

Registered pharmacy inspection report

Pharmacy Name: Kanset Pharmacy, 177 Ashburnham Road, Ham,
RICHMOND, Surrey, TW10 7NR

Pharmacy reference: 1036708

Type of pharmacy: Community

Date of inspection: 30/09/2019

Pharmacy context

An independently run community pharmacy. The pharmacy is in a small shopping precinct in the centre of Ham, next to other locally run shops and businesses. As well as the NHS Essential Services, the pharmacy provides a delivery service for the vulnerable and housebound and supplies medicines in multi-compartment compliance aids for a small number of people. It also provides health checks, including blood pressure monitoring, blood glucose and cholesterol testing and BMI measurements. It also provides substance misuse support services including supervised consumption and has recently launched a flu vaccination service for the forthcoming flu season. Other services include; Medicines Use Reviews (MURs), a New Medicines Service (NMS), a smoking cessation service and sexual health services.

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	2.5	Good practice	Team members work well together and are supportive of one another.
3. Premises	Standards met	3.1	Good practice	The newly refitted pharmacy presents a highly professional appearance. And provides a good workflow.
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's working practices are safe and effective. Its team members understand their roles and responsibilities. They listen to people's concerns and keep people's information safe. Team members discuss any mistakes they make, and they share information on what could go wrong to help reduce the chance of making mistakes in future.

Inspector's evidence

Staff worked under the supervision of the RP whose sign was displayed for the public to see. There was a set of up-to-date standard operating procedures (SOPs) in place, several of which were under review following recent procedural changes. Staff had read and signed the SOPs relevant to their roles. The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded as soon as possible afterwards. The superintendent pharmacist (SI) said that he, and the regular locums, discussed all near misses with the individual involved, as soon as they came to light. They also had regular meetings to review and discuss any mistakes and ways of preventing a reoccurrence. The RP described how he had made staff aware of the NPA list of drugs with similar names, which were at risk of error. Included in the list were sertraline and sumatriptan. He showed how he had separated stocks of duloxetine and dutasteride to reduce the chance of a mistake between them and the dispenser was preparing shelves to separate stocks of venlafaxine tablets from the capsules.

The system for recording near misses showed who was involved, possible causes and any learning points. Mistakes appeared to be relatively rare with only four mistakes in the previous two months. Staff were required, to reflect on their individual dispensing process to help identify any specific steps or checks which could have prevented the mistake. The last quarterly review identified that staff should review their compliance with the dispensing SOP, but this was not reiterated for the near misses which followed.

The pharmacy team had a positive approach to customer feedback. A previous survey demonstrated a very high level of customer satisfaction. The only area for improvement identified by customers was for smoking cessation advice. A smoking cessation service was available, and staff tried to promote it to customers during MURs and whenever it was appropriate. They also described actively promoting general health checks, taking the service out into the community at local events. These services were also advertised on pharmacy bag labels. The team described how they ordered the same brands of medicines for certain people to help meet their needs. Customer preferences included the Milpharm brand of risedronate, the Crescent brand of candesartan and the Bristol brand of ramipril capsules. The team had added notes to patient medication records (PMR)s as a reminder for staff.

The pharmacy had a documented complaints procedure. A SOP for the full procedure was available for reference. Where possible, customer concerns were dealt with at the time by the regular pharmacist and or the SI. But, staff said complaints were rare. Details of the procedure were available in the SOP and details of the local NHS advocacy service and PALs could be provided on request. The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 01 August 2020 when they would be renewed for the following year.

All the necessary records were kept and were in order including Controlled Drug (CD) registers. Records for private prescriptions, emergency supplies, the responsible pharmacist (RP) and unlicensed 'Specials' were also in order. The pharmacy had records for CDs returned by people. Records of returned CDs were kept for audit trail and to account for all the non- stock CDs which RPs had under their control.

Staff had undergone information governance and GDPR training. They had also read and signed a confidentiality agreement. Discarded labels and tokens were shredded on a regular basis. Completed prescriptions were stored on shelving in the dispensary where patient details could not be seen by other people using the pharmacy. The pharmacist on duty, had completed level two CPPE training for safeguarding. The SI had completed level three and acted as the safeguarding lead at the LPC. Remaining staff had all completed level one. All regular staff had completed dementia friends training. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities were available online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively. Team members work well together and are supportive of one another. They are comfortable about providing feedback to one another and are involved in improving the pharmacy's services.

Inspector's evidence

The pharmacy had two regular full-time pharmacists, including the superintendent (SI) and the regular locum. It also had a part-time locum one day per week. There were therefore two pharmacists available each day. The rest of the team consisted of a full-time dispensing assistant, three part-time medicines counter assistants (MCA)s and a part-time trainee MCA. On the day of the inspection the RP was supported by the SI and the dispenser, two MCAs and the trainee MCA. The trainee had been in post for less than two weeks.

