

Registered pharmacy inspection report

Pharmacy Name: Boots, Thornaby Health Centre, Trenchard Avenue,
THORNABY-ON-TEES, Cleveland, TS17 0EE

Pharmacy reference: 1088296

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

The pharmacy is within a health centre in the town centre. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. And provides advice on the management of minor illnesses and long-term conditions. It provides a delivery service to some people. The pharmacy offers seasonal flu vaccinations and a needle exchange service. The pharmacy supplies some medication from a prescription collection locker within 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
1. Governance	Standards met	1.2	Good practice	The pharmacy team members consistently record and learn from the mistakes they make whilst dispensing.
2. Staff	Standards met	2.2	Good practice	The pharmacy encourages and supports the pharmacy team to learn and develop. And it engages its team members in regular learning to develop their skills and knowledge to help improve services.
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 procedures to identify and manage risks to its services. And pharmacy team members follow them to complete the required tasks. They identify issues in new processes, and they develop their knowledge to help improve the service. Pharmacy team members regularly record and discuss mistakes that happen. They are good at using this information to learn and make changes to reduce the risk of further errors. They read about mistakes that happen elsewhere to improve their practice. The pharmacy asks people using the pharmacy for their views. And it makes changes to improve the quality of services after it receives feedback. The pharmacy protects people's confidential information. And it keeps the records it must by law.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the pharmacy team members had read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing prescriptions, high-risk medicines and controlled drug (CD) management. The company reviewed these, and every quarter sent out some for the team to read. The team completed quizzes at the end to test their knowledge and understanding. The team members could advise of their roles and what tasks they could do. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy. The pharmacy had a copy of the 'model day' which they used to ensure they completed tasks at the right time. The team member also referred to a 'model week' and 'model month' which served as a reminder for tasks they had to do.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking. The pharmacy had three computer terminals at the front dispensing bench. Two were in front of people waiting at the counter and provided some privacy. The other had more privacy with a screen and the team generally used this terminal for data input or when dispensing prescriptions with more sensitive items. Although sensitive items were often dispensed at the rear dispensing area. The pharmacy had two additional computer terminals and used one for scanning prescriptions to order stock and the team prepared owings at the other. The pharmacy team members used tubs throughout the process to keep prescriptions and medicines together.

The pharmacy was trialling the prescription collection locker service. The team had all read and signed the SOP for the process. The locker was in the public part of the pharmacy near the entrance from the health centre. It stored medicines for supply to people without the need to ask for these. It was only available when the pharmacy was open and a pharmacist present. People were still able to attend the counter for additional information if required. The team advised that people using the service had generally liked it as they did not have to queue for the medication. And the team advised it has assisted in reducing queues at the pharmacy counter during busy times. The pharmacy employed a dedicated person to manage the system. People who received medication and were suitable for this service received a different worded text message. This told them their medication was ready to be collected from the locker. Most people managed the locker well and appeared happy using it. On occasions if they were collecting for someone else, they could not always confirm all the details. The team assisted them and made other checks which enabled the person to get the medicine. During the dispensing process the team identified prescriptions as suitable for this service. The team explained size was one consideration and they could not put items in the locker if the pharmacy team required to provide

counselling. Or the items were CDs or fridge lines. The prescription collection locker prescriptions linked to a standalone laptop. If people had not collected the medication within a week, they received another text which advised that their medication was now in the normal retrieval system. The team filed the prescriptions which people had collected.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. Examples included aspirin EC with 56 given instead of 28 and diltiazem with 86 and 56 given. The team advised most of the errors were now quantity errors due to the scanning of packs and the prescriptions. The pharmacists and accuracy checking technician (ACT) discussed the near miss at the time or discussed with the individual as soon as possible. One of the ACTs was the patient safety champion and completed the monthly patient safety reviews. The team held meetings and discussed learning from the reviews. The pharmacy had a poster displayed in the dispensary with focus points from the last monthly review. The team were focusing on the hand out process and had all revisited the SOP as a reminder of the checks they had to do. They were also checking quantities and checking the instructions on prescriptions to ensure they were all written in words. There had been cases where 'BD' was on the prescription and the team ensured that was changed to 'two times a day'. The ACT printed out the actions from meetings and displayed these in the dispensary and in the tea room to serve as visual reminders for the team. The team read the company document the Professional Standards which provided information on topics such as the Look-Alike Sound-Alike (LASA) drugs. The team members signed this once read. They had developed their checking process for the LASA drugs as part of their safety review. They used tubs to store the LASA drugs as stock on the shelves to keep them more clearly segregated. And to raise awareness at the picking stage.

