General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Kidmans Surgical Chemists, 141-143 Castle Road, BEDFORD, Bedfordshire, MK40 3RS

Pharmacy reference: 1028796

Type of pharmacy: Community

Date of inspection: 06/12/2019

Pharmacy context

The pharmacy is in a parade of shops in a distinct area of the town, known for specialist shops. It provides NHS and private prescription dispensing mainly to local residents. The team also dispenses medicines in multi-compartment compliance packs for some people. The pharmacy provides flu vaccinations and access to a doctor using a remote, paid for service. They have a large selection of disability equipment to support those who need extra help.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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	4.1	Good practice	The team's knowledge about disability equipment helps people choose the right item for their needs.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. The pharmacy keeps its records up to date and these are largely accurate. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people. They log any mistakes they make during the pharmacy processes. And they make improvements after these to avoid problems being repeated. But the pharmacy could do more to identify and learn from any trends in these incidents.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and these had been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the process in order to learn from them. They regularly logged issues and discussed them at the time, although they found it difficult to arrange meetings to discuss trends and learning from these near misses. These were discussed, but in an informal manner, and the pharmacist was looking for a more formal approach to this. Errors which reached the public and near misses were recorded on CDsmart, a computer programme which allowed the head office team to see the number of incidents and what actions had been taken to prevent a recurrence.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when needed.

The pharmacy asked people for their views about the service they received in an annual NHS survey. The last one had had very positive reviews, but it had pointed out a lack of advice given routinely by the staff about healthy living. The staff had all undertaken training about healthy lifestyles and said that they discussed this with people when appropriate. Sometimes this was welcomed and sometimes not. The consultation room would be used when greater privacy was needed. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies on the computer but the details of the prescriber and the date of the prescription were not always recorded accurately. The controlled drugs (CDs) registers were up to date and legally compliant and also recorded on the computer. The team did checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

Confidential waste was separated from ordinary waste and shredded when the team had time. NHS cards used to access electronic prescriptions were not shared within the team and passwords were protected. The whole team had had training on data protection, since the introduction of the General Data Protection Regulation (GDPR). This involved video and written training. The team members knew that they should not share private information. Confidential material was kept securely. There was no confidential material in the consultation room or other public areas. There was a chaperone notice on

the door of the consultation room.

The staff had all had some safeguarding training, and the pharmacist was up to date with the latest version of the training required by NHS England. There were local telephone contact numbers available for use to escalate concerns about vulnerable people, if needed. The staff, including the delivery driver, said that they would speak to the pharmacist in the first instance, if they had safeguarding concerns about a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. The team has a good rapport and work in a flexible manner to improve care. Some informal ongoing training is provided. But staff don't have structured training plans so they may be missing opportunities to continue to develop their skills and knowledge.

Inspector's evidence

There was a pharmacist, a pre-registration graduate, three dispensers and a counter assistant present during the inspection. The counter assistant was undergoing formal training; he had completed an apprenticeship, but was undertaking the counter assistant course. This course had had an extension put on it due to personal circumstances. The pharmacist was keen that it should be completed in the near future. One of the dispensers had completed her training and stated that she would like to become a registered technician and then an accuracy checking technician (ACT). The pharmacist had agreed that this would be a good progression for her but was waiting for Head Office approval for this training. The pharmacist said that having an ACT would enhance his ability to widen his role in the pharmacy. Another dispenser was waiting for the results of her training. The third dispenser had been 'Grandparented' in 1996, so had no formal training, but was deemed to be competent. He had been encouraged to go onto a course by the pharmacist, but had yet to do so.

The team had recently discussed the way to make training more achievable. The pharmacist gave the staff training on subjects raised from trading . For example when someone had requested a medicine which the staff were unfamiliar he would inform the team about it, but there was no formal on-going training for the staff. The staff had regular appraisals and said that they felt able to give feedback to the management team.

The pharmacy was known locally for the stock and advice given about disability equipment. The staff were given regular training by the suppliers about their products so that they could help people to purchase the best product for their needs. This training included knowledge of the VAT exemptions available.

The pharmacist said that he felt supported by the Head Office team and that the targets set for him did not detract from his professional judgements.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare. There is plenty of space to try the disability equipment before purchase.

Inspector's evidence

The pharmacy shop was clean, tidy and bright and provided a professional image to the public. The area to the rear, where the disability equipment was kept, also provided enough space to try walking aids and other products. There was ample space to provide seating for people waiting to collect their prescriptions, and the counter was low enough to be accessible by people using wheelchairs.

The dispensary was not very large. The growth in dispensing activities was putting additional pressure on the space. The pharmacist said that there were some plans to re-fit the shop and dispensary, but he had not yet been given a time-scale for this. The dispensing team used a back area, off the dispensary, to store overflow medicines, the dispensary fridge and to dispense multi-compartment compliance packs. Walk-in prescriptions were dispensed on the dispensing bench nearest the shop. Repeat prescriptions were dispensed further back and there was a separate area for checking.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. Checks are not always made when supplying higher-risk medicines so some people may not receive all the advice they need about the medicines they receive.

Inspector's evidence

Access to the pharmacy was up two or three steps from the pavement, or up a steep ramp. It was seen that push-chairs were able to negotiate this. There were local space restrictions which prevented the pharmacy from making any other adjustments to the pharmacy entrance. Services were advertised in the windows of the pharmacy. There was ample space inside for those who were less able to negotiate the shelving.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. Once the prescriptions had been checked there was another process, when the items were checked as they were bagged. This meant that each prescription had an extra check compared with usual pharmacy practise.

Some people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the manufacturers' information the person needed to take their medicines in the correct way. But the packs did not have tablet descriptions to identify the individual medicines. The pharmacist stated that the manufacturers' leaflets had descriptions of the medicines, and that they always gave the correct leaflet, and not a general one. There was a list of packs to be dispensed each week, which was marked on the calendar so that all the staff were aware of what needed to be dispensed. Each person had a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs. The pharmacy was in the process of reviewing people's individual needs, to ensure that compliance packs were the best way to supply each person with their medicines.

Schedule 4 controlled drug prescriptions were highlighted to staff who were to hand them out. This ensured that they were not given out more than 28 days after the date on the prescription. People taking warfarin, lithium or methotrexate, were not always asked about any recent blood tests or their current dose. So, the pharmacy could not show that it was always monitoring people in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention but the pharmacy had the relevant stickers and cards. The pharmacist said that they would start to highlight these prescriptions, as well as the other high-risk medicines, so that people would be counselled appropriately.

Flu vaccinations were done under patient group directions, under both an NHS service and as a private service. People could make appointments for the vaccination. A walk-in service was also available. This service had been very popular. The pharmacy also supplied a paid-for GP service. The take up of this service was not large. The pharmacist thought that the cost put some people off using the service. The

service was being reviewed to ensure it complied with the current GPhC guidance.

The pharmacy had four computer terminals, but two did not work, which meant that the team found it difficult to complete some tasks promptly. The pharmacist had been assured that a new patient medication record (PMR) system was due to be installed in the near future. And when this happened, the number of working terminals would be increased back to four. This change in PMR would also comply with the Falsified Medicines Directive (FMD).

The pharmacy got its medicines from licensed wholesalers, and stored them on shelves in a very tidy way. There were stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. Drug alerts were received and actioned appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy. This was done on the CDsmart recording system.

The pharmacy supplied 50 people with multi-compartment compliance packs and had vaccinated about 200 people against flu in the current season.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.