

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 10 High Street, Stokesley,  
MIDDLESBROUGH, Cleveland, TS9 5DQ

**Pharmacy reference:** 1029941

**Type of pharmacy:** Community

**Date of inspection:** 01/05/2019

## Pharmacy context

This was a Boots pharmacy. Situated in Stokesley is a small market town near Middlesbrough. The pharmacy sells a range of over-the-counter medicines and dispenses NHS prescriptions. The pharmacy offers a range of services including a smoking cessation 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 generally identifies and manages the risks associated with its services. The pharmacy asks people for their views. And it deals with complaints and uses feedback to improve the services it provides. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information and it explains how they will use it. And the pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy was long and thin. The workflow in place provided separate areas for the labelling, dispensing and checking of prescriptions.

Standard Operating Procedures (SOPs) were in place and were up-to-date. Members of the team had read SOPs relevant to their roles. There was a task matrix in the Responsible Pharmacist (RP) file.

The manager explained the near miss recording system. On most occasions the pharmacist when performing the final check of a prescription, and spotting an error asked the person involved to identify and correct the mistake. She said that each member of the pharmacy team had their own near miss log. And recorded their own near misses. There was a new near miss recording sheet. And this had more space to record the contributory factors.

The manager said that the Accuracy Checking Technician (ACT) was the Patient Safety Champion. And she reviewed and collated the dispensing incidents and completed the Monthly Patients Safety Report. The manager explained that they were looking for patterns or repeated errors. It was noted that that the Pharmacist Information Form (PIF) was not always completed with good quality information. And the pharmacy team members were reminded of the level of detail required. Other examples of changes made to help to prevent an error was the separation on the shelves of the look-alike sound alike drugs.

Dispensing incidents were recorded electronically on the Pharmacy Incident and Error Reporting System (PIERS). An error had occurred when the wrong strength and form of epilim was supplied. A root cause analysis had identified that the packs were similar. One of the changes noted on the report was that the packs were separated. The manager was disappointed that when checking the shelf, it was noted that the different strengths were stored together. Gabapentin strengths had also been separated on the shelves following selection errors.

Valid Public liability and professional indemnity insurances were in place.

A complaints policy ensured that staff handled complaints in a consistent manner. The policy helped the pharmacy team resolve issues. And managed the incidence of people escalating complaints. There was a leaflet which informed people about the complaints process and provided contact details. Patients had complained about the pharmacy being closed for the pharmacist to have a rest break. As a result, the pharmacy team members displayed signs in the store to advise people of the times the pharmacy was closed each day. The pharmacy team members were heard telling people about this when they dropped of their prescription for collection later.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs once a week.

The pharmacy recorded controlled drugs that people returned for destruction.

A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication.

The pharmacy team completed data protection training on a regular basis. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team used a password to restrict access to patient medication records. Confidential waste was segregated for shredding.

All registrants had completed CPPE level 2 safe guarding training. The manager advised that there was a procedure in place to protect children and vulnerable adults. And all members of the pharmacy team were aware of it. The pharmacy team completed training on a regular basis. And key contact details were available should a referral be necessary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained team members to provide its services safely. The pharmacy team members work within their skills and qualifications. The pharmacy team members reflect on their performance. And discuss their learning needs at regular review meetings. This ensures they keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training.

### Inspector's evidence

The non-pharmacist manager ran the pharmacy. The manager advised that there were three store-based pharmacists. At the time of the inspection, there was the RP, the manager who was a pharmacy advisor, and a further four pharmacy advisors. The manager said that they generally managed when staff were on holiday. And members of the pharmacy team worked extra hours when necessary. There was also the option of booking the area relief pharmacy advisor. The pharmacy's team members generally managed the workload adequately and safely.

The pharmacy team had completed appropriate qualifications to work in the dispensary and on the medicines counter. The pharmacy had an e-learning platform to provide ongoing training. All members of the pharmacy team had their own log in. The manager confirmed that the pharmacy team were up-to-date with their training. The pharmacy team were given time to complete their mandatory training. There were 30-minute tutors. The completion of these was optional. And training on these was not monitored.

