

# 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:** 09/09/2020

## Pharmacy context

This community pharmacy is in a small parade of shops on a busy road leading into the centre of Hull. During the COVID-19 pandemic the pharmacy's main focus is on providing dispensing services. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. It also provides a medicine delivery service to people's homes.

## 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
<b>1. Governance</b>	Standards not all met	1.2	Standard not met	The pharmacy relies heavily on some informal processes which do not demonstrate effectively how all risks associated with dispensing medicines are managed. Pharmacy team members do not record the mistakes they make during the dispensing process, and learning associated with mistakes is not actively encouraged. The pharmacy's standard operating procedures are not kept up to date.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 the services it provides. And it has processes in place to manage feedback and to help ensure vulnerable people are safeguarded. But it relies heavily on some informal review processes. It does not always review its written procedures to ensure they are kept up to date and relevant, and it does not record mistakes made during the dispensing process. This means the team does not have the information to support it in identifying patterns in mistakes and taking action to prevent similar errors from occurring.

### Inspector's evidence

The pharmacy had addressed some of the risks associated with providing pharmacy services during the pandemic. But team members on duty during the inspection were not aware of any formal risk assessment tool used to help monitor and manage risk. Team members explained they had frequent discussions with the pharmacist owner during the pandemic in response to risk. In response to these conversations the team had set up a one-way system in the public area of the pharmacy. It had restricted access to the medicine counter by using a table in the public area, a notice on the table instructed people not to step forward to the counter. This approach helped to ensure team members could maintain social distancing requirements with member of the public while providing pharmacy services. The pharmacy had a stock of visors, gloves and type IIR face masks. But they didn't routinely wear personal protective equipment (PPE) when working in the dispensary. Team members could not always socially distance from each other whilst working. This meant there was a risk all team members may be considered 'close contacts' through NHS Test and Trace. The pharmacy was owned by two pharmacy who also owned a second pharmacy. When there was a need, some team members had provided support between both pharmacies.

Workload in the dispensary was managed appropriately with separate space for labelling, assembling and checking medicines. An area towards the back of the dispensary provided some protected space for higher-risk tasks, such as dispensing substance misuse medicines and assembling multi-compartment compliance packs.

The pharmacy had a set of standard operating procedures (SOPs). These covered controlled drug (CD) management, responsible pharmacist (RP) requirements, pharmacy services and dispensing processes. Some SOPs had not been formally reviewed in accordance with their planned review date. This had been identified during the last inspection of the pharmacy in January 2020, and it remained an outstanding issue. Team members had read and signed the SOPs to confirm they understood them.

The previous inspection of the pharmacy in January 2020 had led to an improvement action plan being issued to address concerns relating to lack of compliance with incident reporting. This had led to the pharmacy implementing a 'near miss error recording form', and this was displayed on a wall to the side of the dispensary. The sheet had not been used since it had been implemented. And a thorough discussion with team members indicated some near miss errors had occurred but had not been recorded. Team members were aware of the requirement to record their mistakes and indicated this had been an area of improvement highlighted at past inspections. The team could demonstrate actions that had been taken in response to some mistakes following the inspection in January 2020, including using dividers on dispensary shelves. And a team member reflected on the importance of taking mental

breaks during the dispensing process when dispensing dental prescriptions, due to the prescribing of common regimens to treat dental emergencies. But the team had not made any effort to record these mistakes to help inform shared learning and risk reduction actions. A further discussion about the GPhC's guidance on ensuring a safe and effective pharmacy team took place. This guidance clearly set out the need for pharmacy teams to record, review and learn from near misses, mistakes or incidents. And the guidance supports pharmacy teams in demonstrating openness, honesty and a commitment to continuous learning.

The pharmacy had an electronic mechanism for reporting dispensing incidents. There was no evidence of incident reporting available on the system, and team members explained there had been no dispensing errors made to their knowledge for some time. The pharmacy had a complaints procedure, and it displayed details of how somebody could raise a concern or provide feedback about the pharmacy. Pharmacy team members could explain how they would manage feedback. A team member reflected on how the team had worked hard during the pandemic to help manage people's expectations.

The pharmacy had up-to-date indemnity insurance arrangements in place through Numark. The RP notice on display was changed as the inspection process began, shortly after the pharmacy had opened. The updated notice reflected the correct details of the RP on duty. Entries in the sample of the RP record examined complied with requirements. The pharmacy maintained running balances in its CD register. Several page headers were not completed in accordance with requirements. And the pharmacy did not make records of any balance checks it made between the register and physical stock. A physical balance check completed during the inspection complied with the running balance recorded in the register. Team members did not know how often balance checks were completed, they explained the pharmacist owner managed CD stock. The pharmacy kept a patient returned CD destruction register, and records made in the register were up to date.

