

Registered pharmacy inspection report

Pharmacy Name: Knights McCarthy's Pharmacy, Saville House, 1 Saville Place, SUNDERLAND, Tyne and Wear, SR1 1PA

Pharmacy reference: 1037710

Type of pharmacy: Community

Date of inspection: 18/06/2019

Pharmacy context

The pharmacy is in the town centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And it provides a substance misuse service and travel vaccinations. It delivers medicines to people's homes. And supplies medicines in multi-compartmental compliance packs, to help people remember to take 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 has a set of written procedures, which the company reviews. The team members have a clear understanding of the roles and tasks. And they work in a safe way to provide services to people using the pharmacy. But have not read the recent changes for a process. So, there is a risk that the same mistake could occur. It generally keeps all the records as required, by law in compliance with standards and procedures. The pharmacy team members respond appropriately when errors happen. They discuss what happened and act to prevent future mistakes. They discuss internal mistakes they make during the dispensing process and record these. The detail they record is sometimes limited. So, they may be missing out on some learning opportunities to prevent similar mistakes from occurring. People using the pharmacy can provide feedback on its services. The pharmacy looks after people's private information and it explains how they will use it. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read.

These provided the team with information to perform tasks supporting delivery of service. They covered areas such as the dispensing prescriptions and controlled drugs (CD) management. These were subject to regular review with the last review in December 2019. The team had not recently reviewed SOPs for the hub and spoke processes which had been revised following some issues in another pharmacy which involved a change in company processes.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate area for compliance aid preparation. There was sufficient space for the tasks. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets for waiting, collections and delivery to distinguish patients' prescriptions by degree of urgency and this helped plan workload. The team could advise of their roles and what tasks they could do.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on a specific template. Examples included wrong strength; wrong drug with gabapentin 300mg and pregabalin given and wrong quantity for perindopril but the quantity not specified. The pharmacist discussed the near miss at the time or discussed with the individual as soon as possible. Reviews were undertaken and learning points discussed and noted with points about picking and counting. The team had a few shelf alerts on shelves to alert them to similar products, to try to minimise repetition of picking errors.

The pharmacy practice leaflet explained the complaints process. And how to provide comments about the service. A recent complaint had been raised and this had been logged appropriately on the internal system. The pharmacist had discussed with the team, and the area manager to try to learn from this and improve for the future. The pharmacist had reviewed and changed his checking process following the error, in relation to split boxes and checking the contents.

The pharmacy had the correct responsible pharmacist (RP) notice. And the pharmacist completed the

responsible pharmacist records as required. The pharmacy had current indemnity insurance in place. A sample of the CD registers looked at were largely complete, with a few headings not completed on pages. The pharmacy maintained running balances for the registers. The pharmacy undertook balance checks at each time of dispensing. But did not regularly undertaken full stock audits. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy had listed some out-of-date-stock waiting authorised destruction from last September and sent this to the head office. But the person responsible for this had not come to undertake the witnessing for destruction. The cabinet was large and there was still some space left. But the pharmacy had sent a reminder as they were keen to have these destroyed to free up some space in the cabinet. The pharmacy kept an electronic register for the methadone in the Methasoft system.

The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept records for private prescriptions in a book, but this was not compliant with legal requirements as it was not a bound book. It was a spiral bound book. The pharmacist obtained a bound book, and he put this in place immediately. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. The team had read General Data Protection Regulation (GDPR) information. And undertaken training with questions which the team had completed at the end. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. The team used the NHS smart card system to access to people's records. Confidential waste was stored in separate containers for offsite shredding.

The pharmacist and technician had undertaken level 2 CPPE training and the pharmacy had safeguarding information including contact numbers for local safeguarding agencies displayed for the team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The pharmacy encourages and supports the pharmacy team to learn and develop. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist, one technician and four dispensers who worked at the pharmacy. The dispensers worked 16, 22, 28 and 30 hours a week. One of the dispensers was in training and was covering a maternity leave. The technician worked full time. The pharmacy had a university nearby and pharmacy students helped over the summer. And they could also borrow staff from other nearby pharmacies to help when required. The pharmacy was advertising for another dispenser to ensure there was enough cover.

The pharmacy had training files for each member of the team. And it kept their training records and certificates for qualifications in these files. Records in the files included training sessions attended such as Mind on suicide prevention. The team explained that they had completed training on Children's oral health and the technician had completed training on vulnerable persons from a recognised provider. They also read articles which they discussed but these were not recorded in training files. And received updates from the superintendent's office with information for ongoing learning. The team received performance reviews which gave the chance to receive feedback and discuss development needs.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist, area manager or the superintendent (SI). They advised the area manager was supportive and attended regularly. And they could speak to the SI if they wanted. The pharmacist advised that following a recent dispensing error the area manager had attended and supported him. And that the SI had also spoken with him. And discussed constructively the reviewing of the dispensing process and learning from the error.

