

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 14 Bircherley Green, Hertford,  
Hertfordshire, SG14 1BN

**Pharmacy reference:** 9012384

**Type of pharmacy:** Community

**Date of inspection:** 11/12/2024

## Pharmacy context

This pharmacy is located in a new shopping centre development in Hertford. It dispenses NHS and private prescriptions. And it sells medicines over the counter. The pharmacy offers a paid prescription delivery service. And it provides services such the NHS Pharmacy First service and New Medicines service. It also offers both the NHS and private flu vaccination 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 manages the risks associated with its services well. Team members follow procedures to help them work safely and effectively. And they record their mistakes and review them to help improve the quality of the service they provide. The pharmacy keeps people's personal information safe. And it keeps the records it needs to by law. Team members understand their role in safeguarding vulnerable people.

### Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs) which were routinely updated by its head office. Team members were allocated SOPs relevant to their role, which they accessed via their own log in. They were given time to read them and completed a short quiz to test their understanding of each SOP. Team members were clear about their roles and what activities they could and could not do in the absence of the responsible pharmacist (RP).

Near misses (mistakes picked up and corrected at the dispensing stage) were recorded onto an online system. The RP reviewed these each month to identify any trends and this review was shared with the whole pharmacy team. Actions were then agreed to try and prevent similar mistakes happening. And these were displayed in the pharmacy. For example, the pharmacy had identified a trend with quantity errors and so had put an action in place to ensure all split boxes were marked on each side. This would make it clearer to the person who was dispensing the medicine that the pack had been split. The pharmacy had not had any dispensing incidents, but the pharmacy had a process to report and investigate these if needed.

The correct RP notice was displayed prominently in the pharmacy. And the RP log was seen to be completed as required with start and finish times. The pharmacy had valid indemnity insurance. Controlled drugs (CD) registers were kept in order. And CD balance checks were completed regularly as per the pharmacy's SOP. A random check of two CDs showed the balances in the registers matched the physical quantities in stock. The pharmacy kept its patient returned CDs separately, awaiting destruction. And records of these were kept appropriately. The pharmacy kept records of private prescription electronically and these were seen to be complete. And it kept records of unlicensed medicines as required.

The pharmacy had a complaints procedure in place. People could complain directly to the pharmacy in person or over the phone. They could also contact the company head office via telephone or online. Generally, complaints were handled by the pharmacist or store manager but there was an escalation process if required. Team members knew how to manage people's personal information. They had completed training about information governance, and this was regularly refreshed as part of the company's compliance e-learning modules. Confidential waste was stored in a separate blue bag in the dispensary. These bags were collected and disposed of appropriately. No confidential information was seen to be mixed with normal paper waste. Sensitive information on assembled prescriptions waiting to be collected was not visible to people using the pharmacy. And team members had their own NHS smartcards to access electronic prescriptions.

Team members had completed safeguarding training. And the RP had completed level 3 safeguarding

training. When asked, a dispensary team member explained what action they would take if needed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. And all team members have completed relevant, accredited training for their roles. The pharmacy helps team members to keep their knowledge up to date by providing training opportunities. And team members are comfortable about raising any concerns they may have.

### Inspector's evidence

During the inspection, there were two dispensing assistants, a trainee pharmacy technician, and the RP present. All pharmacy team members were wearing name badges to help identify their roles. The RP explained the pharmacy did not currently have a manager. But she felt there was support from the area manager and pharmacy support manager if needed. The RP felt there was sufficient staff to manage the pharmacy's workload. And the area manager could provide cover with relief dispensing assistants, if there was any unexpected absence. Team members had completed accredited training relevant to their roles. When asked, a team member described how she would appropriately make a safe sale of a pharmacy only medicine. And she was aware which medicines were liable to misuse and when to refer any concerns to the pharmacist.

Staff received regular training to help keep their knowledge up to date and were provided time to complete this. For example, they had recently been given time to complete training for some new SOPs which were being implemented in the pharmacy. Team members also received training on new services such as the flu vaccination service. And the RP had completed the necessary training to provide the NHS Pharmacy First. A monthly Professional Standard newsletter, containing patient safety updates, was sent from the Superintendent Pharmacist for all pharmacy team members. And team members signed to confirm they had read it. The trainee pharmacy technician said she received regular training time and felt supported while completing her course.

Team members had appraisals twice a year with their line manager where they would discuss their performance and development. Staff knew who they could raise any concerns to and said they felt comfortable to do so. The pharmacy also displayed their whistleblowing policy. The pharmacy had set targets, but the RP did not feel these compromised her professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are bright and clean, and they provide a suitable environment to provide healthcare services. There is sufficient space for the team to manage the pharmacy's workload. And the pharmacy is kept secure from unauthorised access. The pharmacy has two, well equipped consultation rooms so people can have a private consultation if needed.

