concerning readings which they referred to the surgery for follow up. The technician explained that they always gave people a copy of their record when referring to the surgery.

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. Date checking records were available in the pharmacy. 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 appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

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. Staff all had their own NHS Smartcards to access the NHS system. 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.