

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit H, Walton Court Centre, Hannon Road, AYLESBURY, Buckinghamshire, HP21 8TJ

Pharmacy reference: 1120589

Type of pharmacy: Community

Date of inspection: 13/06/2022

Pharmacy context

This is a community pharmacy located in a parade of shops, in a residential area of Aylesbury, Buckinghamshire and close to a GP practice. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. It also offers the New Medicine Service (NMS), blood pressure checks, local deliveries and multi-compartment compliance packs for some people who find it difficult to manage their medicines at home.

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	1.1	Good practice	The pharmacy ensures the risks associated with providing its services are effectively identified and managed. The team is following the pharmacy's standard operating procedures and the pharmacy is complying with the standards that have been set by the General Pharmaceutical Council (GPhC).
		1.2	Good practice	The pharmacy ensures that the safety and quality of its services are regularly reviewed and monitored. Team members routinely record, review and seek to learn from their mistakes.
2. Staff	Standards met	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The company provides the team with online learning resources. This ensure the team's knowledge is kept up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are delivered safely using verifiable processes. Members of the pharmacy team are promoting safe practice for people with high blood pressure or recently discharged from hospital and for those prescribed higher-risk medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy is operating 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. The pharmacy protects people's private information appropriately. And the pharmacy generally maintains its records as it should.

Inspector's evidence

The pharmacy was clean and tidy with clear, organised processes in place. A steady stream of people were seen using the pharmacy's services during the inspection. They were acknowledged readily and managed appropriately. The pharmacy team had access to a range of documented standard operating procedures (SOPs) which were dated from 2020 or 2021. They provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members knew their roles and responsibilities. They had designated tasks and were observed to work independently of the responsible pharmacist (RP) in separate areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Once prescriptions had been assembled, the RP carried out the final accuracy-check but one of the two accuracy checking technicians (ACTs) could also assist with this. For the latter, the RP clinically checked the prescription first before it was assembled by other staff. The clinical check was marked on the prescription using a stamp. This helped identify that this stage had been completed. The ACT was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process.

The pharmacy had systems in place to identify and manage risks associated with its services. This included limiting the spread of infection from COVID-19. The premises had been modified (see Principle 3) and posters were on display about COVID-19. Team members were wearing masks at the time of the inspection and had been vaccinated against coronavirus. Hand sanitisers were present for people to use, and the pharmacy was cleaned regularly.

Staff routinely recorded their near miss mistakes. They were reviewed every month; details were documented, and discussions were held with the team. Errors involving quantities were often seen due to the pharmacy's system and if staff were busy or rushing. This had been highlighted to the team and quantities were now triple checked. Higher-risk medicines had also been highlighted. This helped staff to minimise mistakes. The pharmacy had a complaints policy and the RP's process to handle incidents was suitable.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people through the company's training modules. They could recognise signs of concern and knew who to refer to in the event of a concern. Staff were also trained as dementia friends and the pharmacist had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space and confidential information was protected. Staff explained that they usually dispensed prescriptions in the enclosed section of the dispensary.

People were asked to take a seat if they wanted to wait for their medicine(s) and if prescriptions were being dispensed at the front bench. This helped reduce the risk of anyone potentially viewing sensitive details from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory and best practice 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. The RP record, records about supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. However, on occasion, incorrect details about prescribers had been documented within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified for their roles. They understand their roles and responsibilities. And the company provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

Staff during the inspection consisted of the regular pharmacist, a part-time ACT who worked predominantly at another of the company's pharmacies and two trained, dispensing assistants. In total, the pharmacy team included five, trained dispensing assistants, three of whom were part-time and one who was the store manager. Two ACT's provided part-time cover, each worked at this pharmacy on one day of the week. Staff were trained through accredited routes. The team's certificates of qualifications obtained were seen, this included additional training completed online and their competence was demonstrated. All the staff were wearing name badges and, or identity cards with their names.