The pharmacy had a practice leaflet and a notice displayed in the pharmacy which explained the complaints process. The pharmacy gathered feedback through the annual patient satisfaction survey. The previous results had been very positive. There was a formal complaints procedure and reporting process through the company's system PIERs (Pharmacy Incident & Error reporting System). The team all knew how to record incidents and errors. And they discussed these at the monthly review for any learning. The team had reviewed a hand out error and the team members had discussed how to minimise distractions. They had placed a reminder on the wall of the checking process for handing out, including getting the address repeated and checking against the prescription and bag label.

The pharmacy had current indemnity insurance in place. The pharmacy received feedback through customer care on the prescription collection locker. The team learnt from feedback which items were too bulky to fit into the locker. And had got stuck. And knew from building up experience which items were not suitable. And they did not need to use the guides for sizes all the time.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy checked CD stock against the balance in the register after each dispensing. This helped to spot errors such as missed entries. The pharmacy completed a full CD stock audit weekly. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal. And the team placed them in bags and put CD stickers on to indicate they were patients returns They segregated these in the CD cabinet until they were lawfully destroyed. The team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. And it kept an electronic register for private prescriptions and emergency supplies. It undertook a few private prescriptions a month.

The pharmacy displayed the company notice 'Pharmacy Fair Data Processing' on the confidential data kept and how it complied with legislation. The team had read General Data Protection Regulation

(GDPR) information and completed e-Learning on this. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate containers for offsite shredding. And kept records and any paperwork confidential. Safeguarding information including contact numbers for local safeguarding organisations was available for the team. The registrants had undertaken level 2 Centre for Pharmacy Postgraduate Education (CPPE) training. If a team member had a concern about a child or vulnerable adult, they would discuss this with the pharmacists in the first instance. The team had had no concerns. The pharmacy displayed a safeguarding poster to raise awareness to people using the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. The pharmacy encourages the pharmacy team to learn and develop. And it provides access to ongoing training. The team members share information and learning to improve their performance and skills. They support each other in their day-to-day work and learning. The pharmacy provides feedback to team members on their performance. And the team feel comfortable raising any concerns they have.

Inspector's evidence

There were two pharmacists, two accuracy checking technicians (ACTs), one technician, eight dispensers and a customer advisor who worked in the pharmacy. One of the pharmacists was the pharmacy manager. The pharmacy had two pharmacists present each day, with only one present for the first and last hour the pharmacy was open. The ACTs both worked part-time, with one doing two days and the other three days a week. The dispensers worked a range from 18 hours a week to 37.5 hours a week. One of the dispensers was in training and had previously worked as a counter assistance. The customer advisor worked three hours a day. She looked after the prescription collection locker. She had also undertaken training for handing out completed prescriptions to people. She had completed the required SOPs. The pharmacy displayed a staff rota which clearly showed when people were working.

Certificates and formal qualifications were available for the team in a folder. The pharmacy team undertook training on a regular basis with some mandatory training and other optional modules. The team members completed training on the company's e-Learning system and through the Pharmacy School. They had their own login details. And completed training as required. They had access to training modules and given time to complete this. Recent training had included 'hug' which the team explained was in relation to customer service. They advised this was the second part of the training on the topic. They explained that in the new Pharmacy School programme depending on the result of their test they were advised to undertake additional reading to supplement any gaps in their knowledge. The team explained that they recorded the additional reading done when they had completed it. And said it generally updated and refreshed their knowledge. The customer advisor said that the pharmacist and team had supported her role. And they had helped her with the normal hand out process and checks for CDs when she assisted with that.

The team received performance reviews which gave the chance to receive feedback and discuss development needs. The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. During the inspection they were having issues with the order and they all worked together to try to resolve the issues. And reordered items to ensure the pharmacy received some stock the following day.

The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacists. There was a whistleblowing policy and telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are of a suitable size for the services it provides. The pharmacy is clean and well maintained. And people can have private conversations with the team in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the team members followed a cleaning rota to ensure they maintained this. They had a routine end of day cleaning process ready for the next day. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team promoted for use. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The room had a glass window and the team pulled a curtain over this if they required to provide more privacy for people. The pharmacy team kept the consultation room locked when not in use.

