

# Registered pharmacy inspection report

**Pharmacy Name:** Kemkay Chemist, 3 Clifton Buildings, Avenue Road,  
FRESHWATER, Isle of Wight, PO40 9UT

**Pharmacy reference:** 1032528

**Type of pharmacy:** Community

**Date of inspection:** 19/07/2019

## Pharmacy context

This is a community pharmacy located on a high street in Freshwater on the Isle of Wight. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, can offer treatment for a variety of minor ailments and dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

## 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
<b>1. Governance</b>	Standards met	1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and can demonstrate having used these to protect their vulnerable patients.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy team offer a range of services to increase accessibility to the treatment of minor conditions to their local population.
		4.4	Good practice	The pharmacy team proactively contact patients when concerns are raised about their medicines.
<b>5. Equipment and facilities</b>	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. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risks. There were some examples of near misses but these had not been recorded since May. The pharmacist agreed to address this. The pharmacist reported that since having a dispensing robot installed, errors had decreased in frequency significantly. The pharmacist reported that errors were reviewed when they occurred. Based on previous hand out errors involving patients with similar names, the pharmacy team were now using NPA 'check name' labels on some assembled prescription bags.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Staff demonstrated that dispensing errors were recorded electronically and included an investigation as to why the error had occurred. Dispensing errors were also reported to the National Reporting and Learning System.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks. SOPs had been reviewed within the last two years. On questioning, staff were able to explain their roles and responsibilities.

A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract and previous feedback was displayed and was positive.

An indemnity insurance and public liability certificate from Numark was displayed and was valid and in date until the end of May 2020. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of a random CD was checked for record accuracy and was seen to be correct. CD balance checks were carried out infrequently and the pharmacist agreed to address this.

Date checking was carried out regularly. The dispensing robot would date check stock and produce a short-dated stock list for staff to review. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range.

An electronic responsible pharmacist (RP) record was retained and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The private prescription, emergency supply and

specials records were retained and were in order.

Staff were seen to be following the company information governance policy. Confidential waste was separated and shredded intermittently using a cross cut shredder. The computer screens were all facing away from the public and access to patient confidential records was password protected.

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were available for safeguarding referrals, advice and support.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There was one pharmacist, one dispensing assistant and two medicine counter assistants present during the inspection. They were all seen to be working well together. Staffing levels were seen to be sufficient for the level of the services provided during the inspection.

Staff performance was monitored, reviewed and discussed informally throughout the year. Staff meetings would take place on an ad-hoc basis where any significant errors and learning would be discussed with the team.

The staff reported that they kept their knowledge up to date by reading a variety of counter skills books and third party materials. They would ask the pharmacist if they had any queries. The pharmacist used the 'Virtual Outcomes' training platform and demonstrated that staff had been trained on a range of topics including diabetes and obesity awareness. Staff had also recently completed the CPPE package on children's oral health and reported that they had found this useful to best advise their patients. Staff reported that they received time to complete their training.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy was clean, tidy was presented in a professional manner. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing

Medicines were stored in the robot with some medicines, such as liquids, also being stored on dispensary shelves in a generic and alphabetical manner. The pharmacy had a consultation room that was well soundproofed. Patient confidential information was stored securely. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action.

### Inspector's evidence

Pharmacy services were detailed on posters and leaflets available around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team offered a non-complicated urinary tract treatment service via patient group direction (PGD). The pharmacist reported that this service was popular due to a reduced availability of medical services on the island. The pharmacist was able to offer a short course of either nitrofurantoin or trimethoprim if the patient was over 16, was female and was presenting with symptoms such as pain on urination and increased urinary frequency. If there was treatment failure, the pharmacist reported that these patients would then be referred onto their GP. The PGD was examined and was valid and in date.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. However, valproate patient cards were not available for use during valproate dispensing to all patients who may become pregnant. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. But a box of gabapentin 300mg capsules, a schedule 3 CD, was found in the regular designated bin for storing waste medicines rather than being denatured as a CD. A hazardous medicines waste bin was also available for use. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was European Falsified Medicines Directive (FMD) compliant. The relevant equipment and software was in place. Medicines were obtained from suppliers such as AAH, Alliance and Phoenix. Specials were obtained from Phoenix specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records and audit trails were kept to demonstrate this. The pharmacist had recently contacted several patients due to a class 4 alert regarding Emerade 150, 300 and 500 microgram solution for injection in pre-filled syringes.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing CDs. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there was a counting triangle and a capsule counter available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

The pharmacy was equipped with a BD Rowa dispensing robot and the pharmacist reported that this had greatly reduced the incidence of selection errors. The robot was self-maintaining and there was a 24 hour helpline if any service issues should arise.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### 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.