

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Units Su1 & Su2, New Bond Street,  
Weymouth, DT4 8LY

**Pharmacy reference:** 9011860

**Type of pharmacy:** Community

**Date of inspection:** 15/11/2022

## Pharmacy context

This is a community pharmacy located on the main high street in Weymouth, Dorset. It serves its local population and is open seven days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides smoking cessation services, flu vaccinations and supplies medicines in multi-compartment compliance aids for people to use while living in their own homes. The pharmacy also supervises consumption of some medicines, provides an emergency hormonal contraception service and a 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
<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 paper form and electronically. The team members were all able to access the 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. Staff were observed reading SOPs to stay up to date during the inspection. The team members demonstrated an 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 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 outcome from the review was shared with the whole team who would discuss them and implement any changes to prevent recurrences. The pharmacy manager explained that the team did not have many incidents since the Columbus system had been installed and most incidents were regarding quantity errors or when items were not dispensed in original packs.

The pharmacist explained that the team record all interventions and they had recently recorded and rectified a prescribing error where a controlled drug dose had been incorrectly calculated. The pharmacist spoke with all those involved in the prescription and it was being investigated appropriately by the NHS.

The team received a Pharmacy Standard newsletter at the end of each month from the superintendent pharmacist. The newsletters would inform the pharmacy team 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 and the preparation of multi-compartment compliance aids were all carried out at different areas. Multi-compartment compliance aids were prepared in a dedicated room upstairs in the building.

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 register was maintained, and a balance check was carried out every week. 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 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 Level 1 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 trains its team members for the tasks they carry out well. 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, two dispensers, one registered technician and a medicines counter assistant. The pharmacist explained that he felt the staffing level was suitable, but there were times when it felt that's more staffing may be required as their item numbers were increasing. Staff communicated regularly informally as required and they had a WhatsApp group whereby they could update one another immediately. 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 also attended regular training sessions to keep his practical skills, such as vaccination training, up to date. 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 pharmacist explained that he did not feel pressurised to deliver the targets and would never compromise his 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 had recently relocated in the town centre of Weymouth. It was in a large building and included two floors. The ground floor was dedicated to general retail, but the upper floor of the building was for healthcare and included the dispensary on the rear wall. There was also a healthcare counter and two consultation rooms on the same floor. Staff areas in the building were on the same level as the dispensary and on further floors. There were stairs and a lift to access the upper floor of the building. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy and there were barriers which could be used to prevent access to the medicines counter and the dispensary when it was closed.

The consultation rooms were to the side of the dispensary and were spacious and bright. They included seating, computer and locked storage. Both consultation rooms included air conditioning units and were well lit. Patient confidentiality could be maintained as both rooms were sound proof and they both had blinds which could be brought down over the window pane in the doors of the rooms.

Further upstairs in the building by the staff areas was a room dedicated to the preparation of multi-compartment compliance aids. The room was set out well and air conditioned to ensure tablets stability was maintained. There was also a medicines fridge in the room. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The pharmacist reported that they cleaned the pharmacy twice a day to ensure hygiene was maintained and that workstations were kept clear to help prevent mistakes. The ambient temperature was suitable for the storage of medicines and regulated by air conditioning units. 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. And people can easily access these services. The pharmacy delivers its services safely and effectively. And 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.

### 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 rooms. There was step free access into the pharmacy and a lift for people to use to access the pharmacy upstairs if required. The team also 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.

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 explained that they use valproate information cards and leaflets when they dispense the drug. 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. If valproates had to be dispensed in non-original packs, the team added valproate information materials to the medicines when they were handed out.

The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The store manager explained that every month, they supply each patient with the relevant Patient Information Leaflets. The pharmacist explained that they completed an assessment of each person who had the compliance aids to see if they the compliance aids were suitable for their needs. If a compliance aid was found to be unsuitable for someone, then they would be offered different options such as creating MAR (medicine administration record) sheets and large labels. However, any vulnerable patients would be kept on the compliance aids to prevent disruption. All people were followed up with a phone call to see how they were getting on.

The pharmacy obtained medicinal stock from licensed suppliers. Invoices were seen to verify this. Date checking was carried out regularly and the team used yellow 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. 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 suitable bins for the disposal of hazardous waste. The fridges were in good working order and the stock inside them 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 pharmacist explained that they were sent recalls from the company

depending on their stock levels. However, in case stock levels were incorrect, the team would regularly check the MHRA website for recall information to ensure they had not missed anything. The team kept an audit trail for the MHRA recalls.

## 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 and 10ml measures. Some were marked with green paint to show that they should only be used with methadone liquid. 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 and well maintained.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.