

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 8-9 St Cuthberts Walk, CHESTER LE STREET,  
County Durham, DH3 3YQ

**Pharmacy reference:** 1029387

**Type of pharmacy:** Community

**Date of inspection:** 31/10/2019

## Pharmacy context

This community pharmacy is in the town centre. The pharmacy dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. And it delivers medicines to people's homes. It supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. It provides a range of services including a seasonal flu vaccination service. And it provides a substance misuse 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	2.2	Good practice	The pharmacy encourages and supports the pharmacy team to learn and develop their knowledge to improve services.
<b>3. Premises</b>	Standards not all 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 has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The team members responsibly discuss mistakes they make during dispensing. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. 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.

### Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members had 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 drugs (CD) management. The company reviewed these 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 dispensary downstairs had four computer terminals. The team members generally used one for hand-out checks, one for walk-in prescriptions, one for dispensing larger prescriptions and one for preparing the collection prescriptions. The pharmacy had separate rooms for compliance packs and the preparation of medicines for the care homes. The pharmacy team members used tubs throughout the process to keep prescriptions and medicines together. They used laminated cards to indicate if people were waiting or calling back. This helped plan workload.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. The team members had used individual near miss logs for each team member this month. The pharmacist had thought this would be useful due to there being some new starters and dispensers new to working in Boots. But having worked in pharmacy before. Examples of near misses included Tegretol MR instead of IR and Flamazine labelled with the incorrect pack size. The pharmacy had the team near miss logs at all terminals. The team members then put any of their near misses on to their own log. This allowed them to identify any of their trends more easily. The team were encouraged to ensure that they logged all near misses. And that they completed the comments sections at the time to try to establish how they had made the mistake. But the team members sometimes did not complete the comments section at the time. The pharmacy carried out monthly patient safety reviews. It had a separate review for the downstairs dispensary and the care homes and multi-compartment compliance packs. And it had a patient safety champion for upstairs and downstairs. The reviews had noted that the team were completing the pharmacist information forms (PIFs) during the dispensing process. And marking all the Look-Alike Sound-Alike drugs on these. The dispensary review had a reminder to focus on quantities and to record all near misses as they became aware of them. The team used the 'Select it Speak it' alert notices for various drugs to remind the team to take care when picking stock. The care home compliance pack review had comments about the review of the process for potential missing items. And that the new team members had commented that they felt well supported by others.

The pharmacy had a practice leaflet and a notice displayed in the pharmacy which explained the complaints process. The pharmacy gathered feedback through the annual patient satisfaction survey. And had cards at the counter 'Tell us how we did' which people could take to provide feedback. The inspection was in combination with dealing with a concern raised to the General Pharmaceutical Council (GPhC). The team had been aware of the issues and had already reviewed their procedures to improve the service. The team members logged any complaints on the company system PIERs. They investigated matters and discussed these with the team at the monthly patient safety reviews, to share any learning. Normally any complaints or concerns would be logged by a pharmacist, accuracy checking technician or technician. But the other members knew the process to follow. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. Occasionally the pharmacist signed an advanced declaration prior to their attendance which allowed the team to undertake certain tasks. The pharmacy used this if it was particularly busy with preparation for the homes. The pharmacy team completed the CD registers as required. The pharmacy maintained running balances and the register indicated weekly stock audits were undertaken. 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 maintained the records for private prescriptions electronically. And recorded emergency supplies as required. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy practice leaflet provided information on the confidential data kept and how it complied with legislation. 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. Safeguarding information including contact numbers for local safeguarding were available for the team. The pharmacists and technicians had undertaken training through CPPE. If a team member had a concern about a child or vulnerable adult, they would discuss this with a pharmacist in the first instance.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has good systems in place to make sure it has enough staff with the right skills to provide its services. The pharmacy's team members understand their roles and responsibilities. They are suitably trained or working under supervision during training. The pharmacy encourages and supports the team. And it engages the team members in regular learning to develop their skills and knowledge to help improve services. And it provides access to ongoing training. The experienced members support the newer members. And 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 were two pharmacists, three accuracy checking technicians (ACT), one technician, 21 dispensers and one medicines counter assistant (MCA) who worked in the pharmacy. The pharmacy had two pharmacists most days except Saturday and Monday. And on Thursdays there were generally three pharmacists present for some of the day. The ACTs worked between 30 and 37.5 hours weekly. And the technician worked 30 hours a week. The technician was about to commence the ACT course. The store manager, the assistant store manager and the care services managers were dispensers. They spent limited time in the dispensary but could cover if required. The care services manager was currently doing the pharmacy technicians course. The dispensers worked a variety of hours, with some who worked full time. Two of the dispensers were training at the moment. And there were four who were off sick. The dispensers worked additional hours to cover if required and the ACTs also worked extra if there were particularly busy spells and checking required for the homes. During the inspection one of the ACTs was covering another ACT's day off. The pharmacy planned the rota in advance and the manager had planned up to Christmas. The manager planned for additional support from relief teams if she saw any problems coming up with the staffing levels. She explained that the pharmacy planned holidays to minimise too many people being off together, but they had inherited staff from other branches. And the pharmacy had honoured their holidays. The MCA worked 37.5 hours and had an operational role and covered the merchandising and beauty predominately but helped on the counter if required.

