

# Registered pharmacy inspection report

**Pharmacy Name:** Lindsay Chemist, Clifton Road, KINGSTON UPON THAMES, Surrey, KT2 6PF

**Pharmacy reference:** 1036644

**Type of pharmacy:** Community

**Date of inspection:** 11/07/2019

## Pharmacy context

An independent pharmacy located next door to a GP surgery in Kingston Upon Thames serving the local community. It is a family run business and has been owned by the regular pharmacist and previously, his father for many years. The pharmacy dispenses prescriptions and provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multi-compartment compliance packs (MDS trays or blister packs) for patients in their own home and a delivery service.

## 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	N/A	N/A	N/A
<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 met

### Summary findings

Overall, the pharmacy's working practices are safe. The team records near misses and errors but does not always include a lot of detail explaining why the error occurred so they may be missing opportunities to prevent similar mistakes happening in future. The pharmacy has agreed procedures to follow for the work they do, but team members have not signed these. This means it is difficult for the pharmacy to show the staff are all following the same procedures. The pharmacy keeps records it needs to by law but does not always check the stock levels of some of its medicines. This means that mistakes could occur and may not be identified easily. The pharmacy keeps people's information safe and team members help to protect vulnerable people.

### Inspector's evidence

The pharmacist demonstrated how the team records near misses in a log held in the dispensary. The entries in the near miss log did not always include a lot of detail to explain why incidents had occurred. The pharmacist explained that the team would review all the near misses and incidents at the end of each year so that any trends could be highlighted to the team in a meeting. The pharmacist explained that the team had discussed 'Look Alike Sound Alike' (LASA) drugs and they were all pointed out. The pharmacist explained that if the pharmacy made a dispensing error, it would be highlighted to everyone in the pharmacy team and it would be reported on the NRLS website with a copy of the report retained in the pharmacy.

There was a clear workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the end of January 2020. SOPs were in place for the dispensing tasks and had last been reviewed in January 2018. However, although the staff explained they had read and understood the SOPs, there was no evidence documented show this.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual CPPQ survey and the results of the latest one were seen to be positive and displayed on the nhs.uk website. Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of Medikinet XL 5mg tablets was checked for record accuracy and was seen to be correct.

The responsible pharmacist record was held appropriately, and the correct responsible pharmacist notice was displayed in pharmacy. The maximum and minimum fridge temperatures were recorded electronically daily and were seen to be in the 2 to 8 degrees Celsius range. Where the temperature was recorded out of range, the team annotated the temperature log to explain why this had occurred. The private prescription records were seen to be completed appropriately electronically. The specials records examined were seen to be complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. There were cordless telephones available for use and confidential waste paper

was collected and shredded.

The pharmacists had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may suggest there is a safeguarding issue. The pharmacist demonstrated a safeguarding folder the team held in the pharmacy which included the contact detail for the local safeguarding authorities. The pharmacy team were also Dementia Friends and had completed this learning online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services safely. But team members don't have formal training plans which could affect how well they care for people and the advice they give. Team members can share information and raise concerns to keep the pharmacy safe.

### Inspector's evidence

During the inspection, there were two pharmacists, one pre-registration pharmacist and one pharmacy summer student. The staff were seen to be working well together and supporting one another. The pre-registration pharmacist had recently sat the pre-registration exam and had completed the ProPharmace training programme during his training year. He explained that he would attend regular study days tailored around clinical areas in preparation for the pre-registration exam and the responsible pharmacist would often coach him and test him during the day.

The team explained that they would often be coached on current professional topics by the pharmacists and would have access to both the Pharmaceutical Journal and the Clinical Pharmacist journal. The pharmacist explained that he and the superintendent would often attend local training events held by CPPE or the Local Pharmaceutical Committee (LPC).

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which was causing them concern or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable for the provision of its services, and are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

### Inspector's evidence

The pharmacy was on one floor and included a large retail area, the dispensary and a consultation room at the front of the pharmacy. There was a staff area to the side of the dispensary and a stock room and staff bathroom. The shop area was presented well and in a professional manner. However, the dispensary was a bit cluttered. The general appearance of the pharmacy was also quite dated and could do with modernising. The pharmacist explained that the team have a cleaner who would come in a clean regularly, but the team would clean in between this.

The dispensary was screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The team used hand-held telephones to take phone calls at the back of the dispensary if they were of a sensitive nature.

There was a sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. There was also alcohol hand gel available. The ambient temperature was suitable for the storage of medicines and lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy services are accessible to people with different needs. Generally, the pharmacy team provides safe services and provides people with information to help them use their medicines. The pharmacy gets medicines from reputable sources. But the pharmacy could do more to ensure stock medicines are stored in appropriately labelled containers. The pharmacy team knows what to do if medicines are not fit for purpose.

### Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy near the waiting area.

There was step-free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it while waiting for services. The pharmacist explained that they have used the team's language skills to assist people in the past who had difficulty communicating in English.

The pharmacy team prepared MDS packs for people still living in their own homes. The packs were seen to include accurate descriptions of the medicines inside. The team explained that they would provide Patient Information Leaflets on the first supply of packs and with new medicines, but not with every supply. The pharmacist explained how the team would try to ensure accuracy when preparing trays by first having the picked medicines checked by the pharmacist against the prescription and then checking the completed tray against the prescription.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. The pharmacist explained that the team had not checked to see if they had any patients in the group which was at risk, but this was done during the inspection and the pharmacist explained he would speak to possible patients at risk.

The pharmacist explained that he would target patients on warfarin for MURs to see if they knew their dose of warfarin and that he would provide them with an anticoagulant monitoring book if they did not have one. INR levels and last blood test dates would not be routinely recorded on the PMR. The team were aware of the European Falsified Medicines Directive (FMD) and the pharmacist explained that they had signed a contract to obtain scanners for iPads and iPhones and to get the software required to allow them to decommission medicines.

The pharmacy obtained medicinal stock from Alliance, Sigma, Doncaster and Colorama. Invoices were seen to demonstrate this. Medicines were stored on the shelves appropriately, but this wasn't maintained to a tidy standard. Date checking was carried out regularly and the team highlighted items due to expire with coloured stickers. However, during the inspection several loose strips of tablets and amber bottles with loose tablets were found without the expiry dates or batch numbers. The pharmacist disposed of these during the inspection and gave assurances that this they would ensure all medicines not in original packaging would be labelled with the required information.

There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and secured to the wall of the dispensary. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock.

MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for alerts they had actioned and annotated the action they had taken on them.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure that it works properly.

### Inspector's evidence

There were several crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service.

Dooop bins were available for use and there was sufficient storage for medicines. The computers were all password protected and conversations going on inside the consultation could not be overheard.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.