The pharmacy displayed details of how it complied with the General Data Protection Regulation (GDPR). And team members demonstrated their awareness of the need to maintain people's confidentiality by answering a hypothetical scenario relating to patient data left at the medicine counter. The pharmacy disposed of confidential waste through a shredder.

Team members had an awareness of the need to safeguard vulnerable people. And both the pharmacist and a dispenser provided examples of how they would do this. The pharmacy had contact details for safeguarding agencies in place. And the team identified how it could also contact surgeries and substance misuse key workers to discuss potential concerns if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient team members, with the relevant training to help support the delivery of its services. Team members have opportunities to complete some continuous learning associated with their roles. And they are supported in implementing their ideas. But the pharmacy does not encourage its team members to record and learn from their mistakes.

### Inspector's evidence

The RP, a qualified dispenser and a qualified medicine counter assistant were on duty on the date of the inspection. The RP was a locum pharmacist who occasionally covered the owner's days off and annual leave. The pharmacy employed no other team members. The pharmacy had seen a small rise in dispensing volume since the beginning of the pandemic. And team members discussed how they planned workload and organised services, such as deliveries to help manage this increase. There was no evidence of formal individual pandemic risk assessments being carried out with team members. But those spoken to confirmed they felt able to discuss any concerns they had during the pandemic.

A team member explained there were opportunities to complete continual learning through reading pharmacy trade magazines and responding to training questionnaires and quizzes provided by Numark. Some team members had attended an out-of-hours meeting organised by the local NHS team to learn more about the changes to prescription ordering prior to the national lockdown. A team member explained this event had helped the team support people with changes to ordering requirements.

A team member explained there was no formal appraisal process. But team members were provided with opportunities to feedback their ideas and discuss their learning needs during regular conversations. The pharmacy team clearly worked very closely together and team members confirmed they were able to raise any concerns they had with the pharmacy owner directly. The team were confident at implementing their ideas and demonstrated this through the inspection. For example, a team member reflected on the discussion about near misses and took the opportunity to brainstorm ideas to support the team in recording them moving forward.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure and suitably maintained for the services it provides. There are facilities to meet the needs of people requiring privacy when using pharmacy services.

### Inspector's evidence

The pharmacy was clean and tidy. The public area was accessible to people using wheelchairs and pushchairs. The team had reorganised this area of the pharmacy to help support social distancing requirements. A table helped to ensure team members stayed two meters from people visiting the pharmacy. The pharmacy's floor spaces were clear of trip hazards and there was enough clear workbench space in the dispensary for dispensing medicines.

The pharmacy had a consultation room located at the front of the premises with blinds across the window to protect people's privacy. But the room was not in routine use during the pandemic. Team members explained they could usually hold private conversations in the public area due to the low footfall of people coming into the pharmacy. The lighting in the pharmacy was sufficient, and appropriate heating arrangements were in place. A team member confirmed maintenance concerns were managed by the owner. The premises were secure and the dispensary was protected from unauthorised access during the pharmacy's opening hours. There was enough storage space for stock, assembled medicines and medical devices. Back rooms off the dispensary provided staff facilities and storage space for archived records.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible to people. It works well with other healthcare professionals to ensure people have access to the medicines they require during the COVID-19 pandemic. And it takes care when providing higher risk services and medicines to people. It obtains its medicines and medical devices from reputable sources. And it stores its medicines securely. But the pharmacy doesn't always follow formal processes to assist it in managing its medicines, such as using a date checking rota.

### Inspector's evidence

The pharmacy was accessible from street level through a simple push/pull door. It advertised its opening hours and services in window displays. It also displayed clear information relating to COVID-19. This included reminding people to wear a face covering when visiting the pharmacy.

