

Registered pharmacy inspection report

Pharmacy Name: Boots, The Health Centre, Front Street, Sacriston,
DURHAM, County Durham, DH7 6JW

Pharmacy reference: 1093329

Type of pharmacy: Community

Date of inspection: 02/09/2019

Pharmacy context

The pharmacy is adjacent to a health centre in the village. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. The pharmacy delivers medicines to people's homes. And it supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. It provides NHS services such as flu vaccinations, supervised consumption and needle exchange.

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	2.5	Good practice	The pharmacy team members feel comfortable raising concerns and make suggestions to improve the running of the pharmacy. This helps support the safe and efficient delivery of the pharmacy 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 written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The team members responsibly discuss mistakes they make during dispensing. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. It provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting delivery of services. They covered areas such as the dispensing prescriptions and controlled drugs (CD) management. These were subject to regular review. The SOPs had signature sheets and the team had read and signed the sections relevant to their role. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy. The team followed the 'Model day' an internal process. They also had a 'Model week' to remind them of tasks which ensured these were all undertaken as required. All the team were trained to do all tasks.

The pharmacy had three computer terminals and the team were developing the workflow following the changes with the new computer system. They used the computer at the front of the dispensary for dispensing prescriptions with three items or less. And the team dispensed larger prescriptions or ones with sensitive items or other reasons, at the other terminals within the dispensary. These terminals were not visible to the public. There was one long dispensing bench where the team prepared times. And there were a couple of areas which had pull out benches for the team to work on. The team used the space as best as they could, but all the available bench space was being used. The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate area for compliance pack preparation. The team utilised the limited space well.

The pharmacy team members used tubs throughout the process to keep prescriptions and medicines together. They placed coloured laminated cards in tubs to indicate if people were waiting for their prescription. They had coloured laminated cards for a variety of high-risk medicines or conditions to alert the team for additional counselling, such as warfarin, methotrexate and paediatric. The team used the company pharmacist information form (PIF) and one was present in all tubs during the dispensing process. The team recorded information on the PIF to assist in the process and ensure that they passed relevant information to assist in the dispensing and counselling. The team marked on the PIF if the pharmacy required to deliver the prescription. And this was also put on the top of the prescription form. The team recorded information to text people on the PIF, so they could inform people once their prescription was complete and they could collect it.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on a specific template. And they completed the company Monthly Patient Safety Report. They noted that the team had not had any near misses for any of the Look Alike Sound Alike (LASA) drugs. And noted an increase in quantity errors, so to concentrate on these. They shared

learning through 'in the moment' feedback and through huddles. One of the pharmacists completed the reviews and discussed with everyone individually to ensure they were all aware of the last month's review. Examples of near misses included paracetamol soluble with 100 on the label but only 60 given and Adizem XL with 200 required with 100 supplied. The accuracy checking technician (ACT) and pharmacist logged near misses in the rear dispensary. And there was another log at the front dispensing bench. And when working there, the team members logged their own near misses when these were pointed out. The team had decided this had been the best way to record. Another example recorded was empagliflozin, with the wrong drug noted but no information what the correct drug should have been although the team member had recorded a comment 'similar box' and penicillin 250/5mls, with amoxycillin 250/5mls picked in error. All the team members used number to complete in the 'dispensed by box' and on the near miss records. The records were generally good, with sufficient detail but on some occasions, some of the team did not record enough information and they were losing some opportunities to improve learning .

The pharmacy had a practice leaflet and a notice, displayed in the pharmacy which explained the complaints process. And how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the website. The pharmacy had current indemnity insurance in place. The team used the company internal system, Pharmacy Incidents Error Report (PIERs) And logged any complaints or incidents they became aware of. A sample of controlled drugs (CD) registers looked at found they met legal requirements. The pharmacy checked CD stock against the balance in the register, weekly. This helped to spot errors, such as missed entries. The pharmacy recorded CDs returned by people.