### Inspector's evidence

The pharmacy premises were clean and bright. They consisted of a large retail area, dispensary and pharmacy counter which was located to the side of the dispensary. The pharmacy was kept clean and clutter free. And pharmacy-only medicines were stored behind the pharmacy counter. The dispensary was a sufficient size to manage the pharmacy's workload. And medicines were stored in an organised way in pull-out drawers or on shelves at the back of the dispensary. There was a clean sink in the dispensary for preparing liquid medicines. And it had hot and cold running water. The temperature and lighting were kept at an appropriate level for working and storing medicines. The dispensary was kept clean by staff members who completed a daily cleaning log.

The pharmacy had two consultation rooms which were clearly signposted. They were kept locked when not in use. Both rooms had a sink and were suitably equipped for providing pharmacy services. And they were clean and spacious. No confidential information was visible in the rooms. And they were sufficiently private so conversations could not be heard from outside.

A stockroom, office space and staff facilities were located at the back of the premises. And team members had access to a kitchen area and clean WCs with handwashing facilities.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is easily accessible to people with different needs. And it manages and provides its medicines and services safely. It obtains its medicines from licensed wholesalers and stores them appropriately. Team members complete the necessary checks to make sure medicines are suitable for use. And the pharmacy highlights higher-risk medicines so people taking these medicines receive additional advice about taking their medicines safely.

### Inspector's evidence

The pharmacy had step-free access via automatic doors. There was enough space for wheelchair users to enter the pharmacy to access its services. And there was seating available for people wanting to wait. The pharmacy was able to print larger font labels people who were visually impaired. And it had a portable hearing loop available for people with hearing difficulties. There were patient leaflets available to provide information to people about a range of health conditions. And the pharmacy had a 'health promotion zone' where it displayed further health information.

The dispensary had separate areas for dispensing and checking. The pharmacy ordered prescriptions for some people. Team members explained they would use the dispensing system to track when people's medicines were due, and this helped them track when prescriptions had been received from the surgeries. The team would contact people when their medicine was ready for collection via a phone call or text message. The team members managed their workload appropriately and were observed to be up to date with dispensing. Team members used tubs to separate prescriptions to reduce the risk of medicines being mixed up. Labels on medicines that were assembled and ready to collect were seen to contain initials of the dispenser and the checker which provided a clear audit trail. The pharmacy had recently implemented a new system which had semi-automated the dispensing process for some prescriptions. The team said this had helped make the pharmacy operate more safely and efficiently. Medicines would arrive in designated totes which contained medicines picked for specific prescriptions. These were then scanned in the pharmacy so that the correct medicines were allocated and labelled for the correct prescriptions. Prescriptions were initialled to show which team member had completed each stage of the dispensing process to maintain the audit trail.

The pharmacy provided the NHS Pharmacy First service, NHS flu vaccinations and a private flu vaccination service. The relevant signed patient group directions (PGDs) for all the services were available in the pharmacy. The pharmacy offered a paid delivery service. An electronic log was used to record deliveries and the delivery could be tracked to the point of delivery. The RP said they had not had any failed deliveries but if there was a failed delivery, the driver would bring the prescription back to the pharmacy.

The pharmacy obtained its medicines from licensed wholesalers. Medicines requiring cold storage were stored appropriately. And CDs requiring safe custody were stored securely. Stock was date checked regularly and records showed the sections which had been completed. Short-dated stickers were used to highlight stock that was due to expire. A random check of medicines on the shelves found no date-expired stock. Fridge temperatures were recorded daily, and records showed these to be in range. Waste medicines were stored in designated bins in the dispensary, awaiting collection for safe disposal.

The RP explained that the dispensing system highlighted prescriptions for higher-risk medicines, such as lithium or warfarin, when they were scanned at handout. This helped ensure people taking these medicines were given the appropriate safety advice when collecting their prescriptions. Pharmacy team members were aware of the guidance about supplying valproate-containing medicines. Team members ensured they only dispensed these medicines in their original packs and with the relevant safety information. The pharmacy received drug alerts and recalls centrally from head office, and via the pharmacy's shared NHS mailbox. These were printed off and kept in a folder once they had been actioned.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. Team members maintain the equipment so it is safe to use. And they use it in a way which protects people's privacy.

### Inspector's evidence

Team members could access any online resources they needed. Computers were password protected to prevent unauthorised access. And team members had their own log ins to access the pharmacy's dispensing system. Monitors were positioned so sensitive information on the screens could not be seen by people using the pharmacy. The pharmacy had a cordless phone, so calls could be taken privately if needed.

The pharmacy had a fridge for storing medicines requiring cold storage. And the CD cupboard was secured as required. There were clean, calibrated glass measures for measuring liquid medicines. And there were several clean tablet and capsule counters. The pharmacy had a blood pressure monitor, as well as an ambulatory blood pressure machine. The RP explained these were new and so did not need calibrating or replacing yet. There was also an otoscope and other disposable equipment available for the Pharmacy First service.

### 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.