

Registered pharmacy inspection report

Pharmacy Name: Kirkby's Chemist, 19 Station Road, Belmont,
SUTTON, Surrey, SM2 6BX

Pharmacy reference: 1036771

Type of pharmacy: Community

Date of inspection: 18/02/2020

Pharmacy context

This is an independently owned Healthy Living Pharmacy (HLP) in a small parade of shops in Belmont village, Surrey. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice for people who live and work nearby. The pharmacy dispenses some medicines in multicompartiment compliance aids for those who may have difficulty managing their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	3.1	Good practice	Notably high standard of fixtures and fittings creating a bright and professional looking environment
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 provides its services professionally and safely. It keeps satisfactory records of the mistakes it makes during the dispensing process. The superintendent pharmacist regularly reviews them with members of the team so that they can learn from them and avoid problems being repeated. The pharmacy manages and protects confidential information well and tells people how their private information will be used. Team members understand their role in helping to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, mostly dated September 2018 and updated annually by the superintendent pharmacist (SI), who was also the responsible pharmacist (RP) on the day of the inspection. There were signature sheets for each SOP, but they had not been signed by any staff to indicate that they had read and understood them. The RP explained that he had replaced the original signed SOPs with new ones from Avicenna (a pharmacy membership organisation) and had omitted to get them all signed. Upon reflection he agreed to set time aside for each member of staff so that they could read through the SOPs, suggest amendments if they found that they didn't reflect their current procedures, and then sign them. It was agreed this would be a good opportunity to involve the staff in reviewing the SOPs. There was a business continuity plan filed in the NHS Data Security & Protection (DSP) folder to maintain the pharmacy's services in the event of a power failure or other major problem.

Errors and near misses were recorded using a paper register, showing what the error was, the members of staff involved, and the action taken. The near miss register was kept in the pharmacy operations folder for easy access by all staff. The possible causes were recorded and there was evidence of reflection and learning. There was a separate section for dispensing errors, containing one entry which had also been recorded on the NHS National Reporting and Learning Service (NRLS) website. The RP explained that he discussed the previous months near misses and errors with his team as a regular part of his 'month-end' process. He also completed an annual patient safety report for submission to the NHS. He had identified some items that were prone to error, such as the 'look alike sound alike' (LASAs) medicines such as olanzapine and omeprazole. The olanzapine had been moved to a completely different shelf to minimise the risk of selecting the wrong product.

There was a staff roles and responsibilities matrix in the SOP file, but this hadn't been completed. This was discussed and upon reflection the RP agreed that it would be a good idea to complete this at the same time as having the SOPs signed. The RP agreed that this exercise could be a useful way of identifying possible opportunities for staff training and development. Each individual SOP did refer to those who had the delegated authority to carry out specific tasks, and those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The RP notice was on display for patients to see and the RP log was complete.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed online at www.nhs.uk and on a poster in the pharmacy. The results were very positive overall and as a result of patient feedback the pharmacy was putting more effort into its stop smoking service. The pharmacy complaints procedure was set out in the SOP file, although there was nothing on display for people to see. The RP had a template for the pharmacy practice leaflet, which included the necessary details, so he agreed to print some for display in the pharmacy.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until 31 March 2020 was on display for people to see. Private prescription records were maintained in a securely bound prescription book and were complete with most details correctly recorded. Dates of prescribing and of dispensing had not been correctly recorded for the most recent entries, although earlier entries were complete. The RP reflected upon this and agreed to go back through his records and add the missing details. The emergency supply records were in the back of the private prescription book. They were complete with all the necessary details, including full descriptions of the reasons for supply.

The majority of the entries in the CD register were seen to be correct, with all running balances checked at regular monthly intervals. There were some supplier entries that did not include the wholesaler's address, but most were complete. Corrections had been made by using an asterisk and footnote with the initials of the person making the amendment for some of the amendments. There were also some amendments simply annotated as 'error' with no indication of who had made the adjustment. This was discussed and the RP agreed to brief all his regular pharmacists to ensure that they included their registration number, initials and the date of the amendment so that it would be clear who had made the entry and when. Running balances of two randomly selected CDs were checked and both found to be correct. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. The RP kept copies of the forms from the local CD accountable officer (CDAO) authorising the destruction of out-of-date CDs together with records of those destroyed in the back of the CD returns book. These entries were cross-referenced with their respective entries in the CD register. Records of unlicensed "specials" were all complete with required patient and prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example checking people's identity before discussing their medication, or inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were in closed drawers so that people waiting at the counter couldn't read details. Confidential waste was kept separate from general waste and shredded onsite. A privacy notice and data use poster were on display.

There were safeguarding procedures in place and contact details of local referring agencies were seen online. The pharmacist had completed level 2 safeguarding training, and the rest of the team had been briefed so that they could recognise potential safeguarding risks. They would refer to the pharmacist if they were unsure. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and work well together. They can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one medicines counter assistant (MCA), one pre-registration pharmacy graduate (pre-reg) and the RP on duty during the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, part-time staff could adjust their working hours to provide additional cover if necessary, although the RP felt that he had plenty of staff to cover the workload.

Training records were seen confirming that all staff had completed the required training, and there were some certificates to be seen in the clinical governance folder. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary. The RP explained how he had recently registered with 'Peninsula' (who provide HR support to small businesses) so that he could review his HR procedures and update staff handbooks etc.

The pre-reg described how she had recently attended a workshop with other local pre-regs. Both she and the RP were happy with the way her pre-reg year was progressing with the ProPharmace scheme and they were due to hold one of their 13-week reviews shortly.