The pharmacy displayed the correct responsible pharmacist (RP) notice. A sample of Responsible Pharmacist records looked at found that they met legal requirements. Records of private prescription supplies, and emergency supply requests met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The team had received training on the General Data Protection Regulations (GDPR). The pharmacy displayed details on the confidential data kept and how it complied with legal requirements. The pharmacy displayed a privacy notice in line with the requirements of the GDPR. The team separated confidential waste for shredding offsite. The pharmacy had a safeguarding policy and team members had access to contact numbers for local safeguarding teams. These were located on the notice board in the staff room. The pharmacists and pharmacy technicians had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training. The team had not had the occasion to report any concerns of this nature.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has systems in place to make sure it has enough staff with the right skills to provide its services. The team members understand their roles and responsibilities in providing services. And they support each other in their day-to-day work. They feel comfortable raising any concerns they have. And they make suggestions to improve the running of the pharmacy to support the safe and efficient delivery of the pharmacy services. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training.

Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT), two technicians and seven dispensers who worked in the pharmacy. The pharmacy manager was a technician and worked 37.5 hours weekly. And the other technician worked 34 hours weekly. There were two pharmacists who worked at the pharmacy. They both worked four days each, so had an overlap of three days a week. The team took turns in looking after the counter as there were no counter-only team members. They all spilt part of their day keeping a check on the counter. And when there were two pharmacists present one of them worked at the dispensing station at the counter to oversee the counter. And attended to people coming into the pharmacy. The ACT worked 33.5 hours and used her checking qualification. The dispensers worked between 20 and 37.5 hours weekly. One of the dispensers was off on maternity leave and the pharmacy had covered her post with another dispenser who had relocated, following store closures and other staff changes in the area.

Certificates and qualifications were available for the team. Pharmacy team members completed mandatory e-Learning modules each month. The modules covered various pharmacy topics, including mandatory compliance training covering health and safety, customer service and General Data Protection Regulation, and other health related topics. The manager kept an excel spreadsheet available for the team to see training required to be undertaken. And they ticked this off once completed. They could also access the eLearning library and some of the team choose additional topics to do for their learning. They received and completed The Tutor training modules received on paper each month. These modules covered health related topics, such as new products and seasonal health conditions. The company tested pharmacy team member's knowledge of The Tutor modules every quarter via an online quiz. The manager had received initial training on the new computer system. And the team had completed e-Learning packs. And further in-house training was provided which included additional support was being provided by an implementation support manager, with visits to the pharmacy. The team had watched videos and read the standard operating procedure (SOP). And completed the test at the end. Time for training was generally structured and the team tried to stick to the allocated times given. Some of the team undertook training at home. They could log in to the system from home.

The pharmacy had a yearly appraisal process. Pharmacy team members discussed their performance with the manager. And could raise any training requirements. One of the dispensers had discussed becoming a technician and had started the course for this. The team all helped each other during the introduction of the new computer system. One of the technicians had worked at another pharmacy which had started the new system. And she shared learning from that pharmacy. This assisted the team.

The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacy manager or pharmacists. The dispensary team worked closely together, and they had discussed the implementation of the new computer system. And the ways of working. They had feedback that the pharmacy would require an additional computer terminal to manage the workload and change in flow. The company had taken this on board and the request had been fast tracked to ensure the pharmacy would have this as soon as possible. The pharmacy team had also put clear notices up in the public area of the pharmacy to alert people to the new computer being in place. The notice stated, 'Please bear with us while we adjust to the change in the computer system'. The team advised that people were understanding as they knew the team were adapting and they felt it helped take the pressure off them.

There was a formal 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 is clean and properly maintained. It provides a suitable space for the services provided. And, it has a room where people can speak to pharmacy team members privately.

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 completed a cleaning rota to ensure they maintained tasks as required. 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 pharmacy team kept the consultation room locked when not in use. A member of the team always covered the counter, so they were aware of customers in the premises. There was a barrier to prevent members of the public accessing the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people. And it provides its services safely and effectively. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with additional advice. They dispense medicines into compliance packs to help people remember to take them correctly. And they deliver medicines to peoples' homes. 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. And takes the correct action to return it to the supplier.

Inspector's evidence

The pharmacy was adjacent to the health centre and had a separate entrance with no direct access from the health centre. The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a touch pad at the entrance for easy access. There was some customer seating. And a working hearing loop in place. The team wore name badges with their role.

