

# 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:** 12/07/2022

## Pharmacy context

This community pharmacy is situated in the One Life health centre in Hartlepool. It dispenses NHS prescriptions and private prescriptions. The pharmacy offers a medicines' delivery service. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy appropriately identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. And it completes all the records it needs to by law. The pharmacy team members respond well when errors occur. They openly discuss what happened and they take suitable action to prevent future mistakes.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. Newer members of the pharmacy team hadn't signed the SOP training sheet. The superintendents (SI) office had issued some updated SOPs in March 2022 but these weren't in the file and they had no evidence that these had been read and signed. So team members may not be working consistently.

The pharmacy had a procedure for managing errors identified during the dispensing of prescriptions. The pharmacy kept records of near miss errors. The team members recorded details of the error such as wrong quantities dispensed but they didn't usually record information about how the error had happened and the contributory factors. The pharmacy had a procedure for managing errors that reached the person. The procedure included the team completing an electronic dispensing incident report to send to head office. The pharmacy undertook monthly reviews of the near miss errors and dispensing incidents. The last one being completed in May. The manager had left the branch and they had fallen behind with completing these. The outcome from the review was shared with team members who discussed the changes they could make to prevent future errors. Most of the errors recorded were quantity errors. And this was in part attributed to different pack sizes looking similar. A recent hand out error had occurred because the checker had not included the 'fridge' laminate when bagging to indicate that a fridge line needed to be added before hand-out. So the prescription had been handed out to person without their insulin. The team discussed the error and reminded locums about the procedure. The pharmacy had a procedure for handling complaints raised by people using the pharmacy services. A leaflet on display in the retail area provided people with information on how to raise a concern with the pharmacy team. Some people had expressed their dissatisfaction that their prescriptions weren't ready. The local GP practices and the pharmacy team had explained that turnaround time for non-urgent prescriptions was 48 hours.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The balance of CDs was checked weekly. A balance check of two CDs in the CD cabinet tallied with the balances in the register. The team recorded CDs returned by people for destruction. A sample of records for the receipt and supply of unlicensed products were checked and found to be in order. The pharmacy had a leaflet informing people about the confidential data it kept. The team members completed annual training about the General Data Protection Regulations (GDPR). They separated confidential waste for shredding offsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. Both pharmacists had completed level 2 training on protecting children and vulnerable adults. The team had not had the occasion to report a

safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the qualifications and skills to support its services. Team members work well together and support each other in their day-to-day work. They openly discuss errors so everyone can learn from them and improve their skills. The team members regularly meet and discuss what they can improve on. But they do not have regular performance documented reviews so any gaps in their knowledge and skills may not be identified.

### Inspector's evidence

The pharmacy didn't have a manager or a regular pharmacist. On the day of inspection they had two locum pharmacists and four qualified dispensing assistants. The full pharmacy team consisted of a five full-time qualified dispensing assistants and two part-time dispensary assistants. Team members explained that they had been very busy during covid and the workload and prescription numbers had increased. The team had worked well together to provide the best service they could. Recently the manager and the regular pharmacist had left so the team had been supported by a manager from a branch nearby. The team had pulled together to ensure the pharmacy ran smoothly. The team had discussions in the morning about the tasks that needed to be completed. The turnaround time for prescriptions had been around a day. But they hadn't had a pharmacist for part of the day on three occasions in the last four weeks so this meant they had to close and so the team had fallen behind for few days. The local practices had been informed not to send acute prescriptions on these occasions.

The team members used online training modules to keep their knowledge up to date. The team members had some protected time at work to complete the training and sometimes they completed training at home depending on how busy they were. Some pharmacy team members had received a review with the manager, but these discussions hadn't been documented.

The pharmacy had a whistle blowing procedure if they needed to escalate a concern. And the team displayed a poster in the staff area. The team had targets for most services such as item numbers and EPS (electronic prescription service). The area manager regularly checked on their performance against the targets. The team displayed their performance against targets in the dispensary. The pharmacy usually met targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare. And its premises are bright and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy was air-conditioned, bright, secure, and professionally presented. The team stored medicine waste bins in the toilet. And they stored two obsolete fridges and other obsolete equipment in the second toilet. This meant the toilets were cluttered which made cleaning difficult and so could be unhygienic. The pharmacy had an adequately sized retail area with a seating area. It had the workbench and storage space it needed for its current workload. And the team kept these clean and tidy. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. There was a sink in the dispensary. And it had a supply of hot and cold water. The rest rooms and the staff area had hand washing facilities. Members of the pharmacy team were responsible for keeping the premises clean and tidy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services that people can access. Its working practices are generally safe and effective. It gets its medicines from reputable sources. And members of the pharmacy team carry out some checks to make sure the pharmacy's medicines are safe and fit for purpose. They highlight prescriptions for high-risk medicines to make sure people receive appropriate advice and information to take their medicines safely. And they dispose of people's unwanted medicines properly.

### Inspector's evidence

People accessed the pharmacy via the double doors or through the separate entrance for wheelchair users. The pharmacy had a range of company information leaflets on display providing people with details of the services it offered and the contact details of the pharmacy. It also had a range of healthcare information leaflets for people to read or take away.

The pharmacy offered services including seasonal flu vaccinations. The team had training to provide smoking cessation advice and the minor ailment scheme, but these services were no longer commissioned in the area. The pharmacy did not provide a hypertension service, but directed people to pharmacies nearby that offered the service. The pharmacy offered a chargeable delivery service to people who couldn't attend its premises in person. It used a third-party company to make its deliveries. And it kept an audit trail for each delivery to show that the right medicine was delivered to the right person.

The pharmacy had separate areas for labelling, dispensing and checking of prescriptions. Tubs were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. Patient information leaflets were routinely supplied. So, people had the information they needed to make sure they took their medicines safely. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied in case there were any queries. Laminates were used to highlight prescriptions that had been identified as requiring additional counselling. The pharmacist explained that team members checked if patients receiving high risk medication such as warfarin had had blood tests recently, and gave additional advice as needed. Details of significant interventions were recorded on the PMR. Team members knew that people of childbearing age mustn't take valproate unless there was a pregnancy prevention programme in place. The pharmacy team members knew that people in this at-risk group who were prescribed valproate needed to be counselled.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Team members marked containers of liquid medicines with the date they were opened. The pharmacy team checked the expiry dates of medicines regularly. And a team member showed that the date checking matrix had been kept up-to-date. A random sample of medicines was checked and no out-of-date medicines were found.. The pharmacy stored pharmacy (P) medicines behind the pharmacy counter and in glass cabinets, so people were not able to self-select them. The pharmacy had medical waste bags and CD denaturing kits available to support the team in managing pharmaceutical waste.

Team members used controlled drug cabinets that had adequate space to safely segregate stock items. The pharmacy has a separate small CD cabinet where they stored patient returned CDs. The pharmacy purchased medicines and medical devices from recognised suppliers. It had fridges to store items at the recommended temperature, where necessary. Team members monitored and documented the temperatures daily. They were able to evidence they had been operating within the accepted range of 2 and 8 degrees Celsius. The team received drug alerts through the pharmacy 'Boots live' system. They printed these out and noted any actions on the top of the sheet.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

### Inspector's evidence

The pharmacy had a range of glass measures to measure out liquids. And it had equipment for counting loose tablets and capsules. Members of the pharmacy team made sure they cleaned the equipment they used to measure out or count medicines before they used it. The pharmacy team had access to up-to-date reference sources. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password.

### 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.