

Registered pharmacy inspection report

Pharmacy Name: Boots, 34 Station Road, ROWLANDS GILL, Tyne and Wear, NE39 1PZ

Pharmacy reference: 1037634

Type of pharmacy: Community

Date of inspection: 06/08/2019

Pharmacy context

The pharmacy is in Rowlands Gill, Tyne and Wear. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations, emergency hormonal contraception (EHC) and a minor ailment scheme.

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 adequate processes and written procedures in place to protect the safety and wellbeing of people using its services. It keeps the records it must have by law and keeps people's private information safe. The team is well equipped to help protect the welfare of vulnerable adults and children. The pharmacy's team members record and report any errors made when dispensing, and they show that they learn from them.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. These provided the team with information on how to perform tasks supporting the delivery of services. The SOPs covered procedures such as incident reporting and dispensing. The team members were up-to-date with reading and signing the SOPs. They were seen working in accordance with the SOPs. All the team members had read and signed the SOPs that were relevant to their role.

The pharmacy had a process in place to report and record errors that were made while dispensing. The manager explained the procedure. The pharmacist having spotted the error let the team member know that they had made an error. The pharmacist usually recorded the error and handed the prescription back to the dispensing assistant responsible to correct. There were 32 near misses recorded in June. And the cause of the error section was not usually completed. The near miss records sometimes lacked detail. And sometimes it was not clear what the error was. A monthly patient safety review (MPSR) was completed. But this was vague and non-specific. There was a procedure in place for recording dispensing incidents. Errors were recorded electronically on the pharmacy incident and errors reporting system (PIERS). There was an error in June when a person receiving a compliance pack had received both Coracten and amlodipine, when the GP had intended that only one of these should be taken and the other stopped. An analysis of the error had ascertained that the change had not been recorded properly. And moving forward all members of the pharmacy team now have to record all conversations with the GP about changing medication for people receiving multi-compartmental compliance packs into the communication book. And also, onto the patient's medication record (PMR). The acting manager was focussed on learning from the near misses recorded and making effective changes to reduce the risk of similar mistakes.

The pharmacy had a leaflet on display that gave details of the various ways people could make a complaint or raise a concern. The pharmacy organised an annual survey to establish what people thought about the service they received. People had identified waiting times and queues at the pharmacy counter as an issue. The manager advised that people waiting for their prescription in the shop were prioritised. And electronic prescriptions were now prepared separately at a separate dispensing station to the rear. This had worked well, and the waiting time was currently less than fifteen minutes.

Appropriate professional indemnity insurance facilities were in place. The responsible pharmacist (RP) notice displayed the correct details of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. A sample of controlled drug (CD) registers were looked at and were found to be in order including completed headers, and entries made in

chronological order. Running balances were maintained. And they were checked every week. A CD destruction register for patient returned medicines was correctly completed. The pharmacy retained records of private prescription and emergency supplies. Some of the private prescriptions did not have a reference number on them which corresponded with the electronic entry. The pharmacy retained completed certificate of conformities following the supply of an unlicensed medicine.

The team held records containing personal identifiable information in staff only areas of the pharmacy. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was destroyed off site. The pharmacy leaflet had a section which described how people's data was protected. The pharmacy team members had completed annual information governance training. The team members completed training each year via an internal online training module on safeguarding. The team had a policy available to them which guided them on how to manage and report a safeguarding concern. The pharmacy team members said that they would discuss their concerns with the pharmacist on duty at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the right qualifications and skills for their roles. And for the services they provide. They have regular performance reviews. So, they can identify any development needs. They have access to ongoing training. And they can raise professional concerns if necessary.

Inspector's evidence

There were two regular pharmacists on duty at the time of the inspection. The pharmacy was run by an acting manager, who was a technician. There were also five dispensary assistants. The manager explained that there had been some staffing issues especially at holiday time. And the area manager had approved the employment of two part time dispensary assistants. And they were due to start in two weeks. In the meantime, there were two pharmacists most days and staff from another branch helping out. The pharmacy was running smoothly and customers at the pharmacy counter were dealt with efficiently. The pharmacy team members involved the pharmacist when offering advice to people who were purchasing over-the-counter products for various minor ailments. And they asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The pharmacy provided training to the team, through an online training portal. The portal consisted of compulsory modules and assessments. These covered topics from all aspects of the pharmacy. Including medical conditions, health and safety, law and ethics and over-the-counter products. The team members could voluntarily choose a module to work through if they felt their knowledge in an area of their work needed improvement. The manager on starting at the branch six weeks ago had made a list of training that some pharmacy team members needed to complete. Such as model day training.

