

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, Felling Health Centre, Stephenson Terrace,  
Felling, GATESHEAD, Tyne and Wear, NE10 9QG

**Pharmacy reference:** 1037477

**Type of pharmacy:** Community

**Date of inspection:** 02/08/2022

## Pharmacy context

This community pharmacy is situated in a health centre in Felling, Gateshead. The pharmacy dispenses NHS prescriptions, including for substance misuse services and it dispenses private prescriptions. It offers a medicines delivery service. And people can get a winter flu vaccination from the pharmacy.

## 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 appropriately identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. And it has appropriate insurance to protect people if things do go wrong. It completes all the records it needs to by law. The pharmacy team members respond well when errors occur. They openly discuss what happened and they take suitable action to prevent future mistakes.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. The superintendent's (SI) office had issued an updated SOP for dealing with dispensing errors which the team were in the process of reading. The changes had been highlighted so the team could see the differences from the previous version. The manager had printed these out and the team could also access them electronically. The team had until September to read and complete a quiz to assess their understanding of the contents before the manager signed them off as competent. The team members demonstrated a clear understanding of their roles and worked within the scope of their role.

The pharmacy had a procedure for managing errors identified during the dispensing of prescriptions. The pharmacy kept records of these errors known as near misses. The team members recorded details of the error such as wrong quantities dispensed but they didn't always capture the circumstances surrounding the error. The pharmacy had a procedure for managing errors that reached the person known as dispensing incidents. The procedure included the team completing an electronic dispensing incident report to send to head office. The accuracy checking technician (ACT) collated these and completed a monthly review. The outcome from the review was shared with team members who discussed the changes they could make to prevent future errors. The manager explained that the new procedure of scanning medicines against the prescription had significantly reduced selection errors for look-alike sound-alike drugs. Since the introduction of a new patient medication record (PMR) system most of the errors related to incorrect quantities supplied. The team had discussed ways that they could reduce these by scanning each pack when selecting multiple packs for a prescription. The pharmacy had a procedure for handling complaints raised by people using the pharmacy services. A leaflet on display in the waiting area provided people with information on how to raise a concern with the pharmacy team. The manager explained that the team tried to offer a good service and they had received no complaints during the covid pandemic.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The balance of CDs was checked weekly. A balance check of two CDs in the CD cabinet tallied with the balances in the register. The team recorded CDs returned by people for destruction. A sample of records for the receipt and supply of unlicensed products were checked and found to be in order. The pharmacy had a leaflet informing people about how confidential data was kept. The team members completed annual training about the General Data Protection Regulations (GDPR). They separated confidential waste for shredding offsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams and company head office contacts. All registrants had completed training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team hadn't had the occasion to report a serious safeguarding concern. But the team liaised with local providers when concerns were raised about vulnerable people who may not be taking their medication as prescribed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the qualifications and skills to support its services. Team members work well together and support each other in their day-to-day work. They openly discuss errors so everyone can learn from them and improve their skills. The team members regularly meet and discuss what they can improve on. But they do not have regular documented performance reviews so they may not identify any gaps in their knowledge and skills.

### Inspector's evidence

The pharmacy had two regular pharmacists that covered for each other and worked together at busier times. Both were working on the day alongside one ACT and five dispensary assistants. Team members explained that they had been very busy during covid. Sometimes the team had struggled because of sickness. But team members worked extra hours and pulled together to provide a safe and effective service. The team had discussions about the tasks that needed to be completed. And they reported that the turnaround time for prescriptions was around a day.

The team members used online training modules to keep their knowledge up to date. They had some protected time at work to complete the training. Recent examples of training completed included manual handling, health and safety and level 1 safeguarding. The manager had a 'light touch' informal discussion with team members in April. These discussions hadn't been documented. Team members found the manager approachable and felt able to make suggestions to improve the way they work. The team had a good open attitude in discussing dispensing incidents when they occurred and at the monthly patient safety review meeting. The pharmacy had a whistle blowing procedure if they needed to escalate a concern. The team had targets for services such as prescription item numbers and the New Medicines Service (NMS). The manager didn't feel pressured to meet targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare. Its premises are small, but suitable for the workload and services it provides. 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. The pharmacy had some pharmacy medicines in the dispensary as it didn't have a suitable place behind the pharmacy counter. The pharmacy had a waiting area to the front with chairs for people waiting for their prescriptions. The team had some patient facing workstations to the front. It had limited workbench and storage space. But team members made best use of the space available. And they kept all areas clean, tidy and clutter free. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. This was locked when not in use. The pharmacy had a sink in the dispensary. And it had a supply of hot and cold water. Team member had access to the health centre staff toilets and kitchen. Both had hand washing facilities. Members of the pharmacy team were responsible for keeping the premises clean and tidy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services that people can easily access. Its working practices promote safe and effective delivery of its services. The pharmacy delivers medicines to people's homes and keeps records to show that it delivers the right medicine to the right person. It gets its medicines from reputable sources. And members of the team carry out regular checks to make sure its medicines are safe and fit for purpose. They highlight prescriptions for high-risk medicines to make sure people receive appropriate advice and information to take their medicines safely.

### Inspector's evidence

People accessed the health centre through double doors and the pharmacy had double automatic doors so that people had easy access to its services. The pharmacy had a range of company information leaflets on display providing people with details of the services it offered and the contact details of the pharmacy. It also had a range of healthcare information leaflets for people to read or take away. Opening hours and details of the services the pharmacy provided were displayed in the window.

The pharmacy offered services including seasonal flu vaccinations. And it was accredited to provide the NHS hypertension case-finding service but had completed very few. The pharmacy offered a 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. The pharmacy also offered substance misuse services.

The pharmacy had separate areas for labelling, dispensing, and checking of prescriptions. Pharmacy team members referred to prescriptions when labelling and picking medicines. They usually scanned the bar code of the medication they selected to check they had chosen the right product. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist or the ACT who also initialled the dispensing label. Team members used colour-coded baskets and tubs during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. 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 in case there were any queries. Laminates were used to highlight prescriptions that had been identified as requiring additional counselling. The pharmacist explained that team members checked if people receiving high risk medication such as warfarin had had blood tests recently, and gave additional advice as needed. Details of interventions weren't usually recorded on the PMR. Team members knew that people in the at-risk group mustn't take valproate unless there was a pregnancy prevention programme in place. The pharmacy team members knew that people in this at-risk group who were prescribed valproate needed to be counselled. And they used a laminated warning card to alert the team member at hand out that the person needed counselling.

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. The pharmacy team checked the expiry dates of medicines regularly. And a team member showed that the date

checking matrix had been kept up to date . A random sample of medicines was checked and no out-of-date medicines were found. 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. It had fridges to store items at the recommended temperature, where necessary. Team members monitored and documented the temperatures daily. They were able to evidence they had been operating within the accepted range of 2 and 8 degrees Celsius. The team members received drug alerts through the pharmacy 'Boots live' system. They printed these out and noted any actions on the top of the sheet and filed them for future reference.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the 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 team made sure they cleaned the equipment they used to measure out or count medicines before they used it. They had access to up-to-date reference sources. The pharmacy had two LEC medical refrigerators to store pharmaceutical stock requiring refrigeration. It positioned its computer screens so they could only be seen by members 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. Team members used their own NHS smart cards to access patient records.

### 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.