

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Unit 5, Blackwater Retail Park,  
FARNBOROUGH, Hampshire, GU14 8BL

**Pharmacy reference:** 1104524

**Type of pharmacy:** Community

**Date of inspection:** 01/09/2022

## Pharmacy context

This is a community pharmacy located in a retail park in Farnborough, close to the M3. It opens until midnight and serves its local population as well as numerous commuters. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides smoking cessation services and flu vaccinations.

## 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

The pharmacy identifies and manages the risks associated with its services well. It has up-to-date written procedures that the pharmacy team follows. And 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 both paper form and electronically. The pharmacist explained that the company was transferring all the SOPs electronically, but for now, they also had paper copies. 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 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 staff were clear on the processes they should follow if they received a complaint.

Pharmacy team members recorded near misses on an electronic near miss log and these were analysed at the end of each month as part of the pharmacy's Monthly Patient Safety Review. The pharmacist explained that one of the dispensers was the Patient Safety Champion and she was tasked with initially reviewing the monthly incidents before discussing them with the pharmacist. The outcome from the review was shared with the whole team who then discussed them and implemented any agreed changes to help prevent any recurrences. The team maintained a list of 'Look Alike, Sound Alike' (LASA) medicines and highlighted all prescriptions where LASA medicines had been prescribed to ensure they took extra care with them. Recently, the team reminded themselves of the possible mix up with amitriptyline and amlodipine as they had a near miss with it. The pharmacist explained that as they had several new members of staff, they reminded them of various things such as not always supplying the second bottle of a ten-day course of antibiotics immediately to ensure it did not expire. The team received a Pharmacy Standard newsletter at the end of each month from the superintendent pharmacist. The newsletter informed team members of the trends in the mistakes that had been made across the company and what they could do to prevent these mistakes happening again. 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 and checking were all carried out at different areas of the work benches.

The complaints procedure was detailed in a leaflet available in the pharmacy. 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). A valid certificate of public liability and professional indemnity insurance was available.

The controlled drug (CD) register was maintained, and a balance check was carried out every week. Records of this were complete. The responsible pharmacist (RP) record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where people could see it. The maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range. The

pharmacist demonstrated the actions the team had taken when the recorded fridge temperature was outside of the acceptable 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 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. 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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy thoroughly trains its team members for the tasks they carry out. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can improve the quality of the pharmacy's services.

### Inspector's evidence

During the inspection, there was one regular pharmacist and three dispensers, one of whom was still in training and one who was an A-Level student. The pharmacist stated that the team had recently changed and there were a lot of new members of staff and some members of the team had left to go to other branches. However, they explained they had a good staffing level for the number of prescriptions they dispensed.

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 team also had access to their 'Pharmacy Unscripted' intranet site which kept them updated with relevant professional information. The pharmacist also attended regular training sessions to keep her practical skills, such as vaccination training, up to date. The team members had recently completed staff satisfaction surveys where their opinions about their job and working environment were considered and they provided feedback to the company about their work. There was a whistleblowing policy for the company which all members of staff had signed to say they had read and understood it. There were targets in place, but the team did not feel pressurised to deliver the targets and would never compromise professional judgement to do so.

## 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 soundproofed room for private conversations.

### Inspector's evidence

The pharmacy building was in a retail park with free parking. The pharmacy included a very large retail area, 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. Screens had been installed by the pharmacy till to help protect staff and the public from airborne viruses. There were also blinds which could be brought down in front of the medicines counter to show that the pharmacy was closed when required. The consultation room was suitable for use and locked when not in used. It included two chairs, a table, computer, sink and storage cupboard. There was also a blind on the door of the consultation room for further privacy. The area was organised and well maintained.

All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. Team members reported that they cleaned the pharmacy regularly and there was a cleaning rota on display in the pharmacy.

The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services to support the health needs of the local community. The pharmacy delivers its services safely and effectively. And its 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, so people get medicines and medical devices that are safe to use. However, access to services is restricted due to a lack of pharmacist cover for all the hours the pharmacy is open.

### Inspector's evidence

The pharmacy was open until midnight and so there were two pharmacist shifts in the pharmacy. However, due to a repeated lack of pharmacist cover, there were times when the pharmacy could not be open after 4.30pm until midnight. During the inspection, the team received news that they would have pharmacist cover for the evening. The pharmacist explained that due to this lack of continuity, it was sometimes difficult to let people know when prescriptions would be ready, especially for those who had daily prescriptions for medicine that had to be consumed on the premises in the presence of the pharmacist. The pharmacist stated that they would try to get them to come in before 4.30pm, but sometimes this was difficult especially when people worked.

There was a poster in front of the dispensary stating that there was a shortage of pharmacists in the area and how the pharmacy may sometimes have to close. The poster gave details of another local pharmacy which would be open when the pharmacy would be closed.

There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion by the consultation room. There was step-free access into the pharmacy via sliding electronic doors 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 a patient require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy.

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 although they did not have any people in the at-risk group, they explained that they still used valproate information cards and leaflets when dispensing valproates. The pharmacist explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it.

The pharmacy obtained its medicinal stock from the appropriately licensed wholesalers, Alliance 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. 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 bin for the disposal of hazardous waste. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was 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 team kept an audit trail for the MHRA recalls recall notices were printed off in the pharmacy and annotated to show the action taken.



## 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 100ml, 50ml, 25ml and 10ml measures. 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 were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. 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. Electrical equipment appeared to be in good working order.

### 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.