

Registered pharmacy inspection report

Pharmacy Name: Boots, 57 Beveridge Way, NEWTON AYCLIFFE,
County Durham, DL5 4DU

Pharmacy reference: 1029461

Type of pharmacy: Community

Date of inspection: 23/10/2024

Pharmacy context

The pharmacy is in a shopping centre in the town of Newton Aycliffe. It dispenses NHS prescriptions and sells a range of over-the-counter medicines. The pharmacy provides services including the NHS New Medicines Service and the NHS Pharmacy First Service. And it offers seasonal flu vaccinations. The pharmacy team provides medicines to some people in multi-compartment compliance packs, which helps them to take their medicines correctly. And it delivers medicines to people's homes.

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 suitably identifies and manages risks with its services. It has written procedures relevant to its services and team members follow these to help them provide services safely. Pharmacy team members learn and improve from mistakes. They keep people's confidential information secure. And they know how to identify situations where vulnerable people need help. The pharmacy keeps the records required by law.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) to help pharmacy team members manage risk with providing services. These included for dispensing, Responsible Pharmacist (RP) regulations and controlled drug (CD) management. Team members accessed these via an electronic platform. Some SOPs were also available in printed form for quick reference, such as the SOP for managing needlestick injuries in the pharmacy. The electronic platform held a record of which SOPs the team members had read and when, as well as highlighting any that were outstanding. Team members completed quizzes periodically to confirm their understanding of the SOPs. All team members had read the SOPs and had signed to confirm they had understood them.

The pharmacy recorded errors identified during the dispensing process known as near misses. A sample of records checked during the inspection showed that these were recorded regularly throughout the month. The RP took responsibility for recording these errors and the team member who made the error corrected the mistake. This meant they had the opportunity to reflect on what had happened. The pharmacy manager completed a documented analysis of these errors monthly to produce learning points for the team in the form of a 'Patient Safety Review'. Team members read these, and they discussed the findings and actions in regular team meetings. All team members had a good understanding of this process, and this showed improvement compared to the previous inspection. The pharmacy also had a recorded procedure for managing dispensing errors. These were errors that were identified after the person had received their medicines. The most recent dispensing error the team could recall, related to an error in handing out assembled bags of medicines to people with similar sounding names. Records of this error were seen on internal documentation. And the pharmacy team were aware of this and knowledgeable about the actions put in place to prevent similar errors occurring in future.

The pharmacy had a documented procedure for handling complaints and feedback from people. There was information available for people in the retail area about how to do this. The pharmacy manager was aware of some negative comments online relating to the pharmacy's opening hours being incorrect. And they explained the work they had taken with the pharmacy's head office to improve this for the people who use the pharmacy. The pharmacy had current professional indemnity insurance. The Responsible Pharmacist (RP) clearly displayed their RP notice, so people knew details of the pharmacist on duty. Team members knew what activities could and could not take place in the absence of the RP.

A sample of RP records checked during the inspection were completed correctly. The pharmacy kept its private prescription records electronically within the dispensing system and the records checked were compliant with requirements. The pharmacy team completed weekly checks of the running balance in the CD register against the physical stock. Random balance checks against the quantity of stock during

the inspection were correct. The pharmacy kept a register of CDs returned by people, and there were recent records of these returns being destroyed.

The pharmacy had a data processing notice in the retail area which informed people how their data was used. The pharmacy team followed a procedure for keeping people's personal information safe. It kept confidential waste and general waste separate. Team members placed confidential waste into designated bags for it to be collected regularly for secure destruction offsite. The pharmacy had a procedure for the safeguarding of vulnerable people. And team members completed annual training to support this. They knew how to access up-to-date information about local safeguarding contacts, if needed. The pharmacy advertised its chaperone policy to people with a notice on the outside of the consultation room. And team members were well-informed about the circumstances where this may be needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with an appropriate range of experience and skills to safely provide its services. Team members work well together and within the scope of their competence. And they have opportunities to complete ongoing training so they can develop their knowledge. Pharmacy team members know how to raise concerns, if needed.

