

Registered pharmacy inspection report

Pharmacy Name: Boots, 37-39 Market Place, BARNARD CASTLE,
County Durham, DL12 8NE

Pharmacy reference: 1029375

Type of pharmacy: Community

Date of inspection: 07/01/2020

Pharmacy context

The pharmacy is on a main road of a market town. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. It offers a delivery service to people's homes. It supplies some medicines in multi-compartment compliance packs. These help people remember to take their medicines. And it provides services such as methadone supervision, flu and pneumonia vaccinations.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	The pharmacy encourages and supports the pharmacy team members to learn and develop their knowledge to improve services.
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 processes and written procedures that the team members follow. The team members have a clear understanding of their roles and tasks. The pharmacy keeps all the records as required by law, in compliance with standards and procedures. And it provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. The pharmacy's team members record, report and learn from errors and mistakes during the dispensing procedure. But on occasions the information recorded lacks detail and the team don't always complete the causes of mistakes to help inform the changes they make. So, they may be missing out on learning opportunities.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing prescriptions, high-risk medicines and controlled drug (CD) management. The company reviewed these regularly, and every quarter sent out some for the team to read. The team completed quizzes at the end to test their understanding. The team could advise of their roles and what tasks they could do. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy. The team had a laminated copy of the 'Model day' which they used to ensure they completed tasks at the right time.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room, two floors up, for compliance pack preparation. There was a workstation at the main counter and two further computer terminals in the main dispensary. For the majority of the electronic prescriptions the team members took these off the NHS spine, then the team entered the data for prescriptions and ordered the stock. The team placed these in tubs ready for assembly when the stock came in. The team then scanned the stock which generated the labels. And then they assembled the items ready for collection. The team generally dispensed smaller itemed prescriptions and walk-ins at the front dispensing bench. They dispensed into tubs which kept the prescriptions and medicines together, until checked.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. Examples included pregabalin labelled with the wrong directions and BuTrans instead of Butec. The sheets generally lacked detail of the error and most entries had little detail or explanation of possible causes or actions taken. The patient safety champion completed the monthly patient safety review with the pharmacist and store manager. The team members had recently got their own sheet to record their near misses on. They had agreed this to try to improve the recording and learning. The recent review had noted that quantity errors had improved and the team were still focusing on this area. The team had group conversation about near misses. And one-to-one talks around near misses. The team had the recent patient safety review displayed on the information board for easy access for the team. The team had a few shelf alerts in place to highlight items to take care with to try to minimise repetition. They advised that picking errors had decreased due to the introduction of scanning packs.

The team could advise on the company process and system, Piers, for documenting any errors or complaints. The team members knew how to record on to the system. The pharmacy put these on the monthly patient safety reviews. And the discussed these for learning and improvement. The pharmacy had current indemnity insurance in place. The pharmacy gathered feedback and had cards at the counter for people to record their experience.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. She signed out at lunchtime. And the team were aware of tasks and activities they could and could not undertake. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy checked CD stock against the balance in the register after each time of dispensing. This helped to spot errors such as missed entries. The pharmacy completed the registers, with headings filled in as required and maintained running totals. And checked these weekly. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. And maintained private prescriptions electronically.

The team had read General Data Protection Regulation (GDPR) information and completed e-Learning on this. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate containers for offsite shredding. And kept records and any paperwork confidential. The pharmacy practice leaflet was available in the consultation room. And during the inspection the store manager put some in the racks in the waiting area of the pharmacy to be more readily accessible for people. The practice leaflet provided information to people on how the pharmacy processed and managed people's data. It directed people to the company website for further information. The pharmacy did not display the usual 'Boots Pharmacy Fair Data Processing' notice about how it handled data. The practice leaflet explained the company's complaints process.

