

Registered pharmacy inspection report

Pharmacy Name: Kingston Pharmacies, 442 Anlaby Road, HULL,
North Humberside, HU3 6QP

Pharmacy reference: 1032048

Type of pharmacy: Community

Date of inspection: 09/01/2020

Pharmacy context

The pharmacy is amongst a parade of shops on a main road leading out of Hull city centre. The pharmacy provides a range of services including dispensing NHS and private prescriptions. And it supplies multi-compartment compliance packs to help some people take their medicines. The pharmacy delivers medication to people's homes. And it provides the supervised methadone consumption service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.2	Standard not met	The pharmacy team members do not regularly record the errors they make whilst dispensing. The pharmacy team members have not recorded near miss errors for over 12 months. This does not allow effective learning from their mistakes. And the team does not have information to review dispensing errors and identify patterns. So, it may be difficult to take appropriate action to help prevent similar errors from happening again.
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 not all met

Summary findings

The pharmacy identifies and manages some of the risks associated with its services. The pharmacy has written procedures. But not all the procedures have been recently reviewed. This means there is a risk that team members may not be following up-to-date procedures. The team members do not regularly record the errors they make during dispensing. They have not recorded any near miss errors for over a year. So, the team does not have information to review these errors and identify patterns. And it is difficult for the team to take appropriate action to help prevent similar errors from happening again. The pharmacy does not keep all the necessary records in accordance with legal requirements.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). Some of the SOPs had been reviewed on 02 October 2018 and one SOP was reviewed on 02 January 2020. Other SOPs had review dates in November 2018 and March 2019. But there was no evidence these SOPs had been reviewed. The team had read the SOPs and signed the SOPs signature sheets to say they had read, understood and would follow them.

On most occasions the pharmacist when checking prescriptions and spotting an error asked the team member involved to find and correct the mistake. The pharmacy had a record available to capture these near miss errors. But the team had not recorded any errors in 2019. The pharmacy displayed a poster explaining what constituted a near miss on the wall next to where the near miss record was kept. The details included errors picked up at the accuracy stages such as incorrect quantities. And errors at the point of handing the medicine to the person such as an incorrect bag label. The pharmacy had a system to electronically record dispensing incidents. But there were no records on the system. The pharmacist owner stated no dispensing incidents had happened since the last inspection in October 2018. The team was managing an incident regarding the supply of an inhaler that would expire before the person had finished using it. The team members had been informed the day before the inspection. And they were contacting the wholesaler as the team had ordered the inhaler a few days earlier when the person presented the prescription. The inspector discussed the importance of checking expiry dates on products from the wholesaler. And as part of the dispensing process and the pharmacist's final check.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy. And it had a poster providing people with information on how to raise a concern. The pharmacy had a comments and suggestions box near the pharmacy counter. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website.

A sample of controlled drugs (CD) registers looked at found that some did not have the headers completed. Records of private prescriptions supplies were kept electronically. A sample of private prescriptions records looked at found some entries did not have the correct prescribers' details recorded. A sample of Responsible Pharmacist (RP) records looked at found several entries did not record when the RP finished their shift. At the time of the inspection the RP notice was wrong, this was corrected during the inspection. The team was aware of the General Data Protection Regulation (GDPR). The pharmacy displayed a poster detailing how it complied with the requirements of the GDPR. The team separated confidential waste for shredding.

The pharmacy team members had access to contact numbers for local safeguarding teams. The

pharmacist had completed level 2 training in 2017 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. And was due to update the training. The team had completed Dementia Friends training. The team had not had the occasion to report a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate team numbers for the volume of services provided. The pharmacy provides the team members with some level of feedback on their performance. And they have some opportunities to complete ongoing training. So, they can keep their skills and knowledge up to date. But the pharmacy doesn't always support a culture of learning to support the continuous delivery of safe and effective services. As it doesn't encourage team members to record and learn from the mistakes that happen when dispensing.

Inspector's evidence

The pharmacy opening hours were covered by the pharmacist owners with locum pharmacist support when required. The pharmacy team consisted of a part-time qualified dispenser and a part-time healthcare assistant. At the time of the inspection one of the pharmacist owners and the dispenser were on duty. The pharmacist and dispenser worked together to manage the workload. And the dispenser worked within their competency.

