

Registered pharmacy inspection report

Pharmacy Name: Kington Pharmacy, 42 High Street, KINGTON,
Herefordshire, HR5 3BJ

Pharmacy reference: 1031980

Type of pharmacy: Community

Date of inspection: 15/11/2022

Pharmacy context

This is a pharmacy in a market town. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides medicines in multi-compartment compliance aids to a number of people. It offers a range of services including smoking cessation and a seasonal 'flu vaccination service for NHS and private patients.

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	1.8	Good practice	Safeguarding is an integral part of the culture within the pharmacy
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 to help make sure the team works safely. Its team members record their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law. And it keeps people's private information safe. The pharmacy's team members are good at recognising and reporting concerns about vulnerable people to help keep them safe.

Inspector's evidence

A range of written standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. A new member of staff was in the process of reading and signing SOPs relevant to her role. The pharmacy had systems in place to identify and manage risk, including the recording and analysis of dispensing errors and near misses. Members of the pharmacy team were able to give examples of action they had taken to reduce the risk of errors when selecting medicines. For example, following some near misses with some 'Look-Alike, Sound-Alike' or 'LASA' drugs, amitriptyline and amlodipine and pregabalin and gabapentin had been distinctly separated on dispensary shelves. The pharmacy team had added the message 'ramipril tablets' to a patient's PMR after a near miss in which ramipril capsules had been dispensed in error. The message was printed on the patient's bag label and staff were required to initial the message to show that they had double checked that they had selected the correct product.

A current certificate of professional indemnity insurance was on display. All necessary records were kept and were properly maintained, including responsible pharmacist (RP) records, electronic private prescription and emergency supply records, unlicensed specials records and electronic controlled drug (CD) records. CD running balances were typically checked every one to two weeks.

The pharmacy team said that they received a lot of positive verbal feedback from people using the pharmacy. A formal complaints procedure was in place, but it was not advertised, so people may not always understand the best way to raise concerns. Staff members had signed an information governance SOP. They were able to identify confidential waste and understood how to dispose of it appropriately. The pharmacist and staff had undertaken formal safeguarding training. They had access to guidance and local contact details that were available in the dispensary. The pharmacist produced a record of an occasion on which he had identified and supported a vulnerable adult, which had resulted in a positive outcome.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. They are properly trained for the jobs they do. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

The superintendent pharmacist worked at the pharmacy on most days. The support team consisted of four dispensing assistants (DAs), three of whom were trainees, and a medicines counter assistant. One of the trainee DAs was employed on a zero hours contract and provided cover for staff absences. A further part-time member of staff was enrolled on an accredited training course which allowed them to carry out stock and expiry date checks. There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection and the staffing level appeared adequate for the services provided. Staff members worked well together and had the necessary training and qualifications for their roles. Trainees worked under the supervision of the pharmacist and other trained members of staff. There were no specific targets or incentives set for the services provided. Staff said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist.

Members of staff working on the medicines counter were observed to use appropriate questions when selling over-the-counter medicines to patients. They referred to the pharmacist on several occasions for further advice on how to deal with transactions. A list of WWHAM questions was displayed near the medicines counter, as was a list of medicines that required referral to the pharmacist.

Staff had access to online resources provided by a pharmacy training provider and had recently completed a module on winter health. They said that much of their learning was via informal discussions with the pharmacist. There was no formal appraisal system in place so development needs may not always be identified or addressed. But all staff could informally discuss performance and development issues with the superintendent pharmacist whenever the need arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was clean, tidy and well-organised, with enough space to allow safe working. Some dispensed prescriptions awaiting collection were being temporarily stored on the floor, but they did not pose a trip hazard. The sinks had hot and cold running water and soap and cleaning materials were available. Work surfaces were cleaned regularly using antibacterial wipes. Hand sanitiser was available for staff and customer use. A plastic screen had been installed at the medicines counter to reduce the risk of viral transmission between staff and customers. A lockable consultation room near the dispensary was available for private consultations and counselling and its availability was clearly advertised. It could be accessed from both the dispensary and the retail area. A larger treatment room on the first floor of the premises was used to provide an ear syringing service, and the pharmacist was also able to provide this at a patient's home if they were unable to use the stairs. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. If it can't provide a service, it directs people to somewhere that can help. Its working practices are generally safe and effective. And it stores medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply. But members of the pharmacy team do not always know when higher-risk medicines are being handed out. So they might not always check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. The entrance to the pharmacy was slightly raised, but a ramp had been installed to allow wheelchair access. A bell outside the pharmacy entrance could be pressed to alert staff if a person needed assistance to enter. There was wheelchair access into one of the consultation rooms. Members of the pharmacy team said that they would signpost people requesting services they could not provide to nearby pharmacies or other healthcare providers such as the local surgery. Some health promotional material was displayed in the retail area.

