

Registered pharmacy inspection report

Pharmacy Name: Boldon Lane Pharmacy, 59 Boldon Lane, South Shields, Tyne and Wear, NE34 0AR

Pharmacy reference: 9011275

Type of pharmacy: Community

Date of inspection: 22/07/2024

Pharmacy context

The pharmacy is in a row of shops in the town of South Shields. It dispenses NHS prescriptions and sells some over-the-counter medicines. The pharmacy offers services including the NHS New Medicines Service and the NHS Pharmacy First Service. And it offers seasonal flu vaccinations. The pharmacy team provides medicines in multi-compartment compliance packs to help some people take their medicines at the right time. And it delivers medicines to people's homes.

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 suitably identifies and manages risks with its services. It has written procedures relevant to its services and team members follow these to help them provide services safely. Pharmacy team members learn and improve from mistakes. They keep people's confidential information secure. And they know how to identify situations where vulnerable people need help. The pharmacy keeps the records required by law.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) to help pharmacy team members manage risk with providing services. These included for dispensing, Responsible Pharmacist (RP) regulations and controlled drug (CD) management. These SOPs were held in an organised file so that team members could access them easily. There was also a reference page that made it clear which SOPs were applicable to the different roles within the team. During the inspection, a newly employed team member had been given some protected time to read the SOPs. All other team members had completed reading the SOPs and had signed to confirm they had understood them.

The pharmacy used its patient medication records system (PMR) to help support the clinical checks of prescriptions. The pharmacy manager and RP provided details of the abilities and limitations of using this technology. Team members received training prior to switching from the pharmacy's previous system. The RP on duty during the inspection was a company-employed pharmacist, who worked occasionally at the pharmacy. They felt confident using the technology and explained how regular audits of the functionality helped continually provide assurance that it was fit for purpose. The pharmacy team used the PMR's barcode scanning technology to support it in completing a series of safety checks during the assembly and accuracy checking process. The team demonstrated how the PMR flagged mistakes made during the dispensing process, including if a medicine was expiring soon or had expired. The PMR did not produce dispensing labels until a team member rectified the mistake. The team referred any medicines that did not scan and any queries they had during the dispensing process to the RP. Pharmacists routinely completed the final accuracy check of some medicines manually. These included CDs and medicines assembled in multi-compartment compliance packs.

The pharmacy team recorded near miss errors, and from the records seen, this was done regularly throughout the month. These errors were mistakes identified before people received their medicines. The pharmacy manager took responsibility for recording these errors and the team member who made the error corrected it. This meant they had the opportunity to reflect on what had happened. The pharmacy manager completed a documented analysis of these errors monthly to produce learning points for the team. These were shared with the team in informal meetings. The pharmacy also had a procedure for managing dispensing errors. These were errors that were identified after the person had received their medicines. A member of the team recalled examples of dispensing errors which the pharmacy had taken action to prevent reoccurrence. This involved separating out medicines and supplements that looked alike or had similar names.

The pharmacy had a procedure for dealing with complaints. The team aimed to resolve any complaints or concerns locally. If they were unable to resolve the complaint, they escalated it to the area manager. The pharmacy manager provided an example of how they had responded to a complaint relating to the

pharmacy's delivery procedure and how they communicated to reach a satisfactory resolution for both parties.

The pharmacy had current professional indemnity insurance. The Responsible Pharmacist had their RP notice on display. This notice was obscured somewhat by retail items which meant people could not clearly see details of the pharmacist on duty. This was discussed during the inspection and the team acted to make the notice clearly visible to people using the pharmacy. Team members knew what activities could and could not take place in the absence of the RP. A sample of RP records checked during the inspection were completed correctly. And a sample of private prescription records and CD registers checked during the inspection met legal requirements. The team completed weekly checks of the running balance in the CD register against the physical stock. Random balance checks against the quantity of stock during the inspection were correct. The pharmacy kept a register of CDs returned by people, and there were recent records of these returns being destroyed.