The pharmacy had safeguarding information including contact numbers for local safeguarding teams available for the team. The pharmacist had undertaken level 2 CPPE training. And the team had all completed training on e-Learning. And completed Dementia friends training. . If a team member had a concern about a child or vulnerable adult, they would discuss this with the pharmacist in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate staffing to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The pharmacy encourages and supports the pharmacy team members to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist, three dispensers and two medicines counter assistants (MCAs) who worked in the pharmacy. The dispensers worked between 35 and 37.5 hours a week. And the MCAs worked 18 and 17.5 hours a week. The store manager was one of the dispensers. As the pharmacy had a small team the store manager was dispensing every day. Normally there were three members of staff present as a minimum, two in the dispensary. But this was sometimes challenging due to the layout of the building, with restricted view. And the preparation of the compliance packs being undertaken two floors up in the building. The team communicated well with each other to ensure that there was adequate cover in the pharmacy. This presented a challenge with the team members attending to people coming into the pharmacy, dispensing and providing additional services such as flu vaccinations. Very occasionally the pharmacy received additional cover to assist with the workload. They had a relief dispenser present as she had had some spare capacity. This allowed the store manager to attend to some operational tasks. The two MCAs were not proceeding to any dispensing training.

The pharmacy team undertook training on a regular basis with some mandatory training and other optional modules. The team members completed training on the company's e-Learning system. The modules covered various pharmacy topics, including mandatory compliance training, covering health and safety, customer service, information governance and other health related topics. They also received and completed The Tutor programme training modules received on paper each month. These modules covered health related topics, such as new products and seasonal health conditions. Recent training had included 'hug' which focussed on understanding the patient, constipation and stair safety. The pharmacy team undertook training in the pharmacy, with time given for this. The team undertook quizzes on topics covered in the training, each quarter. This ensured understanding of topics covered. The manager kept a track of training to be undertaken. And the team members were all up-to-date with required training. The pharmacy received the company's information document, The Professional Standards which provided information they required to know.

The pharmacy had a yearly appraisal process. Pharmacy team members discussed their performance with the manager. They then set up progress plans. One of the dispensers had taken on board the role of patient safety champion and also undertook the governance checks. She had recently completed the dispensing course and indicated that after gaining more experience would like to undertake the technician's course.

The team members carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. They worked together as a team always checking to ensure that they covered the counter which was a challenge especially if one member was upstairs in the compliance pack room. They always checked with each other if they were leaving the

dispensary or retail area.

The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the area manager. The team discussed issues as they arose during the day with suggestions of how to deal with issues. The store manager had started a few months ago and had raised some areas requiring attention. She advised that the stairways required repair and could have presented a trip hazard. The company sent someone out to address the issue, with maintenance taping the stairs in parts to prevent any trip hazard. She also notified them of the fascia which required repair. This was still waiting attention.

There was a whistleblowing policy and confidential telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the team completed a cleaning rota to ensure that they maintained all housekeeping tasks. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had an adequately sized, sound proofed consultation room which allowed confidential conversations to be undertaken. The consultation room was though a corridor at the rear of the premises. The methadone patients generally took their methadone in the pharmacy when it was quiet and only used the consultation room if there were people in the pharmacy they knew. The consultation room was cold although it did have a heater. The pharmacist advised that when she did flu vaccinations, she would put on the fan heater in advance of appointments. Alternatively, the team members would put the heater on as soon as they knew they needed to use the room. The team advised the room generally heated up fairly quickly. The corridor to the consultation room had a bench where the pharmacy kept some delivery parcels but people accessing the room through the corridor were always accompanied by a team member. And the first door to the consultation room had a key-coded lock which only the team could unlock. The team asked people if they wished to have a chaperone present with them in the consultation room.

The team monitored people coming in to the pharmacy. And usually had someone working at the medicines counter or front dispensing area. The pharmacy had a bell on one door which rang as people entered. This ensured they were aware of people in the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays some information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense some medicines into multi-compartment compliance packs to help people remember to take them correctly.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There were two entrances to the premises, one with easier access, with a ramp and lighter door and the other had a small step. There was a working hearing loop in place which was ready charged up if required. There was some customer seating.

