

Registered pharmacy inspection report

Pharmacy Name: King Street Pharmacy, 140 King Street, PLYMOUTH,
Devon, PL1 5JE

Pharmacy reference: 1030839

Type of pharmacy: Community

Date of inspection: 17/07/2019

Pharmacy context

The pharmacy is located close to the city centre of Plymouth. It sells medicines over the counter and dispenses NHS and private prescriptions. It supplies medicines in multi-compartment devices for people to use to remember to take their medicines. It also offers advice on the management of minor illnesses and long-term conditions. The pharmacy also offers emergency contraception, medicines for minor ailments 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	1.8	Good practice	Pharmacy team members know how to protect the safety of vulnerable people and act quickly to do so when needed.
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 identifies and manages its risks appropriately. Team members record their errors and review them, generating actions to improve safety. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy generally keeps the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people and act quickly to do so when needed.

Inspector's evidence

The pharmacy had processes in place to identify and manage its risks. Near misses were recorded and entries in the near miss log contained a reflection on why the error occurred and actions taken to prevent a reoccurrence. Following near misses, look-alike, sound-alike drugs such as amlodipine and amitriptyline had been clearly separated. Dispensing incidents were reported on the National Reporting and Learning system. They were reviewed by staff in the pharmacy and the responsible pharmacist (RP). Following an incident where the incorrect strength of a medicine had been dispensed, staff were reminded to check what they had dispensed before handing to the RP for a check. The affected stock had also been tidied and the strengths clearly separated.

Near misses and dispensing incidents were reviewed monthly by the manager and the RP and clear actions were formulated to reduce errors. These reviews were not routinely documented. The pharmacy staff had a regular monthly patient safety meeting. A yearly patient safety review was completed and addressed all reported near misses and incidents in the previous 12 months. Staff had been encouraged to use the same brand when dispensing into multi-compartment medicines devices to reduce errors and to reduce confusion for the patient.

The RP described how, before implementing a new service, he would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. He would review staffing levels to ensure provision of the service could be maintained and would check that he and his staff had access to the appropriate tools and training to provide the service.

Standard operating procedures (SOPs) were held online, were up to date and had been recently reviewed and adopted by the regular RP. The SOPs were signed by the appropriate staff. But two new staff members had not yet been given the relevant access to the online portal to enable them to read the SOPs. Staff could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities and were clear on their job role.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 100% of respondents had rated the service provided by the pharmacy as very good or excellent. The pharmacy had responded to feedback that people were not always offered healthy living advice by ordering additional leaflets and posters to update their health promotion zone. A complaints procedure was available in the practice leaflet and was displayed in the customer area.

Appropriate arrangements for public liability and professional indemnity insurances were in place.

Records of the responsible pharmacist were maintained on the patient medication record (PMR) system. The RP frequently did not sign out at the end of the day. The correct RP certificate was displayed. Controlled drug (CD) registers were generally maintained appropriately. But some pages of the register did not have the headers completed. Balance checks were completed monthly. A random balance check of MST Continus 5mg tablets was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were held on the PMR and contained all required details. Records of specials medicines ordered and supplied were made in a book.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed.

Most of the staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff, apart from those who had recently joined, had read the safeguarding SOP. A safeguarding policy was in place and signed by staff and local contacts were available. Staff were aware of signs of concerns requiring escalation and knew how to access local contacts for referrals. The RP was able to give lots of examples of when he had made appropriate referrals of safeguarding concerns. Records were kept of any referrals made.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff who are well-trained for their roles and keep their knowledge up to date. Team members receive feedback on their performance. They are happy to make suggestions for change to improve how things work in the pharmacy.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP and four dispensers, two of whom had joined the pharmacy in the last month. The team clearly had a good rapport and supported each other. They said that they were working under some stress and pressure due to absences. Two staff members were also due to leave the pharmacy in the coming months and the RP was concerned that the team would no longer be able to cope. He said that the superintendent pharmacist was aware of his concerns. Staff worked regular days and hours. Absences were usually covered rearranging shifts, or by part-time staff increasing their hours.

Staff said that they were offered time to learn and read updated SOPs within working hours. But most said that they preferred to complete their learning at home in their own time. Resources accessed included CPPE packages to support public health campaigns, and information from drug companies on new products. The two new staff members had not yet been registered on an approved training course. The RP said that this would be done once they had completed their probationary period. The dispenser working on the counter was seen to provide appropriate advice when selling medicines over the counter. She referred to the RP for additional information as needed.