All staff were seen to serve customers when the MCA was busy, and all asking appropriate questions when responding to requests or selling medicines. There was no pressure to achieve specific targets. They appeared to have open discussions about all aspects of the pharmacy, and team members were involved in discussions about their mistakes and learning from them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises look very modern and professional. They provide a safe environment for people to receive the pharmacy's services. The premises include a light and airy consulting room which the team uses for some of its services and for private conversations.

Inspector's evidence

The pharmacy premises were bright and modern. They were clean, tidy and in a very good state of repair with step-free access via a single manual door to the street. The retail area was small but very bright and open, allowing space for wheelchair users. There was a well laid out dispensary, providing sufficient space to work safely and effectively. There was a clear workflow in the dispensary and the layout was suitable for the activities undertaken, with separate workstations for each member of staff. There was a separate area at the back of the dispensary designated for the assembly of multicompartiment compliance aids away from distractions. There was a doorway leading into a staff area at the rear of the premises with plenty of space for staff to take a break from their work. The dispensary sink was very clean and had hot and cold running water. There was handwash available and also at the sink in the consultation room.

There was a consultation room behind the dispensary. This was accessed down the side of the dispensary which had a low height gate for security. The door to the consultation room was kept closed but not locked when not in use, but there was no confidential information visible. There was also a sink with hot and cold running water and a laptop PMR terminal which was taken into the consulting room as required.

Room temperatures were appropriately maintained by a combined air-conditioning and heating unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls so that people only get medicines or devices which are safe for them to take. Team members identify people supplied with high-risk medicines and gives them extra information they may need to take their medicines safely. But they don't always record this, which may make it harder to show what they have done if a query should arise in the future.

Inspector's evidence

A list of pharmacy services was prominently displayed in the front window and there was also a small range of health information leaflets in the pharmacy. The pharmacy provided a range of services including seasonal flu vaccinations during the autumn and winter, and a smoking cessation service.

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were used if the pharmacy was unable to supply the entire prescription. The prescription was kept in the owings box until the stock arrived. In the event of being unable to obtain any items, they contacted the GP for an alternative.

Completed prescriptions for schedule 2 CDs were not assembled until the patient called in to collect them. The RP explained that he checked the retrieval shelves at the end of every month and that any prescriptions more than 28 days old were removed and patients contacted. Any expired EPS tokens were returned to the NHS spine. This was another part of his regular month-end procedure which helped ensure that no schedule 3 or 4 CDs were handed out after the prescriptions had expired. Fridge lines in retrieval awaiting collection were highlighted so that staff would know that there were items to be collected from the fridge.

Compliance aids were dispensed in a separate designated area at the rear of the dispensary. The pharmacy had a four-week cycle to help ensure that prescriptions were ordered and assembled at the appropriate time. Any known allergies were recorded on the patient's PMR and any hospital discharge summaries were stored in the individual patient's file. Changes were recorded on the individual record sheet and annotated with the details of who had made the change. Medication times were checked against the patient's file, and any discrepancies were followed up before labelling. The completed compliance aids would then be checked by the RP before being bagged up ready for either collection. Compliance aids were seen to include product descriptions on the backing sheet and patient information leaflets (PILs) were always supplied. There were a number of compliance aids ready for supply to individual patients which were also seen to have product descriptions and to contain PILs. Warfarin and alendronic acid were supplied separately.

Staff were aware of the risks involved in dispensing valproates to women in the at-risk group, and all such patients were counselled regarding the importance of having effective contraception. Patients taking warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions and the INR results were not routinely recorded on the PMR.

Patients taking methotrexate and lithium had been checked recently as part of the audit for the pharmacy quality scheme (PQS). Upon reflection, the RP agreed to start recording all of this information on the PMR system in future.

There were a small number of patients using the substance misuse service, including some for supervised consumption. Appropriate records were kept, and key workers contacted in the event of non-collection for three consecutive days.

There were valid Patient Group Directions (PGDs) in place for the NHS flu vaccination service. Appropriate informed consent was documented, and records of each vaccination kept in the consultation room. The RP kept Epipens or other adrenaline autoinjectors available to take into the consultation room whenever he provided a vaccination, just in case of an emergency.

Medicines were obtained from licensed wholesalers including AAH, Alliance, Sigma, Colorama and DE South. Unlicensed 'specials' were obtained from Colorama. The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD) but was not yet using it to decommission any products.

Routine date checks were seen to be in place, although the record sheets hadn't been completed for several months. A random sample of stock was checked, and no out-of-date stock was found. The RP explained that any stock within three months of expiry was highlighted with a coloured dot and subsequently disposed of before finally going out of date. Opened bottles of liquid medicine were annotated with the date of opening.

Fridge temperatures were recorded daily, and all seen to be within the 2 to 8 Celsius range. But there weren't any temperature readings for the previous two days. The RP explained that the dispenser who usually recorded this was on holiday and that it had been overlooked. He immediately recorded the temperature for the day of the inspection and agreed to ensure that it would be recorded regularly in future. He explained how he would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

The RP described how patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients with sharps were signposted to the local council for disposal. The pharmacist arranged to obtain one straight away. Denaturing kits for the safe disposal of CDs were available for use.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be kept online with details of any actions taken, the date and name of those involved. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy uses its facilities and equipment appropriately so that people's private information is kept safe and secure.

Inspector's evidence

The pharmacy had the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment (including separate measures clearly labelled for methadone only), counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source. There was a blood pressure monitor which was replaced every January.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were left in a secure location within the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area

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.