Inspector's evidence

At the time of the inspection, the RP was a locum pharmacist. They had worked at the pharmacy before and were familiar with the company's processes. The RP was supported during the inspection by a team that consisted of a medicines counter assistant, a trainee pharmacy technician and three dispensers. One of the dispensers had started in the role of pharmacy manager since the previous inspection. Another locum pharmacist was present during the inspection, and they mainly worked upstairs in the area of the premises designated for the preparation of multi-compartment compliance packs. The area manager for the company, a qualified dispenser, was also present during the inspection. The pharmacy team's tasks were planned daily by the pharmacy manager and were displayed on a notice board in the dispensary to ensure all work was accounted for. Periods of absence within the team were covered by members of relief staff that were employed and trained by the company. During the inspection, the team were observed to be effectively managing the workload including during busier periods, such as following the pharmacy reopening after its lunchtime closure. Although some members of the team were in training positions, the competence and skill mix of the team appeared appropriate for the nature of the business and the services provided. The pharmacy had delivery drivers working during weekdays. A team of trained delivery drivers covered several local pharmacies in the company. They were managed centrally by the pharmacy's head office.

Team members had either completed accredited training for their roles or were completing an accredited training course. The trainee pharmacy technician's learning was overseen by the regular pharmacist who acted as their tutor. Trainees received protected learning time each week in order to complete their qualification training in a timely manner. All team members completed various company-directed training to support their development. They were directed to this by alerts received on the company's electronic platform and via the pharmacy manager. Team members discussed what their most recent learning had involved.

Pharmacy team members asked appropriate questions when selling medicines over the counter and referred to the RP at appropriate times. They were confident challenging requests for over-the-counter medicines that they deemed inappropriate. The pharmacy team felt comfortable discussing when things went wrong openly with the wider team. The pharmacy manager shared any feedback and complaints with relevant team members, with a view to improving customer service and ways of working. Team members knew how to raise concerns if necessary. And they were confident that any concerns raised would be listened to and appropriate actions taken to improve the services the pharmacy was providing. The pharmacy had a whistleblowing policy and details, including how to report concerns, were displayed in the staff area. The pharmacy team had performance related targets to achieve but felt these did not affect their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, hygienic, and overall are a suitable environment to provide services from. The pharmacy has a suitable consultation room to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy premises had a large retail area. The dispensary appeared an adequate size for the workload. There was also a designated area upstairs, used to prepare and store compliance packs. There was a toilet, with a sink which provided hot and cold running water and there were other facilities for hand washing. To keep the premises clean, the pharmacy had contracted a cleaner, who came in during the lunch period when the pharmacy was closed to the public. The pharmacy team members used a clean, well-maintained sink in the dispensary for the preparation of some medicines.

There was a defined professional retail area, with healthcare related items for sale. The soundproof consultation room allowed the team to have private conversations with people and provide services. It was constructed of glass, with a curtain to pull across which protected people's privacy. There was a physical barrier in use to prevent unauthorised access to the dispensary and other restricted areas.

The pharmacy team kept the work surfaces in the dispensary tidy and it kept floor spaces clear to reduce the risk of trip hazards. There was sufficient storage space for stock, assembled medicines and medical devices. The pharmacy generally kept its temperature and lighting to acceptable levels. However, one of the fluorescent ceiling lights was not working. This was directly above the main rotary stock receptacle and prescription retrieval shelves within the dispensary. This may increase the risk of error when retrieving stock or completed bags of medicines. The importance of reporting this was discussed. The layout of the premises allowed effective supervision of staff and pharmacy activities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources its medicines from recognised suppliers. And it stores and manages them appropriately. Pharmacy team members complete regular checks to ensure medicines are suitable for supply. And they respond appropriately when they receive alerts about the safety of medicines. Team members appropriately manage the delivery of services safely and effectively. And they take opportunities to provide people with advice on higher-risk medications to help them take their medicines safely.

Inspector's evidence

The pharmacy had level access from the shopping centre and automatic doors to allow people with mobility difficulties to enter safely. There was a hearing loop to allow pharmacy team members to communicate with people who may require such assistance. Since the previous inspection, the pharmacy has corrected its advertised opening hours on NHS.uk, to reflect that the pharmacy was closed to the public at lunchtime. The pharmacy provided a medicines delivery service. Team members stored assembled bags of medicines waiting for delivery separately. And they provided the delivery driver with a sheet detailing the name and address of the person due to receive a delivery that day. This also alerted the driver to deliveries that included a fridge item or CD. Delivery drivers returned any failed deliveries back to the pharmacy on the same day.

