

Registered pharmacy inspection report

Pharmacy Name: Boots, 381 Stamfordham Road, Westerhope,
NEWCASTLE UPON TYNE, Tyne and Wear, NE5 2LH

Pharmacy reference: 1037590

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

This is a community pharmacy, next door to a GP surgery in Westerhope. An area in Newcastle. It dispenses both NHS and private prescriptions. And sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses. And supplies medicines free to eligible people under the pharmacy first scheme. It provides NHS services, such as the new medicines service and medicines use reviews. It also supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a home delivery 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	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 identifies and manages the risks associated with the services it provides to people. And it has a set of written procedures for the team members to follow. The pharmacy keeps the records it must have by law. And it keeps people's private information secure. The team members openly discuss and record any mistakes that they make when dispensing. But sometimes all the details are not recorded so the team does not have all the information to identify patterns and learn from them. The team members know when and how to raise a concern to safeguard the welfare of vulnerable adults and children.

Inspector's evidence

The pharmacy and retail areas were generously sized. There were two separate counters. One was an express pick up desk and the other for handing in prescriptions. The manager advised that they have a texting service and people receiving a text call into the pharmacy and can collect their completed prescription more efficiently. The pharmacy counter acted as a barrier between the retail area and the dispensary to prevent any unauthorised access. There was a large carousel with stock and the checking area was a distance from the pharmacy counter. The manager said that it was difficult to hear conversations on the counter. The pharmacy was being refitted and remodelled. And the manager thought that the planned layout would help the pharmacy to run more efficiently.

The pharmacy had a set of written standard operating procedures (SOPs) in place. The SOPs had an index, which made it easy to find a specific SOP. The pharmacy's superintendent pharmacist's team reviewed the SOPs every two years. Some of SOPs had, such as those for CD handling had been updated in November 2019. The pharmacy defined the roles of the pharmacy team members in each procedure. Which made clear the roles and responsibilities within the team. The team members had read and signed each SOP that was relevant to their role. And they completed a short quiz sheet when they had been issued with new or revised SOPs to test their understanding.

The pharmacist highlighted near miss errors made by the team when dispensing. And the details of each near miss error were recorded onto a paper near miss log. But they did not usually record the reasons why the error may have happened. Also, the key findings section was blank. And so, they may have missed out on some learning opportunities. There were one hundred and three near misses recorded in January. The manager said that this was an increase on previous months. But he thought that was because he had spoken to the team about recording every near miss when they occurred. There was a safety champion who worked with the pre-registration pharmacy student to collate the near misses and put together a monthly patient safety review. January's review was looked at and the actions taken following the review were general and were not reflective of the nature of the near misses recorded. The manager agreed that the review was not sufficiently robust, and he was looking to make improvements moving forward. The pharmacy had a procedure to record and report dispensing incidents that had reached the patient. It recorded the details of such incidents using an electronic reporting system called PIERS. A sample of some records were seen. Most recently, the pharmacy had supplied a person with a bag of medication which contained another person's medicine. The PIERS reported changes such as remove distractions. And revisit the operational guidelines. The safety champion spoke to the team in groups of two or three to go through the monthly patient safety review.

And errors were discussed.

The pharmacy used small paper slips called pharmacist information forms (PIFs). They were used to communicate messages to the pharmacist such as if a person was eligible for a service. Or if there were any changes in dose or directions. The team members also used the forms to inform the pharmacist if the medicines being dispensed were look-alike or sound-alike (LASA) medicines and were therefore at a higher risk of being involved in an error. The pharmacy had a list of the most common LASA medicines near workstations. The PIFs looked at had a good amount of detail. And the PIF was visible in the plastic folder so that the person handing out the prescription could easily see there was information that had to be communicated to the patient.

