

Registered pharmacy inspection report

Pharmacy Name: Boots, 15 The Viewley Centre, Hemlington,
MIDDLESBROUGH, Cleveland, TS8 9JH

Pharmacy reference: 1029967

Type of pharmacy: Community

Date of inspection: 06/07/2023

Pharmacy context

This is a community pharmacy in a shopping precinct in the town of Middlesbrough. It dispenses NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy provides a range of services including a home delivery service. It also dispenses some medicines in multi-compartment compliance packs to people who need this level of support.

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 has a comprehensive set of instructions to help its team carry out various tasks safely. And the team appropriately manages the risks associated with the services the pharmacy provides. The pharmacy has a process to review mistakes made during the dispensing process so it can learn from these events. The pharmacy team is well equipped to safeguard vulnerable adults and children. The pharmacy keeps the records it needs to by law and keeps people's confidential information secure.

Inspector's evidence

The pharmacy had a set of digital and written standard operating procedures (SOPs). These were instructions designed to help the team undertake various processes safely. Included in these were SOPs for the management of controlled drugs (CDs) and the sale of medicines. The team had received several new digital SOPs which were to replace the older, written versions. Each team member had read and understood those SOPs that were relevant to their roles. They completed a short quiz to assess their understanding and knowledge of an SOP. The pharmacy's manager had oversight of each team member's progress record. This helped the manager check if a team member had not yet read an SOP that was relevant to their role. A team member demonstrated their record to the inspector. The record showed they were up to date with their progress and had no outstanding SOPs to read.

The pharmacy had a procedure for the team to follow to highlight and record details of mistakes that were made during the dispensing process but spotted by the responsible pharmacist (RP) during the final checking stage. These mistakes were known as near misses. Team members had recently read an updated SOP to refresh their knowledge of the process. Team members recorded their own near misses onto a digital system. They explained this helped them take responsibility for the mistakes they made. Details recorded included the date and time the near miss happened, a brief description of the near miss and any actions taken to prevent a similar mistake happening again. The pharmacy appointed a team member as the pharmacy's 'patient safety champion' (PSC). The PSC's responsibility was to assess the near miss record each month and identify if there were any patterns or trends. The PSC then held discussions with the team about how they could improve. Most recently, team members had discussed a series of near misses where the incorrect quantity of a medicine had been dispensed. They had decided to ensure they highlighted the quantity on prescriptions if the quantity to be dispensed was not a common quantity. Previously, team members had also decided to separate some medicines on the dispensary shelves to reduce the risk of them being dispensed in error. For example, medicines that had similar names or similar packaging. The pharmacy used the same digital system to record and report dispensing errors which had reached people. Team members discussed these errors and made changes to reduce the risk of them happening again. A team member was required to complete an incident report form within 24 hours of the incident.

The pharmacy had a procedure to support the handling of complaints or feedback from people who used the pharmacy. The procedure was outlined in leaflets kept in the retail area. People who used the pharmacy could take these leaflets away with them. Team members explained they normally attempted to collect feedback and resolve any complaints from people verbally. If they were unable to resolve a complaint it was referred to the manager. If the manager was unable to resolve the complaint, the person was signposted to the pharmacy's head office team. The details of how people could make a complaint was outlined on the back of any till receipts provided to people. Team

members invited people to complete an online survey to rate the service they had received.

The pharmacy had professional indemnity insurance. It was displaying the correct responsible pharmacist (RP) notice. The RP register had largely been completed correctly. But it appeared that pharmacists had not always recorded times where they may have briefly left the pharmacy. For example, to take a short break. The pharmacy kept appropriate private prescription records. The pharmacy maintained controlled drug (CD) registers. And the team kept them in line with legal requirements. The team completed weekly balance checks of the CDs. The balance of two randomly selected CDs were checked and were correct. The pharmacy kept records of CDs returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team separated confidential waste from general waste, and it was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information and they had all completed annual training about the General Data Protection Regulation (GDPR). The pharmacy didn't have a written procedure to help the team raise concerns about safeguarding vulnerable adults and children. But team members, including the RP, had completed company training on the subject. The RP had also completed training via the Centre for Pharmacy Postgraduate Education up to level 2. Team members discussed hypothetical situations where they would feel the need to raise a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the correct qualifications and skills to carry out their roles safely and effectively. The pharmacy supports them in updating their knowledge, skills, and professional development. Team members support each other and work well together to provide an efficient service. And they can provide feedback and raise concerns where necessary.

Inspector's evidence

At the time of the inspection the RP was a company employed relief pharmacist. The pharmacy had not employed a pharmacist since May 2023. The current RP and locum pharmacists covered the pharmacy's opening hours. During the inspection the RP was supported by a part-time trainee counter assistant, two full-time qualified pharmacy assistants and a relief pharmacy assistant. The pharmacy's full-time manager, who was also a qualified pharmacy assistant, was not present during the inspection. Team members covered each other's planned and unplanned absences, and they were able to request for additional dispenser support from the pharmacy's area manager if they felt the need to do so. Team members explained they were comfortable in their roles and felt the pharmacy benefited from good leadership. They were observed managing the workload well and supporting each other as they worked.

