

Registered pharmacy inspection report

Pharmacy Name: Kean Pharmacy, 59 Dellsome Lane, Welham Green, HATFIELD, Hertfordshire, AL9 7DY

Pharmacy reference: 1032242

Type of pharmacy: Community

Date of inspection: 22/08/2019

Pharmacy context

This community pharmacy is located along a parade of shops in a Hertfordshire village. It generally dispenses NHS prescriptions to people who live in the local residential area and to other local villages. It supplies some medicines in multi-compartment compliance packs to help people organise their medicines.

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 generally manages its risks well. Its team members know how to manage people's personal information properly. And they know how to protect vulnerable people. The pharmacy keeps records about mistakes so that its team members can make improvements. They keep the legal records that are needed and generally make sure that they are accurate.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were regularly reviewed so they were kept up to date. Team members had signed records to show that they had read SOPs that were relevant to their roles.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members said that they received feedback verbally. The seating area had been changed to make it more comfortable for people using the pharmacy. Team members had a good rapport with people who used the pharmacy. The pharmacy had a SOP about managing complaints. The pharmacy's owner had overall responsibility for responding to complaints or concerns. Information about the pharmacy's complaints process was in its practice leaflet.

The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. Team members said that there had been no previous safeguarding concerns and said they would refer their concerns to the pharmacist. They had signed SOPs about safeguarding and some had received additional training from the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy had SOPs about information governance and confidentiality. Team members also received training about confidentiality as part of their pharmacy qualifications. The pharmacy had provided training about the General Data Protection Regulation (GDPR). Confidential waste was separated from other waste, so it could be destroyed by a third-party company. Pharmacists used their own NHS smartcards to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet.

The pharmacy kept records about dispensing errors and near misses. Dispensers generally recorded their own near misses and team members discussed mistakes which occurred. The pharmacy completed regular reviews to record improvements they had made. It had clearly separated sildenafil and sertraline tablets to stop them from being mixed up. The pharmacy kept a list about 'lookalike and soundalike (LASA)' medicines so its team members took extra care when dispensing these medicines.

A notice was displayed so that people using the pharmacy could see the name and registration number of the pharmacist on duty. The sign did not show the correct details. The notice was changed when the inspector highlighted this to the pharmacy team. Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance.

The pharmacy kept required records about controlled drugs (CDs). The records included running balances. The running balances were checked when entries were made in the registers. Three CDs were

chosen at random and the stock found matched the recorded running balances. Records about emergency supplies of medicines to people were generally adequate. There were several records that were not fully completed because they did not include the reason for the supply or nature of the emergency. This was highlighted to the pharmacy owner, so this could be included. Other records about the responsible pharmacist, private prescriptions and CDs returned by people were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Its team members have suitable pharmacy qualifications for their roles and they receive ongoing training to keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (regular locum pharmacist), a second pharmacist (pharmacy owner) and one pharmacy student present. The staffing level was adequate to manage the pharmacy's workload. The pharmacy planned absences to make sure the staffing level was maintained. Overtime was used to provide additional cover.

The pharmacy had certificates which showed that the pharmacy's team members had undertaken appropriate pharmacy qualifications for their roles. It received monthly newsletters which included information about healthy living and minor ailments. The owner encouraged the team members to read the newsletters and she kept records to monitor this. Team members also said that they held informal discussions to share information about changes to legislation or new services such as the flu vaccination service. The pharmacy's team members had undertaken training that was required for the Quality Payment funding scheme. This included training about dementia and risk management. The owner said that there were no formal targets to achieve. She said that each team member was responsible for providing a good service to people who used the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has an appropriate consultation room that can be used for private conversations, and it has adequate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had an appropriate consultation room and it made sure confidential information was not visible. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services well. It makes sure that its medicines are sourced from licenced wholesalers. Its team members identify higher-risk medicines so that people receive the right advice to use their medicines properly.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services. The pharmacy generally received electronic prescriptions from local surgeries.

The pharmacists labelled prescriptions which allowed them to identify any clinical issues, such as interactions. Stickers were used to highlight eligibility for services or advice to be provided by a pharmacist. The pharmacy team asked people who were supplied with warfarin about relevant blood tests.

The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept appropriate records about these deliveries which included signatures.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. The workload was arranged over four weeks which helped it to be more organised. The pharmacy kept records about medicines, administration times and changes to medicines. Assembled packs did not always include descriptions which may have made it harder to identify individual medicines. Patient information leaflets were supplied with the packs.

The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members had a template to record daily fridge temperatures, but there were several missing records where the temperature had not been checked. So, they may not have been sure that the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were segregated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every two to three months. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records were dated in May 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy put the date onto liquid medication bottles when they were opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were separated and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for cytotoxic and other hazardous medicines and a list was displayed to help the team identify these medicines.

The pharmacy had equipment and software to help verify the authenticity of its medicines and to

comply with the Falsified Medicines Directive. The pharmacy received information about medicine recalls in emails. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall that had been received from a wholesaler.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members make sure that equipment is maintained properly. And they use up-to-date reference sources when they provide services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. The owner was responsible for managing any maintenance issues. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate measures to accurately measure liquids and it had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

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.