Pharmacy team members had continued to support people by facilitating a repeat prescription ordering service during the first six months of the pandemic. Team members reported the system had been due to change in Spring 2020, to a patient-ordering model. But due to the pandemic, the local NHS team had delayed the change to September 2020. Team members explained how this had caused some confusion with people initially as they had been briefed about the new system and had received their repeat prescription slips back to allow 'self-ordering'. The pharmacy had responded well by supporting people and ensuring prescriptions were ordered so people did not run out of medicines. The pharmacy had also worked very closely with a local dental surgery during the pandemic. And it had appropriate processes to help support timely access to acute medicines to treat dental emergencies. The number of dental prescriptions processed has increased considerably during the early days of the pandemic. The team explained how the pharmacy had responded to this by reviewing stock levels and increasing stock levels of commonly prescribed medicines such as amoxicillin and metronidazole.

Pharmacy team members were aware of higher risk medicines and the pharmacy had some processes in place for managing these medicines. For example, a team member explained the types of information required when somebody wished to purchase over-the-counter opioid medicines. Concerns over repeat requests were referred to a pharmacist. The pharmacy team was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). And valproate preparations on the dispensary shelves had the relevant PPP warning cards attached. The pharmacy team explained they did not regularly dispense valproate to people in the high-risk group.

The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the items and stock for one prescription mixing with another. The pharmacy had checked by and dispensed by boxes on dispensing labels. But random checks of assembled medicines waiting for collection found these were not always completed. This meant it might be more difficult for the team to answer a query should one arise. The pharmacy retained original prescriptions when they owed a medicine. They provided people with written information relating to the owing and used the original prescription when dispensing the remaining quantity. Team members completed deliveries of medicines. And they reflected on how they had managed the increase in demand for the service during the pandemic. Deliveries for urgent medicines were prioritised, and both the dispenser and owner had completed more deliveries on their way home in an evening to help manage this demand.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. A team member demonstrated a robust audit trail for managing this workload. The same team members reflected on how a schedule to support workload associated with the service had been particularly helpful in ensuring prescription requests were chased during the earlier months of the pandemic. This allowed time to deal with queries and changes to medicine regimens. In addition to the electronic patient medication record (PMR), the pharmacy had a record in place for each person receiving their medicines in a compliance pack. The record listed their current medicine regimen and dates on these records confirmed they were kept up to date. A sample of assembled packs contained descriptions of the medicines inside. But backing sheets were not physically attached to compliance packs. A discussion took place about the risks of not attaching backing sheets securely to each compliance pack. And a team member acknowledged this would be done moving forward.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members had demonstrated an understanding of the requirements associated with the Falsified Medicines Directive (FMD) during the last inspection. But the pharmacy had yet to begin scanning and decommissioning medicines to assure compliance with the directive. It had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It received medicine and medical device alerts through email. And the team could discuss the action they had taken to address a recent medicine recall.

The pharmacy stored Pharmacy (P) medicines behind the healthcare counter. This arrangement allowed the RP to appropriately supervise any sales taking place. The team stored medicines in the dispensary in an organised manner and within their original packaging. A team member explained how date checking and cleaning took place regularly. But the pharmacy did not have a date checking matrix in place to help manage this activity. A random check of stock on the dispensary shelves found no out-of-date medicines. But an expired CD was found in the CD cabinet amongst stock. The pharmacy had processes in place for segregating expired CDs, the RP acted immediately to segregate the item. The RP also annotated the CD register to confirm the stock was out of date. Team members did not always record the date of opening on liquid medicines. This meant it was more difficult for the team to establish a liquid medicine remained safe and fit for purpose if they came to dispense the remainder of the bottle at a later date.

The pharmacy held CDs in secure cabinets. Medicines were stored in an orderly manner within the cabinets. The pharmacy had a fridge for storing cold chain medicines. The fridge was an appropriate size for the level of stock and assembled medicines stored inside. Pharmacy team members checked the temperature of the fridges regularly, and recorded these most days. Temperature records confirmed the fridge was operating between two and eight degrees Celsius as required.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has a suitable range of equipment available for the pharmacy services provided. Pharmacy team members use the equipment and facilities in a way which protects people's privacy.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The team could access the internet to help resolve queries and to obtain up-to-date information. There was a range of clean equipment available to support the delivery of pharmacy services. This included crown stamped measuring cylinders for measuring liquid medicines and single-use consumables for the compliance pack service. Team members regularly checked equipment to ensure it remained in working order.

The computer system was password protected and NHS smartcards were used to access people's medication records. The layout of the pharmacy prevented unauthorised access to computers. The pharmacy stored bags of assembled medicines within the dispensary and behind the medicine counter. People's details on bag labels were not visible to members of the public. Members of the pharmacy team used cordless telephone handsets. This meant they could move out of earshot of the public area when having confidential conversations with people over the telephone.

### 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.