The pharmacy displayed its services in the window in a ladder. The hours of opening were in the window. The pharmacy had a range of leaflets on a variety of health-related matters. These included MHS leaflets, 'We're here to help you stay well this winter' and 'It's time for a reboot'. In addition, it had a range of some Boots leaflets on pneumonia, malaria and There were chairs in front of the leaflet rack. And these obscured some of the leaflets. There were more leaflets displayed in the consultation room, but this was not particularly well used due to its location through the corridor. The pharmacy offered the "Click and collect" service which people used due to rural location. The pharmacy medicines were behind the counter and the team assisted people wishing to purchase these items.

The pharmacy undertook Medicine Use Reviews (MUR) and the New Medicines service (NMS). It provided flu vaccinations, with around 250 undertaken this season. Some people made appointments but most liked turning up and were happy to wait for the service. The pharmacy had also provided around seven pneumonia vaccinations. The pharmacy offered a needle exchange service but there was little uptake. It provided a smoking cessation service through the voucher scheme. The pharmacy provided a Minor ailments service with the most popular items being paracetamol for children and treatments for threadworm. It provided emergency Hormonal Contraception (EHC) through a Patient Group Direction (PGD) and a free condom service through the C-card scheme. The pharmacy provided the Community Pharmacist Consultation Service (CPCS). The CPCS connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. It had supplied an inhaler to someone when their surgery was closed and given a cough bottle for a child after the consultation.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team used a quadrant stamp on the prescription to show that the pharmacist had completed a clinical check. It also showed who had labelled, dispensed, accuracy checked and handed out the items. The team members used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents again, at the point of hand-out. The team members used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers had a space to record the last date for supply, to make sure it was within the 28-day legal limit.

This prevented supplies when the prescription was no longer valid. There was a selection of laminated cards which the team used to add to the tubs during the dispensing process to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling. They also completed the pharmacist information forms (PIFs) with any required information such as to text once completed, to ask about nomination or if an MUR was suitable. The wrote 'no new', if there was no information to be added. The pharmacy team noted on PIFs if any of the items dispensed was one of the Look-Alike Sound-Alike (LASA) drugs. This highlighted the extra vigilance when dispensing and checking.

The pharmacy supplied medicines to around 50 people in multi-compartment compliance packs to help them take their medicines. Generally, the packs were prepared by one of the dispensers and others helped if required. These were prepared in the room upstairs but labelled in the dispensary. The dispenser used trackers to monitor the progress of the packs. And each person had a profile sheet with their details and any additional requirements. The pharmacy included descriptions of medicines on the packs and it supplied people with patient information leaflets (PILs) once each cycle. Due to the rural location people generally received packs four-weeks at a time as long as they were able to manage these. The pharmacy offered a substance misuse service with about six people receiving methadone and one buprenorphine. Most people were supervised on the day of collection. The pharmacist made up a week's supply at a time, ready for collection. When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And were currently undertaking another audit. They explained the information they provided to the 'patients in the at-risk' group.

The pharmacy provided a deliver service two days a week. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs. The delivery sheets included any information such as 'to knock loudly' to ensure the person was aware the driver was present. The pharmacy had recently started to charge for deliveries and had lost a few people who did not went to pay for the service.

The pharmacy was scanning packs as a first stage to compliance with the Falsified Medicines Directive (FMD). But the team were not sure when the process would be fully implemented. The pharmacy used recognised wholesalers such as Alliance and AAH. The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a date checking matrix in place to ensure all sections were regularly checked. The team members marked short-dated items with stickers, and they took short-dated items off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken. And included these on the monthly patient safety review as a reminder to the team.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the company system Boots Live as an additional resource for information, such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of clearly marked measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. And separate triangles for cytotoxics. The team members had access to disposable gloves and alcohol hand washing gel.

The pharmacy stored medication waiting collection on shelves where people could not observe any confidential details. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The team sent reminder texts to people if they had not collected their medicines in a timely manner. The computer screens were out of view of the public. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations.

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.