Dispensing staff used a colour-coded basket system to help ensure that medicines did not get mixed up during dispensing and to differentiate between prescriptions. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Prescription tokens were annotated on each corner as an audit trail to show who had labelled, dispensed, checked and handed out each item.

Prescription tokens were attached to bags of dispensed medicines awaiting collection. Stickers were attached to prescription bags to alert staff if a controlled drug (CD) or fridge item needed to be added, or that the pharmacist wished to speak to the patient or their representative at the point of handout. Prescription tokens for Schedule 3 and 4 CDs were usually highlighted to ensure that they were not supplied to a person or their representative more than 28 days after the date on the prescription. However, one prescription for zopiclone was present that was not marked in this way. Dispensed prescriptions awaiting collection were marked with one of four different coloured highlighters that corresponded to specific months. Prescriptions remained on the shelf for a month before the patient was contacted and the medicines were returned to stock if not collected or required. The system ensured that there was always enough storage space for current prescriptions.

Prescriptions tokens for high-risk medicines such as warfarin, lithium and methotrexate were not routinely highlighted so there was a risk that counselling opportunities could be missed. The pharmacist said that he asked walk-in patients for relevant information about blood tests and dose changes, although this information was not usually recorded on the patient medication record (PMR). The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist confirmed that anyone prescribed valproate who met the risk criteria would be counselled appropriately and provided with information at each time of dispensing.

Disposable compliance aid trays were used to supply medicines to some people. People receiving compliance aids were identified by the annotation 'MDS patient', which was added to their patient medication record (PMR) and printed on their bag label. Also printed on the label were the person's

collection or delivery arrangements, contact details for representatives and other important messages. Compliance aids were labelled with descriptions to enable identification of individual medicines. Patient information leaflets were not always supplied so there was a risk that patients might not always have all the information they needed for them to make informed decisions about their own treatment. Each person receiving a compliance aid had a section in a dedicated file that included their personal and medication details. A dedicated area in the dispensary was used to store compliance aids for patients who were currently in hospital.

The pharmacy provided a range of NHS and private services. It had carried out about 150 influenza vaccinations during the 2021/22 season as part of the NHS service. And it also offered the NMS service and a smoking cessation service. The pharmacist provided an ear syringing service for a charge and was insured to provide the service remotely at people's homes if they were unable to travel to the pharmacy. Other services included private travel vaccination, UTI, otitis externa and weight loss services under patient group directions. The pharmacist said that uptake of the UTI, otitis externa and weight loss services was relatively low. There was a plan to offer a phlebotomy service and a cryotherapy service over the coming months.

The pharmacy provided a prescription collection service from the local surgery. It also offered a prescription delivery service on Mondays, Wednesdays and Thursdays, although urgent deliveries could be made on other days if needed. Signatures were obtained for deliveries of controlled drugs. In the event of a missed delivery, the driver notified the pharmacy team, who telephoned the patient to arrange an alternative delivery time or a collection.

Medicines were obtained from licensed wholesalers and were generally stored appropriately. Some pre-packed generic medicines were labelled with the name of the medicine, the batch number and the expiry date, but details of the manufacturer were not included, which might make it difficult to deal with a product recall quickly and effectively. Medicines requiring cold storage were stored in two well-organised drug fridges. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in two well-organised CD cabinets and obsolete CDs were segregated from usable stock.

Stock was subject to regular expiry date checks. These were documented, and short-dated items were highlighted with stickers. Two date-expired items were found in the compliance aid stock area, which was not included in the pharmacy's date-checking schedule. The pharmacist removed the items from stock and added the compliance aid medicines section to the schedule. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. There was no separate bin for disposing of cytotoxic waste. The pharmacist agreed to contact his waste contractor to obtain a bin and to segregate any cytotoxic waste that the pharmacy received in the meantime. A scheme run in association with Novo Nordisk allowed the pharmacy to recycle returned injection pens. The pharmacy received drug alerts and recalls via emails which were stored in an electronic file for reference. The pharmacist was able to describe how he would deal with drug recalls by contacting patients where necessary, quarantining affected stock and returning it to the relevant supplier.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. It makes sure these are always safe and suitable for use. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. A separate measure was used for methadone. Some unvalidated plastic measures were also used, although volumes of water measured in these measured the same as in a validated glass cylinder. The pharmacist agreed that he would not continue to use the plastic measures and would order glass cylinders to replace them. Triangles and a tablet counter were used to count tablets and a separate triangle was available for use with loose cytotoxics. A member of staff demonstrated that the tablet counter was calibrated appropriately before each use. The pharmacy had a range of up-to-date reference sources. All equipment was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested. All reusable clinical equipment was sterilised after each use. The ear syringing equipment included an antimicrobial filter which was changed regularly. Personal protective equipment was available, including gloves and masks. Equipment and facilities were used to protect the privacy and dignity of patients and the public: the computer was password-protected and the consultation room was used for private consultations and counselling.

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.