The pharmacy had a vacancy for two qualified dispensers. And had not wanted to employ trainees as they already had two trainees. One of the trainees worked in the homes and compliance packs dispensaries and the other in the dispensary downstairs. The pharmacy kept them in different locations to maintain a suitable skill mix for the workload. It also allowed the pharmacy to provide support to them while they were learning. The pharmacy tried to have members of the team that they could buddy with. And it encouraged the trainees to ask questions on any matters during a working day. Certificates and qualifications were available for the team.

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 and undertook 30-minute tutors. Recent training had included digital pharmacy and 'hug' training on customer services. The team read standard operating procedures (SOPs) as required by the company as refreshers. The team undertook tests on topics covered in the training, each quarter. This ensured

understanding of topics covered.

The pharmacy team undertook training in the pharmacy, with time given for this when possible. The dispenser doing the NVQ3 received one day a fortnight to help her to get the training undertaken. The dispensers received time to do training and until recently the pre-registration graduate had supported them with training. The team received performance reviews which gave the chance to receive feedback and discuss development needs. The dispensary team worked closely together, and they said they were encouraged to provide feedback about the pharmacy or make suggestions for improvement.

There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

## Principle 3 - Premises Standards not all 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 sinks in the dispensaries for preparation of medicines were clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the team kept a cleaning rota to ensure they maintained tasks as required. 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, clearly signed, sound proofed consultation room which allowed confidential conversations to be undertaken. The team used this for consultations and the staff directed patients and customers to it for private words. There was a curtain which the team pulled across the window in the door if they required to provide additional privacy. They kept no confidential information in the consultation room. A team member always covered the pharmacy counter. So, the team were aware of people in the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people. And it provides its services safely and effectively. It stores, sources and manages its medicines safely. And it delivers medicines to peoples' homes. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with advice. They dispense medicines into multi-compartment compliance packs to help people remember to take them correctly. The pharmacy gets its medicines from reputable suppliers. It takes the right action if it receives any alerts that a medicine is no longer safe to use.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a touch pad at the entrance for easy access. There was some customer seating. And there was a working hearing loop in place. The pharmacy displayed its services in a ladder within the pharmacy. The hours of opening were on the door. The pharmacy practice leaflet was available. And a separate Boots leaflet with the pharmacy services available within the company. The team advised people of which nearby pharmacies provided those services that they did not. The pharmacy had a limited range of leaflets in the Health Zone. And it did not display the usual Boots range of leaflets in a unit for self-section. Although there were a few more leaflets in the consultation room. But the team kept this shut when it was not being used. So, they were not readily accessible for people to take. The pharmacy had a defined professional area within the premises. The pharmacy medicines were behind the counter and the team assisted people when they required these.