Pharmacy team members understood what to do to keep people's personal information safe and they separated confidential waste from general waste, into a designated bin. A third-party company collected the confidential waste monthly for destruction. The pharmacy displayed a privacy notice in the retail area. And it advertised that it had a chaperone policy. The pharmacy had a procedure for the safeguarding of vulnerable people. A team member shared an example of when they were concerned for a person's welfare, and the action they and other team members took. Key safeguarding contact information was displayed within the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with an appropriate range of experience and skills to safely provide its services. Team members work well together and within the scope of their competence. And they have opportunities to complete ongoing training so they can develop their knowledge. Pharmacy team members know how to raise concerns, if needed.

Inspector's evidence

At the time of the inspection, the RP was a pharmacist employed by the company who worked at the branch occasionally. They were supported by a team that consisted of a trainee pharmacist, two qualified dispensers, one of whom had the role as pharmacy manager, and two medicines counter assistants. Other team members that were not present during the inspection were the regular pharmacist, who covered most of the pharmacy's hours, two qualified dispensers and two medicines counter assistants. There were contingency arrangements if the pharmacy needed cover for a team member's absence. The manager explained that this is usually not needed. The team were observed to be calmly managing the workload throughout the inspection. The skill mix of the team appeared appropriate for the nature of the business and the services provided. A delivery driver worked part-time, five days a week at the pharmacy.

Team members had their learning and development needs considered on an individual basis. The pharmacy manager explained that a plan is put in place at the point of recruitment and then set in motion upon completion of the probation period. Team members also accessed online training modules, as directed by the pharmacy's head office. Team members undergoing training were routinely given protected time to facilitate their learning. Pharmacy team members asked appropriate questions when selling medicines over the counter and referred to the RP at appropriate times. They were comfortable challenging requests for over-the-counter medicines that they deemed inappropriate.

The trainee pharmacist felt supported in discussing their mistakes openly, and they described how they felt this had helped their development throughout their training. Team members knew how to raise concerns if necessary. They shared an example relating to a recent changeover in dispensing software used by the pharmacy. The team had concerns that the initial level of training provided was not enough to use the new system safely. The increased system training that was delivered had also benefitted other pharmacies in the company. The pharmacy had a whistleblowing policy and team members were aware of this. The pharmacy team had some performance related targets to achieve, and the pharmacy manager was comfortable discussing these targets with their manager if they were challenging.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure, and provide a suitable environment for the services provided. And the pharmacy has a consultation room to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy was clean and tidy and had a suitably professional appearance. It had a small but open retail area with some seating for people to wait. The pharmacy counter provided a barrier to prevent unauthorised access to staff-only areas of the pharmacy. The dispensary was an adequate size for the workload being undertaken, with sufficient bench space for all team members to work and walkways kept as clear as possible to minimise trip hazards. There was sufficient storage space for stock, assembled medicines and medical devices. The layout of the dispensary, with a central island, supported the supervision of medicines sales and queries. The lighting and temperature were suitable to work in and to provide healthcare services. The dispensary had a sink with access to hot and cold water for professional use and hand washing. There were staff and toilet facilities that were hygienic. Some waste medicines in a designated waste container were kept in the staff toilet. Other more appropriate options for the storage of waste medicines bins were discussed with the pharmacy manager during the inspection.

The pharmacy had a private consultation room which was accessed via a lockable door from the retail area. It was large enough for two seats, a desk, and a sink. And it was suitably constructed for the purpose it served.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources its medicines from recognised suppliers. And it stores and manages them appropriately. Pharmacy team members complete regular checks to ensure medicines are suitable for supply. And they respond appropriately when they receive alerts about the safety of medicines. Team members appropriately manage the delivery of services safely and effectively. But they do not always supply people receiving their medicines in compliance packs with information leaflets to help them take their medicines in the safest way.

Inspector's evidence

The pharmacy had stepped access from the street. It had a portable ramp that team members could place to allow people with mobility issues to enter the pharmacy. The pharmacy team had the ability to provide people with large print medication labels, if they required it. The pharmacy provided a medicines delivery service during weekdays. The assembled bags of medicines for delivery were stored separately, and the driver scanned barcodes on each bag to enter them onto an online delivery application. This then organised their route and provided an audit trail for the deliveries made. The driver returned any failed deliveries back to the pharmacy on the same day.