The pharmacy had a formal complaints procedure in place. And details were available for people to see in the pharmacy's practice leaflet which was available in the retail area for self-selection. The pharmacy collected feedback through an annual patient satisfaction survey. Some people had expressed their dissatisfaction with the amount medicines that were owing. The manager had spoken to the team in the surgery to try to explain the stock shortages situation. The manager showed them the data which showed that the owing rate was 1.06%. The manager said that he tried to work closely with the surgery. So that when there was a change in prescribing regime the pharmacy was informed so that they can make provision to get extra stock.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy displayed the correct responsible pharmacist notice. And it was easily seen from the retail area. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept records of private prescription and emergency supplies. But prescriptions were mixed together haphazardly in a file. And most of these had no reference numbers on them. The pharmacy kept CD registers. And they were completed correctly. The pharmacy team checked the running balances against physical stock every week. A physical balance check of a randomly selected CD matched the balance in the register. The pharmacy kept complete records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines and they were completed in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA), again the file was untidy.

The team was aware of the need to keep people's personal information confidential. They had all undertaken General Data Protection Regulation (GDPR) training. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into blue bags to avoid a mix up with general waste. The confidential waste was periodically destroyed off site via a third-party contractor.

The registrants had completed training on safeguarding via the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had some basic written guidance on how to manage or report a concern and the contact details of the local support teams. This was displayed on the wall in the pharmacy. No concerns had been raised to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the appropriate qualifications and skills to provide the pharmacy's services. The pharmacy encourages and supports its team members to complete regular training. It achieves this by providing them with regular performance appraisals. These help team members to keep their knowledge and skills refreshed and up to date. And to safely and effectively deliver services. They work together to manage their workload. And to ensure people receive quality services. They feel comfortable to raise professional concerns when necessary.

Inspector's evidence

At the time of the inspection, the responsible pharmacist was the pharmacy manager. He was supported by a second pharmacist, one accuracy checking technician. And six dispensary assistants. The manager said that although they were very busy, he felt that they generally managed with the current level of staff. He said that they were recruiting for a twenty-four-hour vacancy. The pharmacy was self-sufficient, and no extra cover was provided when members of the team were on holiday. The team members were busy and some tasks such as date checking was behind. People were acknowledged as soon as they arrived at the pharmacy counter. They were keeping people informed of the waiting time for prescriptions to be dispensed and taking time to speak with them if they had any queries.

The pharmacy provided the team members with a structured training programme. The programme involved team members completing various e-learning modules. The modules covered various topics, including mandatory compliance training covering health and safety and information governance. Other modules were based on various healthcare related topics and could be chosen voluntarily in response to an identified training need. Team members had received healthy living pharmacy training. And they received ongoing training to help the pharmacy to deliver the healthy living pharmacy agenda. The manager confirmed that all members of the pharmacy team bar one, were up to date with their compliance training. The pharmacy had an appraisal process in place for its team members. The appraisals took place every year. The team were due for their appraisal in March. The team had discussions about the MPSR and any errors. The manager spoke with individual team members or in groups if there was information, he wanted to share with them. Team members thought that the manager was helpful and approachable. And they felt able to offer suggestions to improve the service provided to people. For example, when labelling patient packs, the new Columbus system automatically orders stock. And too much stock was coming in before it was needed. And taking up space. So, it was agreed that there would be a cut of time for ordering DDS. The manager said that the team worked well together and supported each other. For example, the pre-reg had picked up the Columbus system really quickly. So, she helps the rest of the team out and helps with and problems or queries. The manager said that they worked closely with the local practice. So, this made sorting out queries easier to resolve.

The team members felt comfortable to raise professional concerns with the manager initially. The pharmacy had a whistleblowing policy. And so, the team members could raise concerns anonymously. The team was set various targets to achieve. These included the number of prescription items dispensed and the number of services provided. The manager thought that the targets were achievable.

And were beneficial for people He made sure that these did not impact on the ability of the team to make professional judgements.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and is adequately maintained. The premises are suitable for the services the pharmacy provides. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean and professional in its appearance. The dispensary was large but not well laid out. It was kept reasonably tidy and well organised during the inspection and the team used the bench space well to organise the workflow. Floor spaces were kept clear to minimise the risk of trips and falls. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. There was a toilet with a sink with hot and cold running water and other facilities for hand washing. The pharmacy had a sound-proofed consultation room with seats where people could sit down with the team member. The room was smart and professional in appearance and was signposted by a sign on the door. There was a desk, computer and lockable cupboards. The door was locked during the inspection. There was a chaperone policy on the outside of the door. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people. The pharmacy manages its services appropriately and delivers them safely. It provides medicines to some people in multi-compartment compliance packs to help them take them correctly. And it suitably manages the risks associated with this service. The pharmacy sources its medicines from licenced suppliers. And it stores and manages its medicines appropriately. The team members identify people taking high-risk medicines. And they support them to take their medicines safely. The pharmacy may not always record the advice given to people taking high risk medication. So, it may not be able to refer to this information in the future if it needs to.