Team members were observed to work effectively together. They were seen assisting each other when required. The daily workload of prescriptions was up to date and customers were attended to promptly. Staff described being able to raise concerns. The dispenser said she could discuss any issues with pharmacists while they worked together but could not recall having had any concerns to raise. The pharmacy had been under the same ownership for many years. It had a small, close-knit team and staff felt able to raise concerns with the regular pharmacists if they needed to. The dispenser described being pro-active when managing multi-compartment compliance aids. She would generally look out for hospital discharge letters to alert the pharmacist to any prescription changes. She would also call patients' surgeries to request any updated prescriptions if required. The RP was able to make her own professional decisions in the interest of patients and felt able to manage targets as part of the daily workload. She said she would offer an MUR to patients who needed them. She prioritised MURs for higher risk groups such as those on Cardiovascular medication.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are bright, modern, clean, tidy and organised. They present a highly professional appearance. And provide a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy was in the centre of the local residential community. It had been refitted less than two years previously and had a bright modern appearance. It had a double front with full height windows, and a glass door to provide natural light. The pharmacy had a traditional layout with customer areas and the pharmacy counter to the front and the dispensary behind. Aisles were kept clear of obstructions and were wide enough for wheelchair users. There was a small seating area for waiting customers. The pharmacy had a consultation room to the side of the counter, which the pharmacist used for private consultations and services such as flu vaccinations. The door into the consultation room was locked when not in use. Items stocked included a range of baby care, healthcare, beauty and personal care items.

The dispensary had dispensing benches to two sides and a shelving unit in the middle. The dispensing bench to the front of the dispensary was where most of the dispensing and checking took place. Multi-compartment compliance pack dispensing took place on the rear area of bench space. Work surfaces were well used but there was a clear work flow. Completed prescriptions were stored on shelves in the dispensary where they could not be viewed by the public. Access to the dispensary was authorised by the pharmacist. There was an office, fire exit and staff facilities to the rear. Staff facilities were modern and clean. The pharmacy was tidy and organised and had a professional appearance. Shelves, worksurfaces, floors and sinks were all clean.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively and makes them available to everyone. Members of the pharmacy team give people the advice and support they need to help them use their medicines safely and properly. In general, the pharmacy manages its medicines safely and effectively. The pharmacy's team members check stocks of medicines regularly to make sure they are in date and fit for purpose. They store medicines appropriately and dispose of waste medicines safely.

Inspector's evidence

A selection of services were advertised on the wall outside the consultation room. Posters on the pharmacy window promoted seasonal services such as winter health and flu vaccinations. There was also a Healthpoint TV promoting other services. There was a range of information leaflets available for customer selection in the consultation room and on the healthy living display near the waiting area. The pharmacy had step-free access from outside and an automatic door. Aisles were wide and kept clear of obstructions. They were wide enough for wheelchair users to move around. The consultation room was also of a size suitable for wheelchair access. The pharmacy offered a prescription collection service and a prescription ordering service for those who needed help to manage their prescriptions.

There was a set of SOPs in place. In general, staff appeared to be following the SOPs. A CD stock balance was carried out every month with methadone levels checked each week. The quantity of stock checked (Oxycontin 20mg) matched the running balance total in the CD register. Multi-compartment compliance aids were provided for people who needed them. Patient information leaflets (PILs) were offered to patients with each supply. The medication in compliance packs was given a description, including colour and shape, to help people to identify their medicines. This also helped people to identify and remove tablets such as soluble aspirin which needed to be dissolved in water before administration. The labelling directions on compliance aids referred patients to the PIL and gave the required BNF advisory information to help people take their medicines properly. Pharmacists were aware of the need to counsel patients, in the at-risk group, taking sodium valproate. Although they did not currently have any patients in at-risk group taking the medication, they had the warning cards, booklets and the MHRA guidance sheet to help them provide the appropriate information if they needed it. Packs of sodium valproate in stock bore the updated warning label. The team also had additional warning labels to apply to packs if needed.

Medicines and Medical equipment were obtained from: AAH, Alliance Healthcare, Phoenix, DE South Pharmaceuticals, Sigma and Colorama. Unlicensed 'specials' were obtained from Sigma. All suppliers held the appropriate licences. Stock was generally stored in a tidy, organised fashion. A CD cabinet and a fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read and recorded daily. Stock was regularly date checked and records kept. The team were scanning products with a unique barcode in accordance with the European Falsified Medicines Directive (FMD) requirements.

Waste medicines were disposed of in the appropriate containers and collected by a licensed waste contractor. Staff had a list of hazardous waste for to refer to, but it was in the SOP folder rather than close at hand for easy reference. The list was available to help ensure that all medicines were disposed of appropriately. The pharmacy had a separate container and separate disposal arrangements for

cytotoxic medicines. Drug recalls and safety alerts were acted upon promptly. Records were kept for recalls of items which the pharmacy stocked. None of the affected stock had been identified in the recent recall for aripiprazole 1mg/ml.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had a CD cabinet for the safe storage of CDs. The cabinet was secured into place in accordance with regulatory requirements. The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures and tablet triangles were of the appropriate BS standard and generally clean, although some measures were lime-scaled. Staff said that lime-scaled measures were not used. Precautions were taken to help prevent cross contamination by using a separate triangle for counting loose cytotoxic tablets. And amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris. CD denaturing kits were used for the safe disposal of CDs. The pharmacy team had access to a range of up-to-date information sources such as hard copies and the on-line BNF and BNF for children. They also used the drug tariff, and the NPA advice line service and had access to a range of reputable online information sources such as the NHS, NICE, EMC, BASH sexual health services and the faculty of sexual health

The pharmacy had two computer terminals available for use. Both were in the dispensary. Both computers had a PMR facility, were password protected and were out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was shredded. Staff used their own smart cards when working on PMRs. They used their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was appropriate and secure.

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.