

Registered pharmacy inspection report

Pharmacy Name: Boots, 119 Peascod Street, Windsor, Berkshire, SL4 1DW

Pharmacy reference: 9011862

Type of pharmacy: Community

Date of inspection: 05/01/2023

Pharmacy context

This pharmacy is situated in the main shopping area in the centre of Windsor. It previously operated from another retail site nearby but relocated in 2022. The pharmacy sells over the counter medicines, and it dispenses prescriptions. And it also offers some other pharmacy services such as flu vaccinations, the NHS hypertension finding service and NHS new medicine service. People from the local community use the pharmacy, but it also provides frequent support and healthcare advice to tourists and visitors to the area.

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 has systems and processes in place to help make sure that its team members work safely. And it suitably identifies and manages the risks associated with its services. The pharmacy keeps the records it needs to by law. Pharmacy team members keep people's private information safe, and they understand their role in protecting and supporting vulnerable people.

Inspector's evidence

Paper copies of the company's standard operating procedures (SOPs) were available in the dispensary. SOPs were periodically reviewed and updated by head office. The pharmacist explained that SOPs were also available electronically. Team members could access the online portal using individual logins, and the pharmacist demonstrated how she could also view them using an App on her phone. Team members completed a knowledge check to confirm their understanding of each procedure. Completion of training was monitored to make sure each team member had completed training on the SOPs relevant to their role. SOPs defined team members' roles and responsibilities and procedures were consistently followed in practice. The pharmacist reported that internal audits were completed periodically to make sure the pharmacy was compliant with procedures.

Team members could explain what they were responsible for and worked within their capabilities. A responsible pharmacist (RP) notice was visible from the retail area identifying the pharmacist on duty. Some team members wore uniforms or names badges so they could be identified.

The pharmacy had systems for identifying and managing the risks when supplying prescription medicines. The team members used cartons to keep each person's prescription separate during the dispensing process. They scanned the bar code of each medication they selected to check they had chosen the right product when dispensing. There was an audit trail on prescriptions and dispensing labels identified team members involved in the dispensing and supply process. The team recorded and reviewed errors and near misses. The company had recently changed the process for recording near misses and the team were recording them electronically rather than on paper. Team members discussed mistakes to understand why they happened. The dispenser completed monthly patient safety reviews to help identify common themes and learning points. The last patient safety review had highlighted that since the new process had been introduced near miss errors were not always recorded. The team members had been reminded of the importance of completing near miss records and had discussed ways to improve this. The company circulated regular communications to promote learning from significant incidents.

A complaints procedure was in place. The pharmacist explained most issues were resolved informally and that any more serious pharmacy related complaints were discussed with the store manager in case any changes to processes or a response was needed. People were also invited to provide feedback online about the service they had received. For example, following a flu vaccination.

The pharmacy had appropriate insurance arrangements in place. The team recorded prescription supplies on the patient medication record system, and it maintained all the required records including controlled drug (CD) registers, RP records, and private prescription records. Records appeared to be

generally in order although occasionally the prescriber's name was missing on private prescription records. Private prescriptions were filed and retained. The pharmacy audited the CD running balances regularly. Team members explained how they recorded the receipt and destruction of patient returned CDs, but they could not clearly demonstrate this as the register could not be located.

The pharmacy had information governance policies and procedures. The pharmacy team members understood the principles of data protection and confidentiality and had received appropriate training. The team stored confidential material securely and segregated confidential waste prior to collection and disposal by a licensed contractor. The pharmacist and pharmacy technician were level 2 safeguarding accredited and team members had completed company safeguarding training. A flow chart was available explaining safeguarding concerns should be escalated.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to deliver its services safely and the team works well together. Team members have the right qualifications for their roles. The pharmacy supports a culture of openness and learning. And team members complete appropriate ongoing training, so they continue to develop their knowledge and skills. Targets do not compromise patient safety.

Inspector's evidence

The regular store pharmacist was working as the RP during the inspection with a pharmacy technician, a dispenser and a pharmacy advisor on the counter. This was the usual staff profile on most days. All team members had completed the qualifications relevant to their roles. The store pharmacist was new to her role but had worked at another Boots pharmacy previously, so she was familiar with the systems and processes. Relief or locum pharmacists provided cover for the pharmacist's days off. The pharmacy team reported to the store manager. Holidays were planned so only one team member was off at a time. There was no contingency cover for absences, but the store manager was healthcare trained and could provide ad hoc support if needed.

The team served people promptly and the workload appeared manageable. Team members worked well together and were knowledgeable and experienced in their roles. They discussed issues as they arose and held monthly patient safety briefings. Staff completed ongoing training using the company's eLearning system to make sure their knowledge was up to date. They were generally able to complete this during working hours and received financial reward if some compulsory elements were completed out of hours. Team members had individual performance reviews to monitor their development.

The pharmacy advisor working on the counter knew what questions to ask when selling medicines and referred appropriate queries to the pharmacist. She was aware of high-risk medicines such as codeine containing painkillers which required extra vigilance and advice.

