

Registered pharmacy inspection report

Pharmacy Name: Knights Hunters Pharmacy, 397 Linthorpe Road,
MIDDLESBROUGH, Cleveland, TS5 6AB

Pharmacy reference: 1029953

Type of pharmacy: Community

Date of inspection: 19/09/2019

Pharmacy context

The pharmacy is in Middlesbrough, close to the town centre. 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. These help people remember to take their medicines. And it provides NHS services such as flu vaccinations, emergency hormonal contraception (EHC) and a substance misuse service.

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 has written procedures that the team follows. And they generally work in a safe way to provide services to people using the pharmacy. The pharmacy keeps the records it needs to by law. It looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people. The pharmacy team members respond when mistakes happen. And they discuss what happened and act to prevent future mistakes. But the recording and reviews are limited so the team does not have all the information to identify patterns and learn from these.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). And they were held in a file. The SOPs covered various processes including error recording and dispensing. The team members were seen working in accordance with the SOPs. The manager was unsure if those in the file were the current SOPs because they were out of date in 2017. This may mean that the team were not working to the most recent SOPs. All the team members had read and signed the SOPs that were relevant to their role.

The pharmacy had a process to report and record near miss errors that were spotted during dispensing. The pharmacist typically spotted the error and then informed the dispenser that they had made an error. The pharmacist recorded the error onto a near miss log. There were few near misses recorded, for some months there were none. The manager thought that locums were not entering these. There were five recorded since May 2019. And these were lacking in detail. The learning and action sections were not completed. And so, they may have missed out on the opportunity to learn from the mistake and make appropriate improvements. The monthly patient safety review (MPSR) had not been completed since last year. The pharmacy team members advised that they discussed dispensing errors as they occurred. And made changes such as separating look alike sound alike drugs. The pharmacy had a process to record dispensing errors that had been given out to people. The reports included who was involved, what happened and why. An example of a recent incident involved the pharmacy supplying promethazine 25mg when pregabalin 25mg was required. The actions recorded were to move the items apart on the shelf. And this was done.

The pharmacy received feedback from people through the NHS on line website. The pharmacy team members thought there was a leaflet that gave details of how to make suggestions and provide feedback. But they were unable to locate it during the inspection. The manager advised that she would deal with any complaints as they arose. And then if the person was still unhappy the manager signposted them to head office. There had been occasions when an owing item had not been ordered in a timely manner, so some people were disappointed when their owing was not in stock. To address this the pharmacy team ordered owing items straight away. This was working well. The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist electronic record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept the certificates of conformity of special supplies. And a sample seen was completed correctly as required by the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy kept controlled drugs (CDs) registers. They were in

order including completed headers, and entries made in chronological order. The pharmacy team was required to check the running balances against physical stock each week. The pharmacy kept complete records of CDs returned by people to the pharmacy.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was collected for shredding off site. The team members understood the importance of keeping people's information secure. There was an information governance workbook which some team members had read in 2016. But there were no records to indicate that the newer members of staff had read this.

The team members were aware safeguarding issues but could not remember receiving any training on this. They said they would discuss their concerns with the manager or the pharmacist on duty, at the earliest opportunity. There no contact details available in the pharmacy. The manager said that she would use google to get the contact details for the local services if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the services it provides. The team members openly discuss how to improve ways of working. And how they can make improvements. The team members complete training so that they can improve the services offered to people. And they feel comfortable to raise professional concerns when necessary.

Inspector's evidence

At the time of the inspection, the team members present were the dispenser manager and three dispensers. In total the pharmacy employed four full time dispensers and one part time dispenser. There was a full-time driver. The pharmacy team thought they were adequately staffed and managed the workload.

The pharmacist on duty supervised the team members. And they involved the pharmacist in offering advice to people who were purchasing over-the-counter products for various minor ailments. They carried out tasks and managed their workload in a competent manner. The team members were clear about the activities they could and could not do in the absence of a responsible pharmacist.

Once qualified the company did not offer routine training for pharmacy team members. But there was external training that the team members accessed. For example, the team members had received healthy living pharmacy training. And were completing training so that they could provide smoking cessation advice.