The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines or products. The staff said that they liked working at the pharmacy. Regular team meetings took place where relevant matters such as near misses or incidents were discussed and the team's individual performance was monitored and fed back. They communicated verbally, via WhatsApp group and a few notice boards around the dispensary conveyed relevant information. Formal appraisals were conducted annually. The staff were provided with resources for ongoing training through the company's e-learning platform and they read the Professional Standards newsletters or bulletins. They were given time to complete this at work. This helped ensure they continually learnt and kept their knowledge up to date. The inspector was told that some targets to achieve services were in place. This included completing 14 blood pressure checks every week, which averaged around three to four a day. This was described as manageable. If low or high blood pressure readings were seen however, then the pharmacist needed to spend more time with people using this service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver healthcare services. The pharmacy is secure. And it has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy's premises consisted of a spacious retail area with a smaller dispensary behind the medicines counter, an office and staff areas were at the very rear. The dispensary had an adequate amount of space to carry out dispensing tasks safely. A signposted consultation room was present in the retail space. This was kept locked. It was small but adequate for its intended purpose and contained lockable cabinets. It was clear of clutter. The premises were bright, well ventilated and professional in appearance. The pharmacy was clean and regularly cleaned by the team. But the floor could have benefitted from a deep clean. Parts of the pharmacy had been adapted to help reduce infection during the COVID-19 pandemic. This included screens being placed in front of the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. Team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly. The pharmacy actively promotes healthier lifestyles and provides valuable services to the local community. People with high blood pressure or recently discharged from hospital are identified, monitored, and suitably counselled. This makes them better informed about their medicines.

Inspector's evidence

People could enter the pharmacy through an automatic door at street level. The retail area consisted of clear, open space and wide aisles. This helped people with restricted mobility or using wheelchairs to easily use the pharmacy's services. There were three chairs inside the pharmacy if people wanted to wait for their prescriptions and car parking spaces available within the vicinity. Several leaflets and posters were on display promoting health, the pharmacy's services and providing information about coronavirus.

The pharmacy currently offered a few services. This included the Discharge Medicines Service (DMS), free blood pressure (BP) checks and the New Medicines Service (NMS). The RP explained that the DMS had been working well when people were discharged from hospital. The team regularly received the required information, the person was contacted to explain and check the change(s) with them. The DMS had highlighted that many people had not been to the pharmacy for some time. This was because they had been under review and were receiving their medicines direct from the hospital. Subsequently, the RP described more people being counselled effectively. The service had increased communication between the pharmacy and people using its services, and people's knowledge about their medicine(s) had improved. The pharmacy had also received feedback about how good the service had been.

The RP described the team building a good relationship with the adjacent GP surgery. The pharmacy manager had liaised with the surgery manager to identify people with high blood pressure. They were contacted and the service explained, then invited to the pharmacy to have their BP checked before their ambulatory BP could be monitored and checked over a 24-hour period. The printed results were then sent to the GP surgery. The RP explained that people using this service, disliked the device being strapped to them over this period. It beeped at intervals, and it was inconvenient having to wear this all the time. However, the outcome from the service had been positive as convincing results had been seen. This included people with consistently high BP. This meant that the GP could then easily review the management of their condition. The service had also identified people with other linked conditions and after contacting the GP surgery, they were seen the same day.

The RP said that people appreciated being called for the NMS and felt that they were being taken care of. During this service, he actively promoted and checked on people's lifestyles so that they could be counselled appropriately or signposted, if required. The RP also frequently made and documented details about interventions. This included highlighting inappropriate doses for painkillers and antibiotics with the relevant prescriber and enabling changes to people's prescriptions.

The team routinely identified people prescribed higher-risk medicines. They asked details about relevant parameters, such as blood test results for people prescribed these medicines and after

obtaining this information, records were kept about this. Staff were aware of risks associated with valproates and they had identified people at risk, who had been supplied this medicine. People were counselled accordingly, and educational material was provided upon supply.

The pharmacy provided compliance packs after this was considered necessary and an assessment had taken place. This helped people to manage their medicines more effectively. 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. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied. A few people's medicines were delivered to them, and the team kept records about this service. Signatures were obtained when people were in receipt of their medicine(s). Failed deliveries were brought back to the pharmacy, people were called beforehand to inform them about the delivery and medicines were not left unattended.

The workflow involved prescriptions being prepared in one area, the RP or ACT checked medicines for accuracy from another section. The team used tubs or trays to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. And a stamp was used to identify the clinical check. Team members routinely used these as an audit trail. Dispensed fridge and CD medicines were stored within clear bags. This helped to easily identify the contents upon hand-out.

Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored in a separate section. When people arrived to collect them, their location was accessed by using the pharmacy's system. Laminated cards were attached to identify fridge items, CDs, if pharmacist intervention was required and for higher-risk medicines. The latter also served as a reminder to prompt staff to ask relevant questions.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were referred appropriately. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And the team ensure they are used appropriately to protect people's private information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included current versions of reference sources as well as online access, a range of clean, standardised conical measures for liquid medicines, counting triangles, legally compliant CD cabinets and appropriately operating pharmacy fridges. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a manner that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

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.