General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 1, 44 High Street, Yarm-on-Tees, YARM, Cleveland, TS15 9AE

Pharmacy reference: 1030019

Type of pharmacy: Community

Date of inspection: 26/07/2023

Pharmacy context

This community pharmacy is on the main shopping street in the historic market town of Yarm-on-Tees. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies a small number of medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. It delivers some medicines to people's homes. And it provides other NHS services which are helpful for people, such as a urinary tract infection test and treat 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
1. Governance	Standards met	1.2	Good practice	Pharmacy team members act with care to reduce risk following the mistakes they make during the dispensing process. They keep their actions under review to help measure their effectiveness.
2. Staff	Standards met	2.5	Good practice	The pharmacy actively engages with team members to promote and respond to their feedback. And it regularly uses their ideas to inform service delivery
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 effectively identifies and manages risks associated with providing its services. It engages its team members in regular and thorough patient safety reviews. Pharmacy team members act promptly to reduce risk following mistakes they make during the dispensing process. And they keep their actions under review to help make services safer. Pharmacy team members understand how to manage feedback and concerns. They know how to act to help safeguard vulnerable people. And they suitably protect people's confidential information. They mostly make the records they need to by law.

Inspector's evidence

The pharmacy had a comprehensive range of up-to-date standard operating procedures (SOPs) to support its safe and effective running. It held most of these electronically, some SOPs not yet due for review were held in a folder within the dispensary. Training records confirmed most team members had completed learning relevant to their role. One team member was currently working through this learning as part of their induction programme. Team members described the learning associated with SOPs as interactive. And they spoke positively about the assessments they completed following the learning, which tested their understanding of individual SOPs. Pharmacy team members had a clear understanding of their roles and responsibilities, and they were observed referring queries to the responsible pharmacist (RP) appropriately. They understood what tasks could not take place if the RP took absence from the pharmacy. Team members recorded regular day-to-day housekeeping tasks they completed. These tasks helped to ensure the pharmacy was running safely. For example, the completion of legal records and checks associated with the safe storage of medicines.

Pharmacy team members engaged in regular learning to help maintain patient safety. This learning included reading newsletters associated with providing services safely and exploring case studies associated with adverse events. They also recorded mistakes made and identified during the dispensing process, known as near misses. A team member described how they corrected their own near misses following a mistake being brought to their attention by the RP. And all team members engaged in monthly patient safety reviews designed to share learning and reduce risk. The patient safety reviews were documented. Records included the actions taken to reduce risk. And the team monitored and reviewed agreed actions from the previous month during these reviews. This helped to ensure the actions taken had been effective. Team members were knowledgeable about recent actions and explained how these had contributed to making the dispensing process safer. For example, ensuring each individual box of medicine was scanned during the dispensing process, and checking the number of tablets and capsules in each compartment within a multi-compartment compliance pack against people's individual records prior to the accuracy checking step of the dispensing process. Pharmacy team members described how they would report and manage a mistake identified following the supply of a medicine to a person, known as a dispensing error. This included speaking to the person affected, correcting the mistake, and reporting the incident. The RP provided examples of reporting, and learning from these events was evident. For example, the team made efforts to reduce risk by separating different strengths and pack sizes of the same medicine on the dispensary shelves.

The pharmacy advertised how people could provide feedback and raise a concern. Feedback cards were available at the prescription counter, these signposted people to an online survey about their

experience. Pharmacy team members knew how to manage feedback and how to escalate a concern when required. The team provided examples of how they acted on feedback to help improve people's experiences. A number of people visiting the pharmacy provided positive feedback about the RP and team during the inspection. Team members engaged in mandatory learning relating to confidentiality. The pharmacy held all personal identifiable information in the staff-only area of the premises. Confidential waste was segregated and securely disposed of. The pharmacy displayed information about the importance of safeguarding people, including team members. The team engaged in safeguarding learning to help protect vulnerable people. They were knowledgeable about safety initiatives designed to offer a safe space to people experiencing domestic violence. And they knew how to recognise and report safeguarding concerns.