Staff had informal performance reviews and one-to-one chats about their development. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The staff felt empowered to raise concerns and give feedback to the RP and the owner, both of whom they found to be receptive to ideas and suggestions. Staff reported that they were able to make suggestions for change to improve efficiency and safety. Staff were aware of the escalation process for concerns and a whistleblowing policy was in place.

The RP said that targets set were challenging but manageable. He described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. It has a consultation room for private conversations. But it could do more to protect people's private information in the consultation room.

Inspector's evidence

The pharmacy was located close to the city centre of Plymouth. A well-presented retail area led to a healthcare counter. The spacious dispensary was suitably screened to allow for the preparation of prescriptions in private. The consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room had health-related posters and information displayed. It was not locked when not in use. During the inspection the computer screen was unlocked and displayed a person's PMR. Peoples private records were also stored in folders on shelves in the unlocked room.

The dispensary stock was generally organised and tidy. Stock was stored neatly on shelves. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. The benches were cluttered with paperwork and baskets of prescriptions awaiting a check. Prescriptions awaiting collection were stored on shelves in the dispensary, out of sight of the public.

Cleaning was undertaken each day by dispensary staff. Cleaning products were available, as was hot and cold running water. The lighting and temperature of the pharmacy were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. The pharmacy supplies medicines safely and gives additional advice to people receiving high-risk medicines. It makes records of this advice to show that it has been given. The pharmacy obtains its medicines from reputable suppliers. They store medicines securely and regularly check that they are still suitable for supply. The pharmacy deals with medicines that people return to it appropriately.

Inspector's evidence

The pharmacy and the consultation room were wheelchair accessible. Services provided by the pharmacy were advertised clearly. The pharmacy made adjustments for those with disabilities including printing large print labels. The pharmacy had no hearing loop, but staff would speak clearly and loudly, or use pen and paper when communicating with people who had hearing impairments.

The dispenser explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy or other provider, phoning ahead to ensure it could be provided there. A range of leaflets advertising company and local services were available, as was a folder containing details of local organisations offering health-related services.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and omissions. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs including those in schedule 3. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines. Each high-risk medicine, such as warfarin, lithium and methotrexate, had an SOP to cover the handout process. People receiving high-risk medicines were given additional advice and support materials were offered to the patient. Records of these conversations and interventions were made on the patient medication records (PMR). The RP regularly accessed a report to identify and analyse trends of interventions. The RP had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

The patient group directions covering the locally commissioned minor ailments scheme were found to be in date and had been signed by the pharmacists who provided the services. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected.

The process for the dispensing of multi-compartment medicines devices provided for patients in the community was acceptable. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets were supplied at each dispensing, or with the first pack of four in the case of weekly supply. 'When required' medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available

for the pharmacist during the checking process.

Stock was obtained from a variety of reputable sources. The pharmacy had the hardware and software to be compliant with the Falsified Medicines Directive. But they were not currently scanning packs and the SOPs had not been amended to reflect the changes. They planned to commence scanning when the PMR provider, Proscript Connect, advised them that enough compliant packs were in the supply chain. The dispensary shelves were tidy and organised. The stock was arranged alphabetically and was date checked regularly. The entire dispensary would be checked every three months and recorded on a matrix. Spot checks revealed a packet of candesartan 16mg tablets that was passed its expiry date.

The pharmacy delivered prescriptions to people in their homes and kept the relevant records. But prescriptions were not stored with bags of prescriptions awaiting delivery which made it difficult to complete a final check before they left the pharmacy.

The fridge in the dispensary was clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of two to eight degrees Celsius. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range.

CDs were stored in accordance with legal requirements in two approved cabinets. Denaturing kits were available for safe destruction of CDs. Date-expired and patient returned CDs were clearly segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures recorded.

Patient returned medication was dealt with appropriately. Patient details were removed from returned medicines to protect people's confidentiality. But patient returned medicines were stored in a cupboard in the retail area which was locked but had the key in it. The RP immediately removed the key and placed it with the CD keys.

Drug recalls and alerts were dealt with promptly and were annotated with details of the person actioning and the outcome. An electronic record of all recalls was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses a range of appropriate equipment and facilities to provide its services. It keeps these clean and well maintained.

Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy had online access to online materials for the most up to date information.

The dispensary sink was clean and in good working order. All equipment including the dispensary fridge was in good working order but no PAT test stickers were visible. The blood pressure monitor was replaced regularly. The Methameasure machine was flushed and calibrated each day.

Dispensed prescriptions were stored appropriately in the dispensary, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.