Team members worked well together. And would refer to each other with queries. The team members said that the Manager was very approachable. And felt able to make suggestions to improve the level of service offered to people. Team members had regular huddles. The RP particularly valued the good relationship that they had with the local surgery. And this helped with sorting out any queries. One of the other store-based pharmacists attends the surgery practice meetings.

The pharmacy used performance reviews to develop staff. The pharmacy had targets in place for several services. The RP thought that targets were helpful. The pharmacy team identified eligible people who would benefit from services such as Medicines Use Reviews.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable to provide its services safely. The pharmacy's team appropriately manages the available space.

### Inspector's evidence

The pharmacy was tidy and well organised. The pharmacy was small. The team made the best use of the space available. The working areas were free of clutter. And this helped to maintain an efficient workflow.

The pharmacist regularly used the consultation room to give advice or discuss sensitive information. The consultation room was suitable for private consultations and counselling. The door was not locked at the time of the inspection. No patient identifiable information was accessible.

The pharmacy's premises were appropriately safeguarded from unauthorised access.

There was adequate heating and lighting throughout the premises. And running hot and cold water was available. Maintenance issues were reported to head office.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. It adequately manages its medicines, so they are safe for people to use. The pharmacy may not always record advice given to people who get higher-risk medicines. So, it may not be able to refer to this information in the future if it needed to.

### Inspector's evidence

There was direct access into the pharmacy from the street. It was possible for wheelchairs to access the pharmacy. The pharmacy provided a range of services.

Practice leaflets were openly available and listed the pharmacy's services.

A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers.

Stock requiring refrigeration was stored at appropriate temperatures. Paper records were maintained to ensure temperatures were within the appropriate ranges. There was a procedure to follow if the temperatures went out of the accepted range.

Controlled drugs cupboards were available for the safe custody of controlled drugs. The cupboards were appropriately secured. The contact details for the accountable officer were in the files. Expired controlled drugs were segregated to prevent mixing up with stock for patient use.

Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags which provided the opportunity for additional accuracy checks when being collected by the patient.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. The pharmacy's procedures indicated that sections were completed regularly. Medicines were checked at random and were found to be in date. Short dated items were stickered and removed from the shelves before expiry to ensure that they were not supplied to people. For example, canesten was marked as out of date in June 2019.

Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again. For example, oramorph was dated as opened on 12/2/19. This meant that checks could be made to ensure that it was suitable to supply to patients.

The pharmacy team members were observed using green trays to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels were initialled by the pharmacist and dispenser which allowed an audit trail to be produced.

The shelving system enabled enough storage and retrieval of dispensed medication for collection.

People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely. Drugs with multiple strengths were not always divided. And this increased the risk of a picking error.

Stickers were used to highlight some dispensed medicines. The pharmacist said that prescriptions for higher-risk medicines were highlighted so that appropriate counselling could be provided. This was used to prompt the team member handing it out to counsel the patient. The RP showed a medication record which had no record of any conversation or records of the INR. The RP thought that conversations with the patient would have taken place. But records of such conversations were not always maintained.

The RP described updated guidance that was provided to women of child-bearing age who received sodium valproate. The pharmacy had completed an audit. And there were two eligible patients. The RP said that these were counselled, and the information leaflet and the warning card was supplied. The information was stored on the shelf near to the sodium valproate.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The pharmacist said that the pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The pharmacy did not have scanners to verify barcodes. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

The head office had a system of sending information electronically to the pharmacy when drug alerts or recalls of medicines or medical devices were necessary. The pharmacy had a folder of collated alerts which had been signed and dated to confirm they had been completed. The file was a little untidy and the recalls were not in chronological order.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy's equipment and facilities are suitable for its advertised services.

### Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and PharmOutcomes.

A range of CE quality marked measures were in use which were cleaned after use. There were separate measures for measuring methadone.

The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid kit.

The CDs were stored in CD cabinets which were securely bolted in place.

The fridges used to store medicines were from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards.

Medication awaiting collection was stored out of view and no confidential details could be observed by customers. prescriptions were filed in boxes out of view of patients keeping details private.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.