

Registered pharmacy inspection report

Pharmacy Name: Boots, 9-10 The Precinct, Wesley Court, BLAYDON-ON-TYNE, Tyne and Wear, NE21 5BT

Pharmacy reference: 1037442

Type of pharmacy: Community

Date of inspection: 24/06/2022

Pharmacy context

This community pharmacy is situated in a shopping precinct in Blaydon, Tyne and Wear. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy offers a medicines' delivery service. It dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines.

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 generally manages its risks appropriately. It has written instructions to help its team work safely. It mostly keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong. People who use the pharmacy can provide feedback to help improve the services they receive. People who work in the pharmacy understand their role in protecting vulnerable people. And they talk to each other about the mistakes they make. So, they can learn from them.

Inspector's evidence

The pharmacy had a set of electronic Standard Operating Procedures (SOPs) in place to underpin all professional standards, signed and read by staff. The team members had their own login and easily accessed these on the company's 'dashboard'. Some had been updated in year to reflect current practice. For example, a new discharge medicines SOP had been issued in June 2022 and team members were in the process of reading and signing them. The team had to complete a test to demonstrate their understanding of the procedure.

There was a file containing risk assessments carried out by pharmacy staff to help make sure that the pharmacy was a safe place to work, and that its services were being provided safely. Errors and near miss records showed that errors had been regularly recorded. The accuracy checking technician (ACT) reviewed the near misses with the manager and completed the 'Patient Safety Review' (PSR) every month. The manager also discussed errors with the individual at the time so that they could learn from them straight away. The manager advised that since they had introduced the Columbus patient medication record (PMR) system they had seen a significant reduction in errors. The main errors they saw now related to quantities and items without a recognisable barcode. There had been some recent errors because team members when selecting multiple packs of a medicine scanned one box multiple times. The manager had told the team that each box had to be scanned individually without exception.

The pharmacy had a complaints procedure in place, and this was detailed in a patient guide leaflet displayed in the retail area. It included contact details for the company's head office, Patient Advice and Liaison Service (PALS) and the Independent Complaint Advocacy Service. A certificate of professional indemnity and public liability was held electronically on the company's intranet.

The team displayed the correct responsible pharmacist sign prominently so that people could see who the pharmacist was on the day. The pharmacy kept private prescription records and a sample of records checked found them to be complete with most of the necessary details correctly recorded. The pharmacy kept paper copies of the RP record. CD running balances were usually checked weekly. The controlled drug (CD) cabinet held a range of CDs. A random balance check of three medicines in the CD cabinet tallied with the CD register quantity. The pharmacy kept records of CDs that people had returned for destruction. The pharmacy had a procedure and a marked file to keep records of unlicensed special medicines together.

Staff demonstrated an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. One of the team members explained that they knew not to discuss people's medicines or other personal details where other people might overhear them. The pharmacy held records containing personal identifiable information in areas of the pharmacy that only team members

could access. And they placed confidential waste into a separate bin to avoid a mix up with general waste and this was collected this for destruction off site. The pharmacist and ACT had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. Team members had been trained on safeguarding issues and what to look for. They knew how to access contact details for key people within the company and local agencies in the event they needed to make a referral.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together. And complete some training to keep their knowledge and skills up to date. But they do not have regular performance reviews so any gaps in their knowledge and skills may not be identified.

Inspector's evidence

At the time of the inspection the pharmacy team consisted of a pharmacist manager, an accuracy checking technician (ACT), two dispensing assistants and one trainee dispensing assistant.

Team members didn't always receive time to complete mandatory training so most team members completed training in their own time. Examples of recent training included Hub training and patient safety training. The trainee dispensing assistant had been unable to complete his course because the pharmacy had been too busy during the pandemic. The manager had arranged for backfill so that he could re-commence his studies in September. The team struggled when team members took holidays. And they were regularly called upon to provide support to other branches that were struggling. The team hadn't received appraisals during the pandemic. The manager had informal chats with people and gave on-the-spot feedback.

The team members discussed tasks that needed to be prioritised and supported each other to complete them. They found the manager approachable and referred to them if they had an issue. The pharmacy had a whistle blowing procedure if they needed to escalate a concern. And the team displayed a poster in the staff area. The team had targets for most services such as NMS and EHC and they did feel some pressure to achieve these. The area manager regularly checked on their performance against the targets. The team displayed their performance against targets in the dispensary. Prescription items had increased and the pharmacy usually met all targets. The store had won the 'best of the best' award for performance against targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare in. And its premises are bright and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was air-conditioned, bright, secure, and professionally presented. It had a large retail area. It had the workbench and storage space it needed for its current workload. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. The consultation room was locked when not in use. The pharmacy had a sink in the dispensary. And it had a supply of hot and cold water. The rest rooms and the staff area had hand washing facilities. Members of the pharmacy team were responsible for keeping the premises clean and tidy. But they had been exceptionally and didn't always get time to clean the pharmacy as often as they would like.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access. Its working practices are generally safe and effective. Members of the pharmacy team dispose of people's unwanted medicines properly. And they carry out some checks to make sure the pharmacy's medicines are safe and fit for purpose. The pharmacy delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources.

Inspector's evidence

People had direct access into the pharmacy from the street. It had wide aisles so that wheelchair user could access the pharmacy's services. Two team members worked at the front counter and had access to computers that so that they could locate people's prescriptions quickly.

The pharmacy offered a range of additional services including flu vaccinations and the supply of emergency hormonal contraception. The manager had completed training on injection techniques and anaphylaxis and resuscitation. The pharmacy offered a chargeable delivery service to people who couldn't attend its premises in person. It used a third-party company to make its deliveries. And it kept an audit trail for each delivery to show that the right medicine was delivered to the right person. It kept an audit trail of the person who had assembled and checked each prescription. And patient information leaflets were routinely supplied. So, people had the information they needed to make sure they took their medicines safely. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. The manager explained that team members checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Laminates were used to highlight prescriptions that had been identified as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the PMR. Team members knew that people of childbearing age mustn't take valproate unless there was a pregnancy prevention programme in place. The pharmacy team members had access to the valproate educational materials they needed and they knew that people in this at-risk group who were prescribed valproate needed to be counselled.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Team members marked containers of liquid medicines with the date they were opened. They were required to check the expiry dates of medicines regularly. But the date checking matrix wasn't up-to-date due to the pharmacy's current workload. No out-of-date medicines were found after a check of around 15 randomly selected medicines in different areas of the pharmacy. The pharmacy stored pharmacy (P) medicines behind the pharmacy counter so people were not able to self-select them. The pharmacy had medical waste bags and CD denaturing kits available to support the team in managing pharmaceutical waste.

Team members used controlled drug cabinets that had adequate space to safely segregate stock items. The pharmacy purchased medicines and medical devices from recognised suppliers. The pharmacy had fridges to store items at the recommended temperature. Team members monitored and documented the temperatures daily. They were able to evidence it had been operating within the accepted range of

2 and 8 degrees Celsius. The team received drug alerts through the pharmacy 'Boots live' system. The team printed these out and noted any actions on the top of the sheet.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures to measure out liquids. And it had equipment for counting loose tablets and capsules. Members of the pharmacy team made sure they cleaned the equipment they used to measure out or count medicines before they used it. The pharmacy team had access to up-to-date reference sources. The pharmacy had three medical refrigerators to store pharmaceutical stock requiring refrigeration. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password.

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. |