

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 731B, Bath Road Retail Park, SLOUGH,
SL1 4DX

Pharmacy reference: 1120185

Type of pharmacy: Community

Date of inspection: 29/07/2024

Pharmacy context

This pharmacy is situated in a retail park on the outskirts of Slough. People who use the pharmacy are mostly from the local area. The pharmacy sells medicines, dispenses NHS prescriptions, and provides other NHS services such as Pharmacy First, blood pressure testing, the New Medicine Service, and seasonal flu vaccinations. The pharmacy dispenses a large number of private prescriptions for the Boots online doctor service so people can collect them from the store. And it offers other private services including travel 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
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 effectively manages risks to make sure its services are safe, and it keeps its records up to date. Pharmacy team members are clear about their responsibilities. They discuss and record their mistakes so that they can learn from them, and the pharmacy takes action to improve its ways of working. The pharmacy keeps people's private information safe, and team members understand how to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy was part of a large chain of pharmacies. Pharmacy team members reported to the main store manager. A range of corporate standard operating procedures (SOPs) were available which covered the activities of the pharmacy and the services provided. SOPs were held electronically. SOPs and training modules were uploaded to each team member's account according to their job role and they were required to read and agree them. Team members also completed a knowledge quiz to test their understanding of each SOP. The store manager had oversight of the system so she could make sure team members had completed their SOP training. The pharmacist completed some daily checks when they signed in as responsible pharmacist (RP). Company auditors completed unannounced audits periodically to monitor compliance with company procedures.

The pharmacy used a bar code system when dispensing to help minimise picking errors. Dispensing errors were recorded, reviewed, and reported to head office using an electronic system. Near miss errors were also recorded electronically. A patient safety review was completed on a monthly basis which included a review of the near miss log summary, incidents and other operational matters. The most recent reviews were displayed on the dispensary noticeboard so team members could read them. The reviews identified areas of focus for the team. The store manager gave examples of incidents which had resulted in the team reviewing its ways of working. For example, an incident when the wrong bag labels had been attached to a prescription had caused the team to review its processes. A monthly professional standards newsletter was issued by the superintendent's team. The newsletters contained information about company initiatives, clinical governance issues and case studies to promote learning from incidents. Newsletters were read by all team members to help make sure their knowledge was kept up to date.

The pharmacy had a complaints procedure. The store manager was responsible for handling any complaints that were reported to the central customer service or in store. If concerns were pharmacy related, she involved the team in reaching a resolution, and so areas for improvements and learning points could be discussed.

The pharmacy had up-to-date professional indemnity insurance. An RP notice was clearly displayed identifying the pharmacist on duty, and the RP log met requirements. Paper based controlled drug (CD) registers were in order and a random stock check of a CD matched the balance recorded in the register. Patient returned CDs and their destruction were recorded in a register. Other records were suitably maintained, although the prescriber's details were not always accurately recorded on the electronic private prescription register. This could make it harder for the pharmacy team to show it supplies medicines safely.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards used to access people's healthcare information. The RP had completed level 3 safeguarding training and all team members had completed mandatory company safeguarding eLearning. They understood what signs to look for and how to escalate concerns about potentially vulnerable people and children.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload and the services that it provides. Team members receive appropriate training for their roles, and the pharmacy supports them to keep their knowledge up to date. Team members work well together, and they are confident raising concerns and contributing ideas to support the safe running of the pharmacy.

Inspector's evidence

At the time of the inspection a regular store pharmacist was working as the RP. She worked four days each week at the pharmacy. The RP was being supported by an experienced pharmacy advisor. This was the usual staffing profile, although during busier periods two pharmacy advisors provided support.

The pharmacy employed four additional pharmacy advisors who were all qualified, and two other store pharmacists covered regular days at the pharmacy each week. Rotas were used and holidays were planned to make sure there was enough staff cover. The store manager was qualified as a pharmacy advisor, and the assistant managers were completing healthcare training, so they could provide occasional support if needed.

Team members were able to manage the workload during the inspection and were observed working well together. There was a steady stream of people presenting at the medicines counters which meant team members worked flexibly to respond to requests and complete dispensing tasks. Queries were referred to the pharmacist when needed.

Pharmacy team members were provided with online training materials from head office on a regular basis which helped team members keep their knowledge up to date. Annual development reviews of pharmacy team members were completed by the store manager. Core training modules were mandatory. Data protection and safeguarding refresher training was completed annually. The pharmacy advisor felt well supported in her role. She was confident discussing concerns with the pharmacist or store manager, and felt they were responsive to feedback. A messaging service was used to share information amongst the team as it was difficult to arrange in person meetings. There was a confidential helpline for team members if they wanted to talk to someone outside of the pharmacy. The pharmacy had company targets to meet but the pharmacist said that the team did not feel undue pressure to achieve these targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can receive services and speak to the pharmacy team in private when needed.