The pharmacy supported its team members to keep their knowledge and skills up to date using an internal digital training system. The company's head office periodically provided the team with mandatory modules to complete. These included modules on health and safety, and new over-the-counter medicines the pharmacy was selling. Team members were also able to voluntarily select modules to complete. Team members were not always able to complete their training at work, and so did some of their training in their own time. The pharmacy had an appraisal process to support team members with their development. The manager had recently requested to be enrolled onto a pharmacy technician course, which was granted. The RP had been assigned to oversee the manager's progress with the course. They were scheduled to work two days a week at the pharmacy to help support the manager.

The team members discussed patient safety, tasks to complete, and provided feedback on how the pharmacy could improve service delivery. They did this when there was a quiet period of business. The team was provided with a 'professional standards bulletin'. The bulletin informed the team of patient safety incidents that had occurred in other pharmacies within the company and encouraged the team to discuss the incidents and find ways of reducing the risk of the incidents happening with the pharmacy. Team members signed and dated the bulletin to confirm they had read and understood its contents.

The team was set some targets to achieve by the company. These included the number of prescription items dispensed and the number of service consultations completed. Team members agreed that the targets were generally achievable, but occasionally felt under some pressure to achieve them. They explained they always used their professional judgment to only offer services to people who needed them and their primary focus was to provide a safe and efficient service to people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. The pharmacy has a suitably private consultation room where people can have a confidential conversation with a pharmacy team member.

Inspector's evidence

The pharmacy premises were hygienic and well maintained. The dispensary was of a suitable size to manage the dispensing workload and there was ample space to store medicines. There was an annexed space for the team to dispense and store multi-compartment compliance packs. The benches used by team members to dispense medicines were spacious and kept organised throughout the inspection. Floor spaces were kept clear to prevent the risk of trips or falls. The pharmacy had a suitable, private consultation room to support team members to have confidential conversations with people.

The pharmacy had separate sinks available for hand washing and for preparing medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services which are managed well. It makes these services accessible to people. The pharmacy team correctly sources and stores its medicines. And it completes regular checks to identify any medicines which are close to expiring or are out of date to make sure the medicines it supplies are of a suitable quality.

Inspector's evidence

The pharmacy was accessible at street level through the entrance door. It advertised the services it offered in the main window and via notices affixed to walls around the consultation room and dispensary. The pharmacy had a facility to provide large-print labels to people with a visual impairment. The pharmacy had a small selection of healthcare-related information leaflets for people to take away with them.

Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They aimed to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up. The pharmacy supplied patient information leaflets and patient cards with every supply. The pharmacy team used laminated alert cards to highlight other high-risk medicine prescriptions that may require further intervention from the RP. For example, methotrexate and lithium. Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. Team members placed laminated alert cards into the baskets to highlight to the RP that there may be the need for additional counselling. They also used pharmacist information forms (PIFs) which they could annotate to provide the RP with any additional information. For example, if a person suffered from any allergies. Team members signed dispensing labels to maintain an audit trail to identify which team member had dispensed the medicine and which team member had completed the final check. And they used a 'quad stamp' for team members to sign when the prescription had been dispensed, clinically checked, accuracy checked and then handed out. Team members used an electronic handheld device to scan the barcodes of bag labels when medicines were handed out. This helped the pharmacy maintain an audit trail of supply. The device would alert the team if the incorrect barcode had been scanned which helped reduce the risk of people receiving incorrect medicines.

The pharmacy sent some prescriptions to be dispensed at an off-site hub pharmacy. This process was designed to reduce the dispensing workload on the team. Team members inputted data from prescriptions onto an electronic system. The data was checked by the RP who also completed a clinical check. The data was then sent to the hub pharmacy for dispensing. The pharmacy received the dispensed medicines approximately 48 hours later. The pharmacy was able to override the system to allow them to dispense prescriptions sent to the hub, locally. For example, if a person needed their medicines immediately. The pharmacy displayed a notice in the retail area informing people that their prescriptions may be dispensed by another pharmacy.

The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs. These packs were designed to help people take their medicines at the right times. There were 'master-sheets' which team members used to cross-reference with prescriptions to make

sure prescriptions were accurate before the dispensing process began. If they spotted a discrepancy, for example, if a medicine was missing from the prescription, they made enquires with the prescriber. Team members annotated the master sheets with details of authorised changes to people's treatment. For example, if a treatment had been stopped. They included the details of the person who had authorised the change, for example, the person's GP. People were supplied with patient information leaflets and visual descriptions of each medicine to help people identify the contents. The pharmacy kept records of the delivery service which they used to manage any queries.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy counter and in a glass cabinet next to the retail counter. The cabinet had a notice on the front informing people that the medicines store inside were not for self-selection. And if they wished to purchase one, they should ask for a team member's assistance. The pharmacy had a process for the team to check the expiry dates of the pharmacy's medicines. The team demonstrated that it was up to date with the process. No out-of-date medicines were found by the inspector following a check of approximately 20 randomly selected medicines. The pharmacy had two medical grade fridges to store medicines that required cold storage. And the team kept records of their minimum and maximum temperature ranges. A sample of the records was seen which showed the fridge was operating within the correct ranges. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy received medicine alerts electronically through email and the company intranet. The team actioned the alert and kept a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the correct equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.