

Registered pharmacy inspection report

Pharmacy Name: Boots, One Life Hartlepool, Park Road,
HARTLEPOOL, Cleveland, TS24 7PW

Pharmacy reference: 1103224

Type of pharmacy: Community

Date of inspection: 21/05/2019

Pharmacy context

This is a 100-hour pharmacy situated in a busy Health Centre in the centre of Hartlepool. 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 and EHC.

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 accessed through double doors from the car park. It could also be accessed from the open plan health centre. There were two front facing dispensing stations. And smaller items were dispensed on these. Prescriptions that had six or greater items on a pass back to the larger rear dispensary.

Standard Operating Procedures (SOPs) were in place and were up-to-date. Members of the team had read the SOPs relevant to their roles. Pharmacy team members were in the process of signing a set of updated SOPs for core dispensing. There was a matrix which explained each member's responsibilities.

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. The pharmacy kept two near miss logs. One for the walk-in prescriptions and one for the repeat prescriptions. The manager went through April's monthly safety review (MPSR) with the inspector. Some of the entries lacked detail of how the error occurred and what changes had been made. The manager said that the quality of the recording of near misses, and the monthly safety review were improving but the process was not as rigorous as she would like. The monthly patient safety review highlighted that there were no lookalike soundalike warning labels in the pharmacy. These were ordered. Reference was also made to check the patient's postcode before handing over the prescription. The manager was looking forward to using the new Columbus system. Because this would reduce the number of near misses and errors. The process involves scanning the prescription and scanning the medicine. The computer flashes up if these do not match. The system also only orders what has been dispensed.

Valid Public liability and professional indemnity insurance were in place. A complaints policy ensured that staff handled complaints in a consistent manner. There was a leaflet which informed people about the complaints process and provided contact details. Some patients had expressed their unhappiness with the waiting times. The manager had made some changes to ensure that now there was always someone on the reception desk at the front to welcome people, taken prescriptions and advise of waiting times.

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 annually. All members the pharmacy team were up-to-date with this. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team used a password to restrict access to patient medication records. Confidential waste was segregated. And collected for shredding off-site.

The manager advised that there was a procedure in place to protect children and vulnerable adults. And all members of the pharmacy 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.

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. There was the manager who had been in post for three weeks. And there were four dispensing assistants, and one trainee. The manager thought that they managed with the current staffing levels. Holidays were pre planned. There was provision in the budget for staff to work overtime if necessary.

The manager advised that it was her intention to give the trainee support and training time so that she could get back on track with her course. The plan was to initially give her two hours each week.

Members of the pharmacy team had completed appropriate qualifications to work in the dispensary and on the medicines counter. Team members worked well together. And would refer to each other with queries.

The pharmacy had an e-learning platform to provide ongoing training. All members of the pharmacy team had their own log in. The manager monitored the pharmacy team's progress with their training, to ensure that everybody was compliant. The records demonstrated that there was still some outstanding training. There was a board in the tearoom with up and coming training. There were 30-minute tutors. The completion of these was optional. And training on these was not monitored.

Pharmacy team had regular huddles at the start of each day. And tasks that needed completing were discussed and allocated. The pharmacy used performance reviews to develop staff. The newly appointed manager was in the process of sitting down with each member of staff to discuss development plans.

The pharmacy had targets in place for services. The pharmacy team members thought that there was some pressure to hit the targets. However, they felt able to exercise their clinical judgement. And thought that the targets set were achievable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are 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 a good size with plenty of bench space. The team worked effectively at the different stations. The working areas were free of clutter. And 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 used the consultation room to give advice or discuss sensitive information. The consultation room was suitable for private consultations and counselling. Consultation room door was not locked at the time of the inspection. But there was no confidential information on display.

The sink areas were clean and tidy.

The pharmacy's premises were appropriately safeguarded from unauthorised access. The store was alarmed, there was CCTV and a panic button.

There was adequate heating and lighting throughout the premises. And running hot and cold water was available. Maintenance issues were reported to head office through the one number system. Any issues reported were logged in the daily diary.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. 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. The services are generally well managed. But, the pharmacy may not always provide advice to people who get higher-risk medicines. This could mean that people do not always get the advice they need about how to use their medicines safely.

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. 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. This 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. For example, cyclogest was marked as out of date in July 2019.

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 ranitidine, which had been marked as opened on 8 May 2019.

The pharmacy team members dispensed into tubs. This helped to ensure that the 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. Additional checks such as the customers all scored were requested when handing out prescriptions.

Stickers were used to highlight some dispensed medicines. This was seen for controlled drugs. And

included schedule 3 and 4 controlled drugs. Prescriptions for higher-risk medicines such as warfarin, were not highlighted. And this could mean that opportunities were being missed to counsel patients.

The pharmacy team members were aware of the updated guidance and sodium valproate. And the requirement to provide information to women of child-bearing age who received sodium valproate. The pharmacy team were unsure of where the information cards were.

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 pharmacist said that 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 provided a delivery service to housebound patients and the elderly. Electronic signatures were obtained on delivery for all drugs. And there was a separate sheet for people to sign when receiving their CDs.

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 PharmOutcomes.

A range of CE quality marked measures were in use which were cleaned after use. There were separate measures for measuring methadone.

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 LEC Pharmacy fridge used to store medicines was 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.