The pharmacy provided a number of people with their medicines dispensed in multi-compartment compliance packs, to help them take their medicines at the correct times. Team members ordered people's prescriptions in advance of the compliance pack being due, which allowed enough time to receive the prescriptions back, order any necessary stock and deal with any queries. They also kept an audit trail of which ordered prescriptions had been received back to easily highlight if any were outstanding. Team members received communications about changes to people's medicines and documented them clearly in a communications book, including who took the message and when so there was a full audit trail. And they documented on the communication record when the task was completed. The pharmacy used a record for each person that listed their current medication, dosage, and dose times. This was referred to throughout the dispensing and checking of the packs. From a sample of packs checked, the full dosage instructions, warnings, and medication descriptions were included. And patient information leaflets were routinely supplied with these packs, so people had the necessary information to take their medicines safely.

The pharmacy team dispensed prescriptions to a procedure that used plastic containers. These dispensing containers kept prescriptions and their corresponding stock separate from others. Pharmacy team members signed dispensing labels during dispensing and checking. This maintained an audit trail of team members involved in the process. The patient medication record (PMR) system generated prompts which came up when prescriptions were scanned at handout. These prompts alerted team members that some items on the prescription had special storage requirements, such as fridge items or CDs. These prompts also alerted team members to the inclusion of higher-risk medicines, for example valproate. Team members were trained to follow on-screen prompts within the system. These contained certain questions and counselling points to be provided to people. The team member had to respond to the prompt before they could complete the handout, and this provided an audit trail. And they knew to refer to the RP if necessary when handing out assembled bags of medicines.

The pharmacy team showed a good understanding of the requirements for dispensing valproate for people who may become pregnant and of the recent safety alert updates involving other medicines with similar risks. The team dispensed prescriptions for these medicines in the manufacturer's original packs. And it took care to place labels on appropriate parts of the box. There were patient information cards available to give to people if needed.

When the pharmacy could not entirely fulfil a prescription first time, team members created an electronic record of what was owed on the patient medication system. And they gave people a note detailing what was owed. This meant the team had a record of what was outstanding to people and what stock was needed. The team checked outstanding owings as a daily task, and the pharmacy appeared to be managing these well. The pharmacy had a documented procedure for managing the checking of expiry dates of medicines. Team members highlighted short-dated medicines when they conducted date-checking tasks. They checked different sections of the dispensary stock in order and recorded when the expiry dates of medicines in a section had been checked and by whom. This ensured that the team had an audit trail of expiry dates checked. Medicines with a shortened expiry date on opening were marked with the date of opening, to ensure that these were not given out beyond their safe usage window. The pharmacy kept unwanted medicines returned by people in segregated cardboard bins, while awaiting collection for disposal.

The pharmacy obtained medicines from licensed wholesalers and specials manufacturers. It held medicines requiring cold storage in three medical fridges equipped with thermometers. Team members monitored and recorded the temperatures of the fridges regularly. These records showed cold-chain medicines were stored at appropriate temperatures. A check of the thermometer during the inspection showed temperatures were within the permitted range. The pharmacy held its CDs securely. It had a documented procedure for responding to drug safety alerts and manufacturer's recalls. It received these via electronic notifications. Team members understood their role in responding to these and demonstrated the records kept of the pharmacy's notification system being checked as a twice daily task and of recent alerts received. This was an area of improvement compared with the previous inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's private information.

Inspector's evidence

The pharmacy had a range of hard-copy and electronic reference materials available, via the internet. There was equipment available for the services it provided which included an otoscope and blood pressure monitors. Electrical equipment was visibly free from wear and tear and appeared in good working order. The pharmacy had clean CE-marked measures available which were clearly marked for use with water or liquid medicines. The team used personal protective equipment, such as disposable gloves when handling medicines and performing some other tasks.

The pharmacy had cordless telephones so that conversations could be kept private. The pharmacy's computers were password protected and access to people's records was restricted by the NHS smart card system. And computer screens were oriented in such a way to prevent the content displayed being in public view. The pharmacy team stored completed prescriptions and assembled bags of medicines in a restricted area, which protected people's confidential information on the prescriptions and labels on the bags.

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.