Inspector's evidence

The pharmacy had direct access from the street. The double entrance doors were power assisted. And so, people with wheelchairs could enter the pharmacy unaided. The pharmacy advertised its services and opening hours in the window and on the pharmacy's website. It stocked a wide range of healthcare related leaflets in the retail area, which people could select and take away with them.

The team members regularly used various laminated cards during dispensing, and they used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels when the dispensing and checking processes were complete. And so, a robust audit trail of the process was in place. They used plastic tubs to hold prescriptions and medicines. This helped the team members stop people's prescriptions from getting mixed up. They used 'CD' laminated cards to keep with prescriptions. This system helped the team members check the date of issue of the prescription and helped prevent them from handing out any CDs to people after their prescription had expired. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept records of the delivery of medicines it made to people. The records included a signature of receipt. So, there was an audit trail that could be used to solve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs for people living in their own homes. And the pharmacy supplied two hundred packs to people on either a weekly or monthly basis. They dispensed the packs in an allocated area to the rear of the dispensary. This helped to minimise distractions. And they kept all documents related to each person on the service in separate wallets. The team members used progress charts. The charts helped the team visually assess the progress of the dispensing. The documents included master sheets which detailed the person's current medication and time of administration. The team members used these to check off prescriptions and confirm they were accurate. They supplied the packs with information which listed the medicines in the packs and the directions. And information to help people visually identify the medicines. For example, the colour or shape of the tablet or capsule. It also routinely provided patient information leaflets with the packs.

The pharmacy dispensed high-risk medicines for people such as lithium. The team members used

separate laminated cards. They kept these with people's prescriptions as a reminder to discuss the person's treatment when handing out the medicine. There were example questions on the reverse of the cards to remind the pharmacist to ask the person collecting various questions to make sure they were taking their medicines safely. The team were also doing a lithium audit. And were looking at monitoring and side effects. The team were referring people to the prescriber if for example they did not have a lithium book or were not being adequately monitored. The manager said that notes of conversations were not usually made on the person's electronic medication record (PMR). The team members were aware of the pregnancy prevention programme for people who were prescribed valproate and of the risks. The team members had access to literature about the programme that they could provide to people to help them take their medicines safely. The team had completed a check to see if any of its regular patients were prescribed valproate. And met the requirements of the programme. Two people had been identified. And they were counselled. But no notes were made on the patient record.

The pharmacy stored its medicines in the dispensary tidily. There was a date checking matrix and the team were a week or two behind with the date checking. The team members said that they had been too busy. The team members used alert stickers to help identify medicines that were expiring within the next 12 months. They kept records of which medicines were expiring in each month. At the beginning of the month, they referred to the records and removed any of the medicines stored in the dispensary. No out-of-date medicines were found after a random check in five areas in the pharmacy. They recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The pharmacy had a robust procedure in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits.

The team was not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The manager said that Columbus had the capability for this function. But the system was not yet up and running. The manager was aware that it was coming. But was unsure of when they were to start following the directive. Drug alerts were received electronically to the pharmacy and actioned. The alerts were printed and stored in a folder. And the team kept a record of the action it had taken. The pharmacy checked and recorded the fridge temperature ranges every day. And a sample checked were within the correct ranges. The CD cabinets were secured and of an appropriate size. The medicines inside the fridge and CD cabinets were well organised.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is well maintained and appropriate for the services it provides. The pharmacy uses its equipment to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. The team members used tweezers to help dispense multi-compartment compliance packs. The fridge used to store medicines was of an appropriate size. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't seen by unauthorised people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the 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.