

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit 7, Anchor Retail Park, Marina Way,
HARTLEPOOL, Cleveland, TS24 0XR

Pharmacy reference: 1089721

Type of pharmacy: Community

Date of inspection: 04/04/2019

Pharmacy context

This is a large store on a retail area in Hartlepool, a coastal town in Cleveland. The pharmacy sells a range of over-the-counter medicines and dispenses NHS prescriptions. The pharmacy stays open for 100 hours a week, opening early in the morning and closing late in the evening. It offers a range of services including supervised methadone consumption.

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 identifies and manages the risks associated with its services. The pharmacy asks people for their views. And it deals with complaints and uses feedback to improve the services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information and it explains how they will use it. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy was situated to the rear of the store. There were front facing dispensing stations where prescriptions were dispensed. There was a small dispensary to the rear. Standard Operating Procedures (SOPs) were in place and were up-to-date. Members of the team had read SOPs relevant to their roles.

Near misses were brought to the attention of the team member who had made the mistake. They were asked to rectify the error and make a record on the near miss log. Near misses were observed to be consistently recorded but the contributory factors were not always recorded. One of the dispensers was the allocated Patient Safety Champion. And she reviewed the errors monthly and completed the monthly patient safety Review (MPSR). This was on display. The Responsible Pharmacist (RP) was unsure of some of the incidents recorded and of the changes made. Dispensing errors were recorded on the Pharmacy Incident and error Reporting System (PIERS). There had been several methadone hand out errors. Previously methadone was hand poured. A Methasoft machine was now used to pump methadone. And this made the process faster. There was a facility to photograph the patient which provided additional assurance that the right medicine was given to the right person. The RP's experience was that some people did not want their picture taking. The pharmacy did not have contracts with the patients, so sometimes patients came in at the end of the night and with others. This meant that there was a risk that there could be a crossover error. A change noted on the MPSR was that when labelling a prescription for methadone the Pharmacist Information Form (PIF) should always be completed and kept with the prescription. This was not always happening.

Valid Public liability and professional indemnity insurance were in place.

A complaints policy ensured that staff handled complaints in a consistent manner. The policy helped the pharmacy team resolve issues. And managed the incidence of people escalating complaints. There was a leaflet which informed people about the complaints process and provided contact details. There had been a complaint that the pharmacy was closed twice a day for the pharmacist to have a rest break. As a result, the pharmacy team members displayed signs in various locations in the store to advise people of the times the pharmacy was closed each day. The Technician was heard telling people about this when they dropped off their prescription for collection later.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs once a week.

The pharmacy recorded controlled drugs that people returned for destruction.

A sample of private prescriptions were up to date and met legal requirements. But some reference numbers were missing. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication.

The pharmacy team completed data protection training on a regular basis. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team took calls in private using a portable phone when necessary. The pharmacy team used a password to restrict access to patient medication records.

The RP advised that there was a procedure in place to protect children and vulnerable adults. And all members of the pharmacy team and the members of the shop team were aware of it. The pharmacy team completed training on a regular basis. Staff were aware of vulnerable groups. And key contact details were available should a referral be necessary. During the inspection the Deputy Manager discussed a concern a member of her team had just raised.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The pharmacy team members work within their skills and qualifications. The pharmacy team members reflect on their performance. And identify and discuss their learning needs at regular review meetings. This ensures they keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work.

Inspector's evidence

At the time of the inspection, there was the RP who was one of the regular store pharmacists. The RP was busy in the rear of the dispensary pumping methadone and supervising patients at the side hatch and checking prescriptions. There was also a technician who was dispensing for patients at the front facing dispensing station. The technician was being interrupted when people came to collect or drop of a prescription. The RP and Technician said that when interrupted they start the dispensing process again and where possible complete the task at hand while the over covers. There was an Assistant Manager, who was a trained Dispenser. And they provided cover when the pharmacy was busy if necessary. The Assistant Manager said that they generally manage when staff are on holiday. But members of the pharmacy team worked extra hours when necessary. The pharmacy's team members generally managed the workload adequately and safely.

Healthcare partners completed appropriate qualifications to work in the dispensary and on the medicines counter. There was a trainee Technician. And they received four hours training each week. They had been identified through the appraisal system for training.

Team members worked well together. And would refer to each other with queries. The Technician was heard providing appropriate information to people when handing out prescriptions. There were observation sheets which the RP completed to provide assurance that members of the pharmacy team were providing the correct advice to people when selling medicines.