The team members had regular huddles. And the manager had daily check ins with team members. The team members also received an annual performance review and quarterly updates with the manager. The reviews were designed to allow the team to give feedback on how to improve the pharmacy's service, discuss various aspects of their performance, including what they had done well and, what could be improved. The manager had a plan for improving standards in the pharmacy. And for encouraging the new team to work together to improve services for people There was a whistleblowing policy on display in the pharmacy. So, the team members knew how to raise a concern anonymously. The pharmacy asked the team to meet targets in areas such as prescription volume, and the number of medicine use review (MUR) and New Medicines Service (NMS) consultations completed. The manager was encouraging the pharmacy team to help by highlighting eligible people for services such as MURs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and adequately maintained. It has a sound-proof room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The dispensary area was a good size. And the counter could be observed from the checking area. The pharmacy was professional in its appearance. And was generally clean, hygienic and adequately maintained. The manager confirmed that there was a clear out and deep clean planned. And this had been agreed with the area manager. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities, a computer and a sink. The room was professional in appearance and was locked when not in use. There was air conditioning and the temperature was comfortable throughout the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. The services are generally well managed. And it identifies and manages its risks appropriately. The pharmacy gets its medicines from reputable suppliers. And it stores and manages these safely. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use.

Inspector's evidence

There was a ramp to the front of the pharmacy to help people in wheelchairs and those with mobility problems to access the pharmacy. There also was a working bell to alert members of the pharmacy team that assistance was needed. There was a wide power assisted door. The pharmacy advertised its services and opening hours in the window. Seating was provided for people waiting for prescriptions. A range of healthcare related leaflets were available for people to select and take away.

People could request multi-compartmental compliance packs. And these were supplied to people to help them take their medicines at the right time. The team recorded details of any changes, such as dosage changes, on the master sheets and on the PMR. The team supplied the packs with backing sheets which contained dispensing labels. And information which would help people visually identify the medicines. Patient information leaflets were supplied with the packs each month.

The pharmacy kept records of the delivery of medicines from the pharmacy to people. The records included a signature of receipt. A separate delivery sheet was used for controlled drugs. 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 team checked the expiry dates of the stock every three months. And the team kept records of the activity. The team used stickers to highlight medicines that were expiring in the next six months. For example, hydrocortisone cream had been marked as going out of date in October 2019. The team recorded the date the pack was opened on liquid medicines. This allowed them to identify medicines that had a short-shelf life once they had been opened. And check that they were fit for purpose and safe to supply to people. For example, Oramorph liquid was marked as opened on 17 July 2019.

Alert cards were kept with prescriptions to alert the team to issues on hand out. For example, interactions between medicines or the presence of a fridge or a controlled drug that needed to be added to the bag. An audit trail was in place for dispensed medication using dispensed by and checked by signatures on labels. The dispensary had a manageable workflow with separate areas for the team members to undertake the dispensing and checking parts of the dispensing process. Baskets were available to hold prescriptions and medicines. This helped the team to stop people's prescriptions from getting mixed up. The team used patient information forms (PIFs), and these were held with prescriptions. The team recorded any additional information on the forms, such as if the person was due for a service e.g. an MUR. Sometimes there were no PIFs with the prescriptions. This could mean that people do not get information or additional advice about their medicines. And is not in-line with

the pharmacy's SOPs. The pharmacy used clear bags to store dispensed fridge and CD items. Which allowed the team to do a further check of the item against the prescription. And by the person during the hand out process.

The team sometimes identified people who were prescribed high-risk medication such as warfarin. And they were given additional verbal counselling by the pharmacist. But details of these conversations were not usually recorded on people's medication records. So, the pharmacy could not demonstrate how often these checks took place. INR levels were not always recorded. The team were aware of the pregnancy prevention programme for people who were prescribed valproate. And they had completed an audit and identified an eligible patient. The person had been given the information. And was referred to her GP.

The team were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). No software, scanners or a SOP were available to assist the team to comply with the directive. The team had not received any training on how to follow the directive. The pharmacy was due to go live with an FMD compliant system in October. The manager said training would come through nearer the time. The manager advised that some stores were already using the system. Fridge temperatures were recorded daily using a digital thermometer. A sample of the records were looked at. And the temperatures were consistently within the correct range. The pharmacy obtained medicines from several reputable sources. Drug alerts were received via Boots live and actioned. The pharmacy kept a record of the action the team had taken. And these were retained to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

References sources were in place. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of CE quality marked measuring cylinders. There were a range of measuring cylinders used solely to measure methadone. These were marked. Tweezers and gloves were available to assist in the dispensing of multi-compartmental compliance packs. The fridges used to store medicines were of an appropriate size. Medicines were organised in an orderly manner. 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 on view to the public. The computers were password protected. Cordless phones assisted in undertaking confidential conversations. Members of the pharmacy team had their own NHS smart cards.

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.