

Registered pharmacy inspection report

Pharmacy Name: Boots, 8-10 Wolsey Walk, Wolsey Place Shopping Centre, Woking, Surrey, GU21 6XX

Pharmacy reference: 9011461

Type of pharmacy: Community

Date of inspection: 29/04/2021

Pharmacy context

A community pharmacy set within a large unit of a shopping centre in Woking. The pharmacy opens seven days a week. It sells a range of health and beauty products, including over-the-counter medicines. It dispenses people's prescriptions. It offers the NHS New Medicine Service. And it delivers medicines to people who have difficulty in leaving their homes. The pharmacy provides winter flu vaccinations. It offers a paid-for cystitis test and treat service. And it supplies malaria prevention medicines too. People can collect coronavirus (COVID-19) home-testing kits from the pharmacy. And the pharmacy offers an in-store COVID-19 polymerase chain reaction (PCR) testing service that people pay for. This inspection took place during the COVID-19 pandemic.

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 identifies and manages its risks very well.
		1.2	Good practice	The pharmacy continually monitors the safety of its services to protect people and further improve patient safety.
		1.8	Good practice	The pharmacy promotes the 'Safe Space' initiative. And people can use one of its consulting rooms to remove themselves from an abusive or violent environment.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Good practice	3.1	Good practice	The pharmacy is well designed to meet the needs of the people who use it.
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 identifies and manages its risks very well. And it continually monitors the safety of its services to protect people and further improve patient safety. Its team members log and review the mistakes they make. So, they can learn from them and act to avoid problems being repeated. Members of the pharmacy team know what they could and couldn't do, what they're responsible for and when they might seek help. They generally keep people's private information safe. And they help protect vulnerable people by promoting the 'Safe Space' initiative. So, people can remove themselves from an abusive or violent environment. People using the pharmacy can provide feedback to help improve the pharmacy's services. The pharmacy mostly keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong.

Inspector's evidence

The pharmacy had a business continuity plan. This identified the potential risks to the pharmacy, its services and its team in the event of an emergency. The pharmacy had completed a risk assessment of the impact of COVID-19 on the pharmacy and its services. And its team had received supplemental guidance to help it manage its services safely during the pandemic. The pharmacy offered to undertake an occupational COVID-19 risk assessment for each team member to help identify and protect those at increased risk. Members of the pharmacy team knew how they would report any work-related infections to the pharmacy's head office. They were self-testing for COVID-19 twice weekly. They wore fluid resistant face masks to help reduce the risks associated with the virus. And they used hand sanitisers regularly. The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. And these were reviewed regularly by the pharmacy's head office. Team members were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them.

The pharmacy's dispensing workflow was carefully managed to reduce the chances of its team making mistakes. Pharmaceutical stock was generally stored alphabetically and tidily. And the pharmacy team had highlighted look-alike and sound-alike drugs to reduce the risks of them selecting the wrong product. The team members responsible for the dispensing process kept the dispensing workstations tidy. They used plastic containers to separate people's prescriptions and to help them prioritise the dispensing workload. 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. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label.

The pharmacy had robust systems for its team to record and review dispensing errors, near misses and patient safety incidents. And the safety and the quality of its services were periodically reviewed and monitored during company compliance audits. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes regularly to help spot the cause of them and any trends. They also had regular team meetings to share learning from these reviews. So, they could try to stop the same types of mistakes happening again and improve the safety of the dispensing service they provide. The pharmacy team recently reviewed and strengthened its dispensing process to make sure people got the right number of tablets.

The pharmacy displayed a notice that told people who the responsible pharmacist (RP) was. Members of the pharmacy team wore name badges which identified their roles within the pharmacy. Their roles and responsibilities were described within the SOPs. They knew 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. The pharmacy had a complaints procedure. And an in-store leaflet told people how they could provide feedback about the pharmacy. The pharmacy team asked people for their views. People were generally asked to complete a satisfaction survey about the pharmacy each year. But a survey wasn't done last year due to the pandemic. The pharmacy team tried to keep people's preferred makes of prescription-medicines in stock when asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. It kept a record to show which pharmacist was the RP and when. And it also adequately recorded the emergency supplies and the private prescriptions it made electronically. The pharmacy had a controlled drug (CD) register. And its team regularly checked the stock levels recorded in this register. But the address from whom a CD was received from wasn't always recorded in the register. The pharmacy kept records for the supplies of unlicensed medicinal products it made. But it didn't routinely record the date when it had received the product.

People using the pharmacy couldn't see any other people's personal information. The pharmacy had arrangements in place to make sure confidential waste was collected and disposed of securely. The company's website and an in-store leaflet told people how their personal information was gathered, used and shared by the pharmacy and its team. An NHS smartcard for a team member, who wasn't present during the inspection, was removed from one of the pharmacy's computers after it was brought to the attention of the store manager and the RP. Members of the pharmacy team were required to complete training on information governance and data protection, as well as safeguarding vulnerable groups of people. The RP confirmed that they had completed a level 2 safeguarding training course. And members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. The pharmacy promoted the 'Safe Space' initiative. And its team proactively dealt with people's requests for the service. People could use one of the consulting rooms to remove themselves from an abusive or violent environment. And they could contact relevant safeguarding agencies so they could be protected from ongoing abuse.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They work well together and 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 team consisted of a full-time pharmacist (the RP), two full-time pharmacy advisors and two part-time pharmacy advisors. The store manager was also a pharmacy advisor. So, they could help the pharmacy team when needed. The RP, the store manager and three pharmacy advisors were working in the healthcare area at the time of the inspection. The pharmacy relied upon its team and team members from one of the company's other pharmacies to cover absences. Members of the pharmacy team worked well together. So, people were served promptly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. A team member described the questions they would ask when making over-the-counter recommendations. They explained that they would refer requests for treatments for animals, babies or young children, people who were pregnant or breastfeeding, people who were old and people with long-term health conditions to a pharmacist.