The pharmacy had an e-learning platform to provide ongoing training. All members of the pharmacy team had their own log in. Staff compliance to training deadlines was monitored by the Store Manager. The records demonstrated that all members of the pharmacy team were up-to-date with their training. There were 30-minute tutorials. The completion of these was optional. And training on these was not monitored.

Members of the pharmacy team worked different shift patterns and it was difficult to get all the team together, so generally information was shared during ad-hoc huddles.

The pharmacy used performance reviews to develop staff. The pharmacy had targets in place for several services. The RP said that there was some pressure to hit the targets. However, they felt able to exercise her clinical judgement. There was no second pharmacist cover and no hand over overlap time. This sometimes meant that messages and information about call back patients was not always passed on. There was a communication book which helped to record and share information.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and suitable to provide its services safely. The pharmacy's team appropriately manages the available space.

Inspector's evidence

The pharmacy premises were clean. The pharmacy was small but the team made the best use of the space available and the working areas were free of clutter. This helped to maintain an efficient workflow.

The layout of the patient facing dispensing stations meant that conversations with people could sometimes be overheard. People were asked to step away from the counter while waiting for their prescriptions. The pharmacist regularly used the consultation room to give advice or discuss sensitive information. The consultation room was suitable for private consultations and counselling.

The pharmacy's premises were appropriately safeguarded from unauthorised access. There was adequate heating and lighting throughout the premises. And running hot and cold water was available. Maintenance issues were reported to the Store Manager.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy may not always record advice given to people who get higher-risk medicines. So it may not be able to refer to this information in the future if it needed to. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. It adequately sources and manages its medicines, so they are safe for people to use.

Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for wheelchairs. The pharmacy provided a range of services to people. Practice leaflets were openly available and listed the pharmacy's services. A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers.

Stock requiring refrigeration was stored at appropriate temperatures. Paper records were maintained to ensure temperatures were within the appropriate ranges. There was a procedure to follow if the temperatures went out of the accepted range.

Controlled drugs cupboards were available for the safe custody of controlled drugs. The cupboards were appropriately secured. The contact details for the accountable officer were in the files. The RP confirmed that the methadone hand out errors had been reported to the Accountable Officer. Expired controlled drugs were segregated to prevent mixing up with stock for patient use.

Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags which provided the opportunity for additional accuracy checks when being collected by the patient.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. The pharmacy's procedures indicated that sections were completed regularly. Medicines were checked at random and were found to be in date. Short dated items were stickered and removed from the shelves before expiry to ensure that they were not supplied to people.

Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again. This was seen for oramorph liquid.

The Technician was observed using trays to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels included relevant warnings and were initialled by the pharmacist and dispenser which allowed an audit trail to be produced.

The shelving system enabled sufficient storage and retrieval of dispensed medication for collection. People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely.

Stickers were used to highlight some dispensed medicines. This was seen for controlled drugs. And included schedule 3 and 4 controlled drugs. The pharmacist advised that prescriptions for higher-risk

medicines were highlighted so that appropriate counselling could be provided. The RP showed a medication record which had no record of any conversation or blood results for a methotrexate patient. The RP thought that conversations with the patient would have taken place. But the records are not always maintained.

The RP described updated guidance that was provided to a patient who may become pregnant who received sodium valproate. The pharmacy had completed an audit and identified two eligible people. Both had received counselling and an information leaflet. The pharmacy team were unsure of where the information cards were. And had not been supplying these on every dispensing.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The pharmacy did not have scanners to verify barcodes. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

The pharmacy did not provide a delivery service.

The head office had a system of sending information electronically to the pharmacy when drug alerts or recalls of medicines or medical devices were necessary. The pharmacy had a folder of collated alerts which had been signed and dated to confirm they had been completed. The file was up-to-date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment and facilities are suitable for its advertised services.

Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and Pharma outcomes.

A range of CE quality marked measures were in use which were cleaned after use. There were separate measures for measuring methadone. There was a Methasoft machine for pumping methadone. This was calibrated daily.

The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid kit.

The CDs were stored in CD cabinets which were securely bolted in place.

The fridge used to store medicines was from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards.

Medication awaiting collection was stored out of view and no confidential details could be observed by customers. prescriptions were filed in boxes out of view of patients keeping details 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.