Some people had their medicines dispensed into multi-compartment compliance packs. The majority of these were assembled at an offsite hub pharmacy, owned by the same company. The team completed a clinical and accuracy check of prescription information before it was transmitted to the hub pharmacy. Team members ordered people's prescriptions in advance of the compliance pack being due, which allowed enough time to receive the prescriptions back, order any necessary stock and deal with any queries. They also kept an audit trail of which ordered prescriptions had been received back to easily highlight if any were outstanding. The pharmacy used a record for each person that listed their current medication, dosage, and dose times. This was referred to during the clinical and accuracy checking of the prescription information before being sent to the hub pharmacy. From a sample of packs checked that were dispensed by the hub pharmacy, the full dosage instructions, warnings, and medication descriptions with images were included. A team member explained patient information leaflets (PILs) were supplied for newly prescribed medicines. The importance of including a PIL with every supply of medicine was discussed during the inspection, and the team agreed to include these monthly.

The pharmacy team dispensed prescriptions using baskets, which kept prescriptions and their corresponding medicines separate from others. The pharmacy maintained an audit trail of team members involved in the dispensing process via unique logins on the patient medication record system. During the inspection, all team members were observed to be working on their own login on the PMR. The team used stickers to highlight if a prescription contained a fridge item, to ensure correct storage temperatures were maintained. The team was observed using other similar stickers when dispensing for higher-risk medicines which highlighted that further advice and counselling was needed from the RP.

When the pharmacy could not entirely fulfil the complete quantity required on a prescription, team members created an electronic record of what was owed on the PMR system. And they gave people a note detailing what was owed. This meant the team had a record of what was outstanding to people and what stock was needed. The team checked outstanding owings as a regular task and were

managing these well. The pharmacy had a procedure for checking expiry dates of medicines. Evidence was seen of medicines highlighted due to their expiry date approaching or because the shelf life was reduced after being opened. This activity was supplemented by the barcode scanning technology within the PMR. The pharmacy kept unwanted medicines returned by people in segregated containers, while awaiting collection for disposal.

The RP showed a good understanding of the requirements of dispensing valproate for people who may become pregnant and of the recent safety alert updates involving other medicines with similar risks. The team dispensed prescriptions for these medicines in the manufacturer's original packs. And it had patient cards and stickers available to give to people if needed. The RP provided counselling on a range of higher-risk medicines when supplying them to people. But they did not make records of these types of interventions to support them in providing continual care.

The pharmacy obtained medicines from licensed wholesalers and specials manufacturers. It held medicines requiring cold storage in a medical fridge equipped with a thermometer. Team members monitored and recorded the temperatures of the fridge daily. These records showed cold chain medicines were stored at appropriate temperatures. A check of the thermometer during the inspection showed temperatures were within the permitted range. The pharmacy held its CDs in legally-compliant cabinets. It had a documented procedure for responding to drug safety alerts and manufacturer's recalls. It received these via email from the company's head office. And it had records of alerts received and any actions taken in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's private information.

Inspector's evidence

Pharmacy team members had access to a range of hard-copy reference materials and access to the internet for up-to-date information and further support tools. There was equipment available for the services provided which included otoscopes and a digital thermometer and a blood pressure monitor. The pharmacy also had an ambulatory blood pressure monitor. Electrical equipment was visibly free from wear and tear and appeared in good working order. The pharmacy had a range of clean counting triangles and CE marked measuring cylinders for liquid medicines preparation. The team used separate equipment when counting and measuring higher-risk medicines. They used personal protective equipment, such as disposable gloves when handling medicines and performing some other tasks.

The pharmacy's computers were password protected and access to people's records was restricted by the NHS smart card system. Computer screens were protected from unauthorised view and a cordless telephone was available for private conversations in quieter areas. The pharmacy stored completed prescriptions and assembled bags of medicines away from public reach in a restricted area.

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.