The pharmacy had current indemnity insurance. The RP notice on display contained the correct details of the RP on duty. A sample of pharmacy records examined mostly complied with legal requirements. But details of prescribers within the private prescription record were occasionally inaccurate. And the address of the wholesaler was not always recorded in the controlled drug (CD) register when a locum pharmacist entered the receipt of a CD. The pharmacy maintained running balances in the CD register and completed full balance checks of physical stock against the register weekly. A random physical balance check of a CD conducted during the inspection complied with the running balance in the register. The team recorded patient-returned CDs in a separate register at the point of receipt.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a small, dedicated team of people who work together well to provide its services. Team members engage in regular learning relevant to their roles. This learning includes continual discussions about risk management and safety. The pharmacy clearly advertises how its team members can provide feedback. And it uses their feedback to inform actions designed to reduce risk.

Inspector's evidence

The RP on duty was the regular full-time pharmacist. They were supported by a temporary manager who was a dispenser, and another dispenser. The pharmacy employed three other team members, a dispenser, a trainee healthcare assistant, and a customer advisor. A company employed driver completed tasks associated with the home delivery service and a store cleaner also worked regularly at the pharmacy. The permanent store manager was due to return to the store in August 2023. The current manager explained that the customer advisor did not complete tasks associated with selling or dispensing medicines. There was some flexibility within the team to cover for absences. And the team could request further support through the local relief team if required. The team was up to date with its workload and had made efforts to get ahead with some key tasks to help reduce workload pressure during the summer holiday season. For example, it had carried out additional date checking tasks ahead of a team member going on holiday to ensure attention could be focussed on core dispensing services during this period.

The pharmacy engaged its team members in a structured appraisal process. This was a two-way process and team members felt able to feedback in these reviews. They received some learning time at work to support them in keeping their knowledge and skills up to date. The pharmacy had some targets associated with its services. The RP discussed these targets and they felt confident in applying their professional judgement when providing pharmacy services. The pharmacy had a whistleblowing policy, and it advertised details of a confidential employment assistance programme to its team members. Pharmacy team members understood how to provide feedback at work and were confident in doing this. The pharmacy used this feedback to help inform the safe management of its services. For example, the team had implemented the use of co-ordinated highlighter pens on prescription forms to match the high-risk warning cards they used when dispensing medicines requiring additional checks. For example, it used orange warning cards and highlighted key information on a prescription with an orange highlighter when dispensing medicines requiring storage in a refrigerator. The team held regular briefings to share learning and to support continual communication. These briefings included formal patient safety reviews and workload updates.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure, and suitably maintained. It offers a professional image for delivering its services. And it has suitable facilities to allow people to have a private conversation with a member of the pharmacy team.

Inspector's evidence

The pharmacy was secure and adequately maintained. Team members knew how to report maintenance concerns. One recent concern had been raised about an area of the floor lifting in the public area. The team had taken appropriate action to ensure the area was safe until the maintenance team could attend to assess the concern. The pharmacy was air conditioned, and lighting was sufficient throughout the premises. The pharmacy was clean and tidy, the store cleaner attended during working hours and was appropriately supervised in their role. Pharmacy team members had access to sinks equipped with antibacterial hand wash, sanitiser gel and paper towels in both the dispensary and staff area of the pharmacy. The RP explained that current arrangements for the urinary tract infection (UTI) test and treat service involved the use of the dispensary sink when dipping samples. Waste products were appropriately disposed of in facilities within the staff-only area of the pharmacy. A conversation revealed the pharmacy had a second sink in the staff-only area on the ground floor level which was better suited to use to support the testing service.

The public area was a good size and fitted with wide-spaced aisles. The dispensary was small, workspace was managed well with clearly defined areas for labelling, assembly and checking tasks. The team used shelving above workbenches to hold tubs of assembled medicines waiting to be checked. The pharmacy had a consultation room. This offered some degree of privacy, but it did not have a roof on it. The team had been informed the pharmacy would be having a new room fitted in the near future. And there were other suitable areas available to hold private conversations if needed. The staff-only area of the premises consisted of office space and staff toilet and kitchen facilities.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are readily accessible to people. Its team works well with other local healthcare professionals to ensure people receive timely access to the services and the medicines they require. The pharmacy obtains its medicines from reputable sources. It stores them safely and securely and it uses effective processes to ensure they remain safe to supply to people.