The team usually had informal meetings on a Monday morning to discuss the week ahead. Tasks that needed to be completed were discussed along with any other issues that people had to discuss. The pharmacy team thought that the manager was approachable and receptive to any suggestions to improve the service offered to people. The pharmacy team thought that since the new manager started in February things were clicking back into place.

The team members said they were able to discuss any concerns with the manager. They were aware the company had a whistleblowing policy. The pharmacy asked the team to achieve targets for a range of services. The pharmacist thought that people valued the services offered and he always tried to provide these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and suitably maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The dispensary was a good size. And was well proportioned with stock areas off. The pharmacy premises were clean, but bench space was cluttered. There were empty boxes and trays of bottles on the floor. And these were restricting access to shelves and cupboards.

There was adequate heating and lighting throughout the premises. And running hot and cold water was available. There was a clean sink in the dispensary for medicines preparation and staff use. The pharmacy had a sound-proofed consultation room which contained a desk, computer and adequate seating facilities. The room was bright and professional in appearance. The consultation room did not lock and there were no lockable cupboards in the consultation room. No confidential information was stored in the consultation room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And they deliver medicines to peoples' homes. The pharmacy generally manages its services well and it has processes to help deliver them safely. It supplies medicines in compliance packs when it will help people to take their medicines appropriately. And it makes sure people receive their packs when they need them. The pharmacy obtains its medicines from reputable suppliers. It generally manages its medicines well.

Inspector's evidence

There was direct access into the pharmacy from the street. And wheelchair users could access the pharmacy. The pharmacy advertised its services and opening hours in the door and window. Seating was provided for people waiting for prescriptions.

The team members regularly used various stickers during dispensing and they used these as an alert before they handed out medicines to people. The team members signed the dispensing labels to indicate who had dispensed and checked the medication. And so, a robust audit trail was in place. There was a large centre island where prescriptions were checked. They used baskets to hold prescriptions and medicines. This helped the team members stop people's prescriptions from getting mixed up. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The team attempted to complete the owing the next day. The pharmacy offered a service to deliver medicines to people's homes. The records included an electronic signature of receipt for all medicines delivered including CDs.

The locum pharmacist was aware of the risks associated with the supply of high-risk medicines such as warfarin. And when the opportunity arose he counselled people when they came to collect their prescription. But details of these conversations were not always recorded on people's medication records. So, the pharmacy could not demonstrate how often these checks took place. The pharmacy stored dispensed CD and fridge items in plastic bags to facilitate a further check of the product against the prescription by the pharmacist and the person as the item was handed out. The manager and the pharmacist were aware about the requirements of the valproate pregnancy prevention programme. The team members had access to a support pack which contained warning stickers and leaflets which could be given to people. The team had completed a check to see if any of its regular patients were prescribed valproate and met the requirements of the programme.

The pharmacy supplied medicines in multi-compartmental compliance packs for people living in their own homes. And the pharmacy supplied the packs to people on either a weekly or monthly basis. Most members of the team were trained to prepare these. The majority of multi-compartmental compliance packs were prepared at the company hub.

Pharmacy only medicines were stored behind the pharmacy counter. The storage arrangement prevented people from self-selecting these medicines. The pharmacy had a date checking matrix. But this was not up-to-date. The manager advised that they were behind with the date checking. She said that short dated stock was highlighted, and the stock was date checked when dispensing. No out of

date stock was seen on the sections looked at. The team members recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The team members were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). There was no software or a SOP in place to assist the team to comply with the directive. The team members had not received any training on how to follow the directive. But they were aware that the company were going to supply scanners. They were unsure of when they expected the pharmacy to be compliant.

Fridge temperatures were recorded daily using digital thermometers. A sample of the records were looked at. And the temperatures were found to be within the correct range. The pharmacy obtained medicines from several reputable sources. Drug alerts were received via email to the pharmacy and were printed off and actioned. These were retained in a file for reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and safe to use. And the pharmacy generally protects people's confidentiality.

Inspector's evidence

References sources were in place. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of CE quality marked measuring cylinders. The fridge used to store medicines was of an appropriate size. And the medicines inside were organised in an orderly manner. The electrical equipment appeared to be in good working order and well maintained.

Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't on view to the public. The computers were password protected. No confidential information was stored in the consultation room.

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.