The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. The pharmacy had a Health Zone which promoted topics, such as Stoptober and it directed people to another local branch for travel services. The practice leaflet provided information on the services. There was a selection of leaflets on a variety of health-related topics which people could self-select. The pharmacy kept the pharmacy-only medicines behind the counter and people could not reach them. The team assisted people who wanted to purchase these items. And they asked them the relevant questions when purchasing these items.

The pharmacy undertook Medicine Use Reviews (MUR) and advised that benefits included clarification to people on how to take their medicines. The pharmacist had noted that a patient was taking three medicines for the same condition. Following a review of the prescription, the patient was only required to take one item. The New Medicines service (NMS) was undertaken and the patient had advised she was having headaches, so the pharmacist had referred her back to the surgery. The pharmacy provided a flu vaccination service which people liked as they could walk-in and wait for the service. They preferred this instead of having to book appointments at the surgery. The pharmacy used the accuracy checking technician (ACT) to check items to hand out which was useful when the vaccination service was being undertaken. The team used a stamp on the prescription to show that the pharmacist had completed a clinical check. And this allowed the accuracy checking technician to do the accuracy check.

The team signposted to other healthcare services such as smoking cessation which was not a commissioned service for pharmacies in the area. The team also signposted for Emergency Hormonal Contraception (EHC), if a person wanted this free of charge. The pharmacist was waiting for the next available course to complete the required training for supply through a Patient Group Direction (PGD). The previous course had been cancelled.

The pharmacy supplied medicines to around 52 people in multi-compartmental compliance packs to help them take their medicines. All members of the pharmacy team prepared the compliance packs. They used company resources such as the Medisure Patient Record to assist in the dispensing process.

And trackers to monitor the progress of packs. They recorded clearly in the notes section, any changes they became aware of, such as changes in doses. Examples seen included, bisoprolol 2.5mg taken out and 1.25mg added. They recorded who had authorised the changes and when, which provided an audit trail. They also recorded notes, such as these changes, on the Pharmacist Information Form (PIF) which accompanied the pack during the dispensing and checking process. The comments on the PIFs alerted the team to any areas requiring attention during the dispensing process. Another compliance pack had a note on the PIF that they were waiting for stock of Losec. So, they could add this before the pack was ready for checking. The team members included descriptions of medicines for all items. And provided people with Patient information leaflets (PILs) once during each four-week cycle. The pharmacy provided a substance misuse service. All the people who received supplies, had their supply supervised either weekly or daily. The pharmacy made up the methadone each week. And carried out balance checks on the stock at this time.

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 used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so the contents could be checked 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 pharmacy team were using the new computer system. This was the first steps to becoming ready for the Falsified Medicines Directive (FMD). They were scanning packs in. And were following procedures. They downloaded the prescriptions and data entered on the system. This was linked with the patient medication records and produced information such as interactions. The team members printed off labels with the warning messages for the pharmacists to be aware of. They had discussed the level of warnings they would print off, to assist the pharmacist in the clinical check. The team used the PIFs for all prescriptions and wrote on these at the data entry stage. They highlighted any changes and other requirements such as, to text people when their medication was ready, or if they were suitable for a MUR. There was also 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.

When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative.

The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They had undertaken an audit and had three people in the at-risk group. They had provided them with counselling and the appropriate information. They had confirmed that they had all discussed this with their doctor and that they were aware of the risks.

The pharmacy provided a repeat prescription collection service. They ordered items for people in vulnerable groups which were mostly people who received their medication in compliance packs. They kept a track of items orders to identify any missing items to ensure they could complete the packs as

required. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. The driver used a hand-held pod and obtained signatures for deliveries.

The pharmacy obtained medicines from reputable sources. And the team members stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator 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. They kept different insulins in different containers within the fridge to assist in selection. 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 team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. 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 actioned these and kept records of the action taken. And included these on the monthly patient safety review as a reminder to the team.

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 confidentiality.

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 company system to access resources for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. The team kept measures for methadone in a separate tray. The team members used a range of equipment for counting loose tablets and capsules. The team members had access to hand washing facilities and used alcohol hand washing gel.

The pharmacy stored medication waiting collection on shelves where people could not see any confidential details. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use. 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.