Inspector's evidence

People accessed the pharmacy through a door up a step from street level. They could also use an automatic entrance to the side of the pharmacy which was accessible most of the time. This entrance remained closed at the beginning and end of the working day due to access to an alley being closed and locked at specific times. The pharmacy clearly advertised its opening times and details of its services for people to see. It provided a seat for people wishing to wait for their medicine or for a service. A health information zone provided useful information for people as they waited. Pharmacy team members knew how to signpost people to other pharmacies or healthcare services when the pharmacy was unable to provide a service or supply a medicine.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. Team members were observed following procedures when responding to requests for P medicines. And they knew when to refer a request to the RP. The RP was observed engaging well with people and providing them with helpful information to support them in making an informed choice about their healthcare requirements. The pharmacy had a good relationship with the local surgery. And regularly engaged with prescribers to keep them informed of available alternatives when medicines were out of stock. It also kept the surgery informed of the pharmacy services provided. This resulted in people being signposted to the pharmacy to access some services such as the UTI test and treat service and for emergency hormonal contraception. Service specifications and patient group directions were readily available to support these services. The pharmacy had supported local people in leading a healthy lifestyle. It had carried out some health checks including measuring Body Mass Index (BMI) and waist circumference through a weight management service. And it referred people to both online and face-to-face support services to help them lose weight. The RP discussed positive outcomes from the NHS New Medicine Service. For example, a person reported positive changes to their asthma management following the RP taking the opportunity to provide support involving the person's inhaler technique.

Pharmacy team members completed audit trails to support the monitoring and delivery of dispensing services. They generally completed an audit grid on prescription forms to identify who had completed tasks associated with labelling, assembling, clinical checks, accuracy checks and handing out. Some part-complete audit grids were present on prescriptions on dates locum pharmacists had worked. Pharmacy team members also signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. They attached pharmacist information forms (PIFs) to prescription forms. These forms identified valuable information such as new medicines, changes in doses and interactions between medicines. The pharmacy highlighted higher-risk medicines using bright warning cards. A team member explained how a warning card for warfarin was used to support suitable counselling and monitoring checks when people collected their medicine. The team engaged in medicine audits periodically. It had completed a recent valproate audit to ensure all team members were aware and

were complying with the requirements of the valproate Pregnancy Prevention Programme (PPP). And the RP was aware of the requirements of the PPP.

The pharmacy had effective systems for managing medicines it owed to people and for delivering medicines to people's homes. It dispensed some medicines in multi-compartment compliance packs. Records associated with this service included a schedule to support the timely management of workload and individual patient records. Patient records included clear details of people's medicine regimens and suitability assessments that provided assurances that supplying medicines in this way was in a person's best interests. The team generally documented changes to people's medicine regimens clearly. But these recorded changes did not always include supporting information relating to the checks the team made to confirm the change. A sample of assembled compliance packs contained full dispensing audit trails and clear descriptions of the medicines inside the compliance packs. The pharmacy routinely supplied patient information leaflets alongside compliance packs at the beginning of each four-week cycle.

The pharmacy obtained its medicines from licensed wholesalers. It stored them neatly and within their original packaging. It kept good records of regular date checking activities and the team highlighted short-dated medicines with stickers. A random check of dispensary stock found no out-of-date medicines. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy kept CDs in an orderly manner within a secure cabinet. The pharmacy's medicine fridge was an appropriate size for the medicines it held. Fridge temperature records showed that the temperatures had stayed within two and eight degrees Celsius. The pharmacy had appropriate medicine waste bins and CD denaturing kits available to support the safe disposal of medicine waste. It received medicine alerts electronically and it kept an audit trail of the action it took in response to these alerts.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment it needs for providing its services. And its team members use the equipment in a way which protects people's privacy.

Inspector's evidence

Pharmacy team members accessed reference resources through an online information subscription service. They also accessed the company's intranet, the internet and internal telephone support line to assist them with answering queries and obtaining information. The pharmacy protected its computers from unauthorised access by using passwords and NHS smart cards. It stored bags of assembled medicines safely in a retrieval area at the back of the dispensary. Pharmacy team members used cordless telephone handsets when speaking to people over the telephone. This allowed them to move towards the back of the dispensary or into the staff-only area when speaking to people over the phone.

The pharmacy team used a range of appropriate equipment to support it in delivering the pharmacy's services. For example, crown-stamped measuring cylinders for measuring liquid medicine with separate measures identified for use only with a higher-risk liquid medicine. The pharmacy's equipment was regularly checked to ensure it remained fit for purpose. For example, the team regularly checked expiry dates of test strips used for the UTI test and treat service and electrical equipment in the pharmacy was subject to periodic safety checks.

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.