Members of the public could not access the dispensary due to the layout of the counter. And there were always team members working at the front dispensary. They were aware of people entering the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people. And the pharmacy manages its services well, so it can deliver them safely. It uses a range of safe working practices. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with additional advice. The pharmacy gets its medicines from reputable suppliers. It adheres to storage requirements during the dispensing process. It takes the right action if it receives any alerts that a medicine is no longer safe to use.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic door at the main entrance. And the people could also access the pharmacy directly from the health centre when it was open. There was some customer seating. And a working hearing loop in place. The pharmacy displayed a notice with some information regarding the coronavirus to inform people. The pharmacy displayed its services in the window and within the pharmacy. The practice leaflet contained information about the pharmacy and hours of opening. And the hours of opening were on the front door. The pharmacy had a health zone with some health care information on alcohol guideline. It had a range of leaflets on health care topics, pharmacy services offered by the company, clinical services and online clinics. The pharmacy had a defined professional area. The majority of items for sale were mostly healthcare related or toiletries. The pharmacy kept the pharmacy medicines behind the counter and the team assisted people. And provided advice when required.

The pharmacy undertook Medicines Use Reviews (MURs) and the New Medicine service (NMS). It provided flu vaccinations and offered Emergency Hormonal Contraception (EHC) through a Patient Group Direction (PGD). It provided needle exchange. The team signposted to other healthcare services such as substance misuse. They referred people to a nearby local Boots. The pharmacy provided the Community Pharmacist Consultation Service (CPCS). People accessed the CPCS service through NHS 111 referrals. The CPCS linked people to a community pharmacy as their first port of call. This could be for either the urgent provision of medicines or the treatment or advice for a minor illness. The pharmacy had undertaken about six referrals, with some people given advice and two referrals resulted in the pharmacy providing medicines as emergency supplies.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team used a quadrant stamp on the prescription to show that the pharmacist had completed a clinical check. It also showed who had labelled, dispensed, accuracy checked and handed out the items. The team members used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents again, at the point of hand-out. The team members used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers had a space to record the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. The team completed these. There was a selection of laminated cards which the team used to add to the tubs during the dispensing process to raise awareness at the point of supply. These included warfarin, methotrexate and lithium

which ensured patients received additional counselling. They also completed the pharmacist information forms (PIFs) with any required information. This included the text process for both normal collections and for people using the prescription collection locker service. The pharmacy team noted on PIFs if any of the items dispensed was one of the Look-Alike Sound-Alike (LASA) drugs. They ticked when labelling and initialled when checked. This highlighted the extra vigilance when dispensing and checking.

When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They had undertaken the audit again and had one person in the 'at-risk' group. They had an alert on the shelf. And explained the information they provided. They had additional packs and cards available to supply to people. The pharmacy provided a delivery service two days a week. The driver used a hand-held pod for the deliveries. The pharmacy kept a record of the delivery of medicines from the pharmacy. People signed the pod as a record of receipt of the delivery.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had two refrigerators from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use. The pharmacy obtained medicines from reputable sources. The pharmacy team were aware of trials the company was doing in relation to the Falsified Medicines Directive (FMD). The team were scanning prescriptions and stock as part of the dispensing process.

The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team received these through Boots Live, the company system, actioned these and kept records of the action taken. The team checked the system three times a day to ensure they received information promptly. They kept copies and discussed any alerts at the monthly patient safety meeting.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways to protect people's confidentially.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information. They had the Electronic Medicines Compendium (EMC) saved as a favourite on their desktop for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. Methotrexate was available in blister packs. The team members had access to disposable gloves and alcohol hand washing gel.

The pharmacy stored some medication waiting collection in drawers. And some in the prescription collection locker. The pharmacy team members filed prescriptions in boxes in a retrieval system out of view for people coming in to collect their medicines. And for people who used the locker system the pharmacy kept these prescriptions in daily wallets in the dispensary for reference. This kept the systems separate and the team could assist people appropriately. And kept details private. The prescription collection locker was located away from the counter in a quieter part of the building and people using it had some privacy.

The computer in the consultation room was screen locked when not in use. The computer screens were out of view of the public. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations.

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.