The pharmacy provided extra training through online modules provided by Numark or information given by manufacturers such as new products. The pharmacy provided annual performance reviews for the team. So, they had a chance to receive feedback and discuss development needs. This was supported by ad-hoc feedback. The pharmacy did not set targets for services. The pharmacist offered the services when they would benefit people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And it has facilities to meet the needs of people requiring privacy when using the pharmacy services.

Inspector's evidence

The pharmacy was clean and tidy and had enough storage space for stock, assembled medicines and medical devices. The team kept floor spaces kept clear to reduce the risk of trip hazards. The pharmacy had a consultation room located at the front of the premises with blinds across the window to protect people's privacy. The team used this for private conversations with people.

The lighting in the pharmacy was suitable and sufficient. There was a defined professional area. Materials for sale in the professional area were healthcare related. The premises were secure. The pharmacy had restricted access to the dispensary during the opening hours.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team provides services that support people's health needs. And it manages its services adequately. The pharmacy team takes care when dispensing medicines in to multi-compartment compliance packs to help people take their medication. The pharmacy obtains its medicines from reputable sources and it mostly stores and manages its medicines adequately. The pharmacy delivers medicines to people's homes. But the team does not always obtain signatures from people for the receipt of their medicines. So, the pharmacy doesn't have a robust audit trail and cannot always evidence the safe delivery of people's medicines.

Inspector's evidence

People accessed the pharmacy via a step free entrance. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. And the team had access to the internet to direct people to other healthcare services. The team members provided a repeat prescription ordering service. The team usually ordered the prescriptions two to three days before supply. This gave time to chase up missing prescriptions, order stock and dispense the prescription. The team recorded when the request was sent. And crossed through the entry when all prescriptions had arrived. The pharmacy team was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). And stated there were no people prescribed valproate who met the criteria. The pharmacist had received the PPP pack containing information for people but was not able to locate it.

The pharmacy provided multi-compartment compliance packs to help 14 people take their medicines. And it kept a list detailing when people were due their supply. The service was managed by the dispenser with support from the pharmacist. Prescriptions were usually ordered a week in advance of supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the medication record. And queried any changes with the GP team. The team usually recorded the descriptions of the products within the packs. And it supplied the manufacturer's patient information leaflets. The team labelled completed packs with the week number of supply. On occasions the team received a telephone call from the local hospitals about people who received the packs. And sometimes the team received copies of hospital discharge summaries. The team checked these against the medicine list to identify any changes.

The pharmacy supplied methadone as supervised and unsupervised doses. And it prepared the methadone doses before supply. This reduced the workload pressure of dispensing at the time of supply. The pharmacy stored the prepared doses in the controlled drugs cabinet with gaps between individual doses.

The pharmacy provided some separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team did not always complete the boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity. The dispenser and the pharmacist provided the

delivery service. The service was limited to people who struggled to get to the pharmacy. The team arranged with the person for the deliveries to be made when the dispenser finished their shift. Or of an evening after the pharmacy closed. The pharmacy team occasionally obtained a signature from the person receiving the medication.

One tablet bottle containing loose medicine and a bottle containing liquid medicine were found on the shelves in the dispensary. The bottles were only labelled with the name of the medicine. The batch number and expiry date of the medicines were not recorded on the label. So, the team could not check these medicines against any safety alerts that came through. And the team couldn't include these medicines in any date checks. These were removed from the shelves during the inspection. The pharmacy team checked the expiry dates on stock. But did not keep a record of this. The team usually placed a coloured dot to highlight medicines with a short expiry date. No out of date stock was found. The team members did not always record the date of opening on liquids. This meant the team may not identify products with a short shelf life once opened. And check they were safe to supply. For example, an opened bottle of Oramorph oral solution with 90 days use once opened did not have a date of opening recorded. The team checked fridge temperatures each morning. And had recently used the computer to record the temperatures. But the computer section for capturing these readings was empty. The team had used paper records, and these showed records on most days. And the readings were within the correct range. The readings from thermometer in the fridge at the time of the inspection showed they were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned controlled drugs (CDs) separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had equipment and computer software to meet the requirements of the Falsified Medicines Directive (FMD). But the team were not using it or scanning FMD compliant products. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert and actioned it.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication. And used separate measures for methadone. The pharmacy had a fridge to store medicines kept at these temperatures.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. And it held private information in the dispensary and rear areas, which had restricted access. The team used cordless telephones to make sure telephone conversations were held in private.

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.