The pharmacy had an induction training programme for its team. Members of the pharmacy team 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. They discussed their performance and development needs with their line manager when they could. They were encouraged to ask questions and familiarise themselves with new products. They were also asked to complete online training to make sure their knowledge was up to date. And they could train while they were at work when the pharmacy wasn't busy. But they sometimes chose to train in their own time. The pharmacy held meetings and one-to-one discussions to update its team and share learning from mistakes or concerns.

The pharmacy had some targets. But its team didn't feel under pressure to achieve them. The RP felt able to make professional decisions to ensure people were kept safe. The pharmacy displayed a copy of its whistleblowing process in the dispensary. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to changes in the way tasks were rostered.

Principle 3 - Premises ✓ Good practice

Summary findings

The pharmacy is bright, clean and modern. It provides a safe, secure and professional environment for people to receive healthcare in. It's well designed to meet the needs of the people who use it, and to make sure they can receive services in private when they need to.

Inspector's evidence

The pharmacy was in a large Boots store. Its layout had been carefully considered. It had automated entrances into the shopping centre and onto a pedestrianised area of the town centre. It had wide aisles and part of the pharmacy counter was at a lower level to the rest. This made access to it easier for people who used wheelchairs. The pharmacy was air-conditioned, bright, clean and modern. It was professionally presented throughout. And its fixtures and fittings were of a high standard. The pharmacy had the workbench and storage space it needed for its current workload. The pharmacy had two well-equipped consulting rooms for the services it offered. And they could be used if people needed to speak to a team member in private. People's conversations in them couldn't be overheard outside them. The consulting rooms were locked when they weren't being used. So, their contents were kept secure. People could also speak to a team member via a hatchway in the dispensary, which was screened off from the retail area, the counter and the reception desk. The pharmacy had sinks in its dispensary and its consulting rooms. And these each had a supply of hot and cold water. Members of the pharmacy team and a cleaning contractor were responsible for keeping the premises clean and tidy. They cleaned the pharmacy on most days it was open. And they regularly wiped and disinfected the surfaces they and other people touched.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access. Its working practices are safe and effective. And its team is helpful. The pharmacy delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. And they generally dispose of people's waste medicines properly too.

Inspector's evidence

The store's entrances were automated and level with the shopping centre's floor and the outside pavement. This meant that people who may have difficulty climbing stairs could access the premises easily. The pharmacy had a notice that told people when it was open. And leaflets describing some of the pharmacy's other services were available in-store. A seating area was available for people who wanted to wait in the pharmacy. And this was set away from the counter to help people keep apart. Members of the pharmacy team were helpful. They took the time to listen to people. So, they could advise and help them. And they signposted people to another provider if a service wasn't available at the pharmacy.

The pharmacy offered a repeat prescription collection service. And its text messaging service told people when their medicines were ready to collect. This meant that people didn't need to attend or contact the pharmacy to check if it had received their prescription. The pharmacy provided a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery to show that the right medicine was delivered to the right person. The people who provided the delivery service were based at one of the company's other pharmacies. The pharmacy had valid, and up-to-date, patient group directions for its malaria prevention and cystitis test and treat services. The pharmacy offered an in-store COVID-19 PCR testing service. People registered and booked a test online through the company's website. They attended the store where the service was delivered from one of the pharmacy's consulting rooms. The store had several colleagues, who weren't members of the pharmacy team, who could test people. And they were trained to deliver the service.

The pharmacy used clear bags for some dispensed items, such as CDs and insulin, 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. The pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting, such as a high-risk medicine, or if other items, such as a refrigerated product, needed to be added. The pharmacy team generally marked prescriptions for CDs 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. The pharmacy had some valproate educational materials available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals. It recorded when it had done these checks.

And it marked products which were soon to expire to reduce the chances of it giving people out-of-date medicines by mistake. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy kept its out-of-date, and patient-returned, CDs separate from in-date stock. And its team kept a record of the destruction of CDs people returned to it. The pharmacy had procedures for handling the unwanted medicines people returned to it. These medicines were kept separate from stock and were placed in a pharmaceutical waste bin. But the team had put some cytotoxic medicines into the wrong bin, which should only be used for non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they took and the records they made when they received a drug alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had some plastic screens on its counter and reception desk. It had markings on its floor to help people keep apart. And its team could restrict the number of people it allowed in the premises at a time if needed. The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had a range of clean glass measures for use with liquids, and some were marked for use only with certain liquids. It had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure they cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy team had access to up-to-date reference sources. And it could contact the superintendent pharmacist's office to ask for information and guidance. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the maximum and minimum temperatures of each refrigerator. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The pharmacy had a cordless telephone system. So, its team could have confidential conversations with people when necessary.

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.