Inspector's evidence

The pharmacy occupied an area to the rear right hand side of the store. It consisted of a medicines counter, prescription reception desk, open plan dispensary and consultation room. It was suitably presented and appeared to be well maintained. Assembled prescriptions and pharmacy medicines were stored behind the medicines counter.

The dispensary was small, but it was an adequate size for the services provided. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was kept locked when not in use to prevent unauthorised access. It was small but professional in appearance.

The dispensary was reasonably clean and organised. The sinks in the dispensary and staff areas had hot and cold running water, and hand washing materials were available. The store had an air-conditioning system which regulated the temperature. Lighting was adequate for the services provided.

The main store was open longer hours than the pharmacy. The pharmacy used CCTV and alarmed barriers to secure the area. The store manager explained that a recent security breach had resulted in the team using to additional physical barriers to better secure the access points to the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely, so people receive appropriate care. The pharmacy obtains its medicines from licensed suppliers, and the team generally stores and manages medicines appropriately, so they are safe to use.

Inspector's evidence

The store entrance had automated doors and a step free threshold directly from a large car park. Signs directed people to the pharmacy area. Leaflets and signs displayed near to the medicines counter provided information about the pharmacy and promoted the healthcare services available.

The pharmacy used a bar code scanning system to check the correct medicine was selected when dispensing. Dispensing audit trails were in place. Cartons were used during the dispensing process to help prevent prescriptions being mixed up. Pharmacy team members used various alert cards to highlight high risk medicines and indicate where extra counselling was needed. For example, fridge items, CDs and high-risk medicines such as methotrexate and sodium valproate. Clear plastic bags were used for assembled fridge items and CDs so a visual check of the contents could be completed at handout. The pharmacist understood the dispensing requirements for valproate.

The pharmacy received a large number of electronic prescriptions from the online doctor service. Many of the prescriptions were for injectable weight loss medicines. The pharmacy had received an update in the most recent professional standards newsletter about supplying prescriptions for weight loss medication. Pharmacy team members had been asked to alert the prescribing service if they had any concerns suggesting the person being supplied the weight loss medication may not be suitable for treatment. The pharmacist had also completed some company issued training on weight loss management.

Other pharmacy services were provided according to the agreed protocols and appropriate records were maintained. Quick reference guides, the NHS PGDs (patient group directions) and supporting documentation were available for the NHS Pharmacy First service. The pharmacy proactively promoted the blood pressure testing service, and the pharmacist reported that several people with elevated readings had been referred to their GP following monitoring. Travel vaccinations were offered on an appointment basis, so these could be aligned to accommodate staffing levels and workload. Following completion of an online questionnaire and a consultation, travel vaccinations for administration by the pharmacist were approved by pharmacist prescribers working remotely.

The pharmacy team members regularly provided over-the-counter advice. Pharmacy medicines were stored behind the counter and sales were supervised by the pharmacist. The team members knew which types of medicines were liable to abuse, such as codeine containing medicines.

The pharmacy obtained its medicines from licensed wholesalers. Stock medicines were stored in an orderly manner. Part packs of medicines were marked. Unsealed liquid medicines with a limited expiry usually had the date of opening. The pharmacy's computer system incorporated a stock control system

and random stock exceptions counts were completed regularly. Date checking of stock was completed regularly and this was documented. Short-dated stock was highlighted. The pharmacy team monitored and recorded the maximum and minimum temperatures of the fridge used to store medicines on a daily basis. Records indicated it was within the required range. The pharmacy team followed a process for managing alerts and recalls for defective medicines and medical devices, and audit trails were retained on the computer system. CDs were stored in suitably secured cabinets. Unwanted medicines were deposited in designated pharmaceutical waste bins prior to collection by waste contractors. Full bins were stored in the main store stock room, but they were not properly sealed, which was a potential security risk. Some schedule 4 CDs were found in the pharmaceutical waste bins, although these were removed for denaturing when this was pointed out. The store manager agreed to review storage arrangements for the pharmaceutical waste bins to make sure these were properly secured. And the pharmacist agreed to review the SOP for managing returned and unwanted medicines with the team to make sure it was followed, and that CDs were disposed of appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And its team members use the equipment and facilities in a way that protects people's privacy.

Inspector's evidence

Team members had access to current reference sources including the British National Formularies and Medicines Complete. Counting equipment and glass crown stamped measures were available for preparing medicines. Medicine containers were available for dispensing purposes. The team had access to diagnostic equipment such as blood pressure meters and an otoscope, as well as sundries used for vaccination services. All equipment appeared clean and appropriately maintained.

Computer terminals were all positioned away from public view to help protect patient privacy, and computer systems were password protected. People's private information was kept securely. A cordless phone was available so team members could converse in private where appropriate.

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.