The team members felt supported in their roles and could seek advice and guidance from the management when needed, and they could contact head office independently. There was a list of relevant internal contact numbers and a company whistleblowing policy. The company set some targets relating to pharmacy services. These were monitored closely but the pharmacist felt that targets were realistic, and she didn't feel they affected the team's professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is professional in appearance and suitable for the provision of healthcare services. It has consultation facilities so people can have confidential conversations with pharmacy team members and receive services in private.

Inspector's evidence

The store was arranged over two floors and the pharmacy was situated on the first floor. There was a dispensary with prescription reception desks, an adjacent healthcare counter, and two consultation rooms. A hatch from the dispensary to a secluded part of the retail area was available for supervision of methadone instalments as this provided more privacy than the counter area.

The dispensary had sufficient bench space for the volume and nature of the work. Work areas were clean and tidy. The consultation rooms were spacious and suitably equipped with desks and chairs. The rooms were kept locked when not in use.

The pharmacy's fittings were new and in a good state of repair. It was bright and well presented. Air conditioning controlled the room temperature. The pharmacy staff had access to staff toilet and rest facilities.

The main store was suitably secured overnight. The pharmacy closed before the main store and an alarmed retractable barrier was used to secure the area when it closed. The area was monitored by CCTV and store team members worked in the upstairs retail area when the pharmacy was closed which provided extra security. Emergency systems could be activated in the dispensary if an incident occurred to alert security services and head office

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are reasonably accessible and its working practices are safe, so people receive appropriate care. The pharmacy gets its medicines from licensed suppliers, and the team members make checks and manage medicines appropriately to make sure they are fit for purpose and suitable to supply.

Inspector's evidence

The store was easily accessible from the street and could also be accessed directly from the department store next door. Stairs, an escalator and a customer lift enabled access to the pharmacy on the first floor. The pharmacy was open seven days a week. It had reduced its daily opening hours some months previously, so it no longer traded as many hours as the main store. The pharmacy used signs and leaflets to promote its services and provide information about them, and the team occasionally advertised services, such as the hypertension finding services, using the store's public address system. Information about the pharmacy was also available on the company website. The team could signpost people to other healthcare services if needed including NHS 111.

The prescription service was well organised and managed. The pharmacy team members could clearly explain how each task was completed. Assembled prescriptions were stored securely and the pharmacy used a retrieval system. Most people took responsibility for ordering their own repeat prescriptions. Local surgeries were transferring more people to repeat dispensing batch prescriptions which helped with efficiency. A text reminder service was used to inform people when their prescription was ready to collect. The person's name and postcode were checked when prescriptions were handed out. Colour coded cards and notes were used to highlight high-risk medicines or if people needed extra counselling when they collected their prescription medicines. The pharmacist was aware of the pregnancy prevention programme (PPP) for people who were taking sodium valproate. The pharmacy had completed an audit recently which had identified it did not have any regular patients in the at-risk group. The pharmacy offered home deliveries for some vulnerable patients or for people paying a small fee. Deliveries were auditable. Instalment prescriptions were prepared weekly in advance to help manage the workload involved.

Pharmacy medicines were stored behind the counter so sales could be supervised. The team frequently provided healthcare advice and information. The pharmacy did not sell codeine linctus and the team members were cautious about supplying Phenergan Elixir due to the risks of misuse.

The pharmacy offered some other NHS services and private services such as travel vaccinations were due to be introduced. It was promoting the NHS hypertension finding service and the pharmacist had recently referred a couple of people with elevated readings to their GP. This service was conducted in one of the consultation rooms.

The pharmacy obtained stock medicines from recognised licensed wholesalers. Medicines were stored in their original containers. Dispensary shelves were tidy and well organised. The team monitored the temperature of the fridges in the dispensary that were used to store medicines, to make sure they were within a suitable range. The pharmacy had a date checking system. A random check of the stock found

no expired items. The team segregated unwanted medicines in designated bins prior to collection by an appropriate waste contractor. CDs were stored in secure cabinets, and there was a CD key audit trail. The pharmacy received email notifications from head office with medicine or medical device alerts and recalls. Obsolete CDs were segregated in the cabinet Recent recalls had been received, and the pharmacy team kept audit trails to show what action it had taken in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services safely. Equipment is appropriately maintained and used in a way which protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and appropriate reference sources. The dispensary and consultation room sinks were clean. The pharmacy had a range of clean glass liquid measures for preparing medicines, with separate ones for measuring methadone to avoid contamination. It had equipment for counting loose tablets and capsules as well as disposable containers for dispensing medicines. The pharmacy team had access to personal protective equipment and sundries necessary for the provision of vaccination services such as anaphylaxis equipment and sharps bins. A blood pressure meter was available for the hypertension service.

CD cabinets were suitably secured. There were medical fridges for storing medicines. The pharmacy had computer terminals in the dispensary and the consultation room, sufficient for the volume and nature of the services. Computer screens were not visible to members of the public. Access to computer systems was password protected and team members used individual smartcards to access NHS data. Team members could take telephone calls away from the counter so they could not be overheard. All electrical equipment appeared to be in 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. |