The pharmacy undertook Medicine Use Reviews (MUR) and the New Medicines service (NMS). It had also undertaken one consultation under the new Community Pharmacy Consultation Service (CPCS) which had commenced at the end of October. The CPCS service connected patients who had a minor illness or needed an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. The pharmacy had undertaken about 400 flu vaccinations this season. The service was undertaken by both the regular pharmacists and they provided NHS and private vaccinations under the Patient Group Direction (PGD). The pharmacy referred people to the surgery or another pharmacy for needle exchange as they were not commissioned for the service. The pharmacy fulfilled the vouchers for smoking cessation. And provided the Minor ailments service. There was always a pharmacist working who could provide the Emergency Hormonal Contraception (EHC) service.

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 or if an MUR was suitable. 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 team members put the quantity dispensed inside the flap of any box which they had opened that had a tamper-proof seal. And split packs. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They had carried out an audit and had counselled the people in the at-risk group. They had no people in the at-risk group currently receiving the medication. They explained the information they provided to people.

The pharmacy supplied medicines to around 60 people in multi-compartment compliance packs to help them take their medicines. The pharmacist undertook assessments using an on-line tool. The pharmacy supplied about 42 homes with a range of three to 90 beds. The pharmacy kept stock for the homes in one room. They placed stock alphabetically after they unpacked the orders. The team members in the room had key roles assigned to them which helped in the running of the homes. There was one key contact each day who dealt with telephone calls and queries. One person dealt with all the interims and primed any prescriptions for these. One person primed all the paperwork for the home, ready for the dispensing process. One person picked the stock for the prescriptions. All the prescriptions were clinically checked before the team picked the stock. The team used tubs to keep all the items together. And used a pink tray if there were any antibiotics. And they used a red tray if there was anything urgent. This highlighted that they required attention. The team used the pharmacist information forms (PIFs) specifically for the homes and they completed with the additional initials of the patient. The team worked ahead for the homes preparation to ensure that the medication was ready for the homes. But sometimes there were delays as the homes ordered the prescriptions. The team had developed an additional three-stage process to prompt the homes for any outstanding prescriptions the pharmacy required to complete the supplies. The care services manager worked with the homes to try to ensure they understood the processes to aid with supplies. And some received daily calls reminding them to provide prescriptions. With the exception of two homes, the supplies were in original packs with medicine administration records (MARs). The pharmacy prepared the compliance packs in a room for this purpose. There was a different member of the team who prepared each week. The team members displayed the model DDS (domiciliary dosette system) day and week to ensure they stayed on track preparing and completing packs. The team members completed the Medisure progress log. And used patient profiles during the preparation. The team had a Medisure collection docket. And people signed these when they were collecting packs. The pharmacy supplied patient information leaflets (PILs) with each four-week cycle. And the homes received the PILs monthly.

The pharmacy offered a substance misuse service for methadone and buprenorphine. The pharmacy made up the supplies weekly ready for people. The pharmacy undertook stock balance checks at this time for methadone. The pharmacy supplied people with a mixture of daily, every few days or weekly. It supervised all supplies on the day of 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 provided a repeat prescription collection service. The pharmacy offered a delivery service and had recently introduced a charge. Some people now arranged to collect their medication. They had lost a few people who had received deliveries but with the advertising of the delivery service with a charge, they had gained some new people who wanted to pay for a delivery. The pharmacy kept records of deliveries 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 pharmacy obtained medicines from reputable sources. And it stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had three refrigerators from a recognised supplier. It had one in the main dispensary and two upstairs in the stock room and care home room. These were 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 rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these 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 members were aware of the requirements of the Falsified Medicines Directive (FMD). And advised that they thought this was being implemented around February next year.

The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. 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. The pharmacist recorded these on the monthly patient safety review to raise awareness 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 internet 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 measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. Methotrexate was available in blister packs.

There was a not a sink in the consultation room and for the flu service the pharmacist had a tray with the required items for undertaking a vaccination which included the vaccine, alcohol hand sanitiser and cotton wool and plasters. The pharmacy stored medication waiting collection on shelves. People could not observe any confidential details from the counter. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use. 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.