There was a formal whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean for the pharmacy services it provides. It has suitable arrangements for people to obtain their services with privacy and have private conversations with the team.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to a good standard with suitable space for dispensing, storing stock and medicines and devices waiting collection. The pharmacy had undergone a refit about a year ago which had improved the layout and workflow. The dispensary was on the same level now as the rest of the premises. The dispensary had incorporated improved facilities for supervision consumption for the substance misuses service due to the increasing this area with a nearby pharmacy closing. And this pharmacy receiving more people on this service.

The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and a cleaning rota was available to ensure this was maintained. Floor spaces were generally kept clear to reduce the risk of trip hazards. And the room temperature was comfortable and well lit.

The pharmacy had a signposted, sound proofed consultation room which the team promoted for use, in addition to the substance misuse facilities. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use. There was a gate which the team kept shut so members of the public could not access the dispensary.

The counter was right across the whole width of the pharmacy and the team clearly observed the retail area from the dispensary. The team advised they were aware of customers in the premises, so they could assist them when required. And it was also good for security.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. And takes the correct action to return it to the supplier. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with some advice. The pharmacy team members dispense medicines into devices to help people remember to take them correctly. They provide information with these devices to help people know when to take their medicines and to identify what they look like. But, they do not regularly provide people with medicines information leaflets. So, people may not have correct information they need to help them take their medicines safely.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was some customer seating. The pharmacy displayed its services in the window, with the opening hours on the door. It had a pharmacy leaflet available, but hours of opening had changed. The team contacted the head office and they ordered new leaflets to reflect the change. The pharmacy had a range of healthcare information accessible for people on the counter and on window ledges in the pharmacy. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. Pharmacy only medicines could not be reached by customers. The team signposted to other healthcare services as required, such as emergency hormonal contraception (EHC). The pharmacist was waiting to complete the course to provide this service.

The pharmacist advised he undertook Medicine Use Reviews (MUR). He explained that people liked them. He undertook them with some of the substance misuse patients which ensured they were aware of what they were taking any additional medication for which assisted in their compliance. He had referred people to their doctor after reviews. And advised patients on the use of their inhalers. He carried out a few of the new medicines service (NMS) reviews with general reminders such as taking with or after food for the non-steroidal anti-inflammatory drugs (NSAIDs).

The pharmacy had provided around 150 flu vaccinations, mostly NHS. It also provided a travel vaccination service which was quite popular. The pharmacist advised yellow fever vaccination was particularly popular. The pharmacist completed appropriate consent forms for any children receiving vaccinations. The pharmacy took bookings with appointments and the pharmacist blocked off busy times in the pharmacy to ensure that the team made no bookings at these times. This allowed the pharmacy to manage the workload.

The pharmacy supplied medicines to around 125 people in multi-compartmental compliance packs to them take their medicines. The pharmacy received completed compliance packs from a central hub for about 90 per cent of their packs. The technician and one of the dispensers, inputted the information and transmitted this to the hub for assembly. On return they checked the packs. They removed any medication if the prescriptions had changed since the inputting stage. The pharmacy checked any messages the hub sent at the time when they received the packs back. They kept trackers and files for all patients and ensured they updated the records. The pharmacist signed the packs if there were any changes and if they added any controlled drugs in to trays before supply to patients. The team changed

any descriptions of the photos of medication on the backing sheet if it did not correspond to the contents to ensure patients had the correct information. They provided Patient information leaflets (PILs) at the first supply of any pack and when a patient received a new item. But they did not supply these regularly with each cycle as required by legislation.

The pharmacy offered a substance misuse service for methadone and buprenorphine. Most people receiving methadone attended the pharmacy daily for supervised supplies, Monday to Saturday. About five people received weekly supplies. The pharmacy provided a needle exchange service which was well used, with around 25 people daily, for supplies of needles, foils and associated materials. They used the Methasoft system for measuring the supplies. This was cleaned and calibrated and checked throughout the day. One patient was on methadone mixture and the pharmacist kept this segregated in a separate basket to avoid any confusion.

There was a clear audit trail of the dispensing process. The team completed the "dispensed by" and "checked by" boxes which showed who had performed these roles. And a sample of completed prescriptions looked, at found compliance with this process. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling. The team used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. The team also highlighted the prescription. This prevented supplies when the prescription was no longer valid.

When the product or quantity prescribed could not be provided in full patients received an owing slip. And one was kept with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. The pharmacy team members were aware of the Valproate Pregnancy Prevention Programme. They had undertaken an audit and had two male patients who received this item. They had a folder with alerts stickers, patient guides & packs which they gave to any patients as required.

The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The pharmacy put stickers on the sheet to indicate fridge lines included and CDs.

The pharmacy obtained medicines from reputable sources. And it stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range.

The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use. The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs.

The team were aware of the Falsified Medicines Directive (FMD). And that the company had plans in place. They had received scanners, but these had been recalled and they were waiting for these to be replaced. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these

and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs).

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It used the Methasoft system for the methadone service. And it had a separate range of measures for calibration of the system and measuring methadone when required. It also had a range of equipment for counting loose tablets and capsules. They had cutters for the buprenorphine which they washed after use. The team had access to disposable gloves, wipes and alcohol hand washing gel.

The equipment such as the carbon monoxide monitor, and blood pressure machine appeared in good working order. The smoking service contractor checked the carbon monoxide monitor yearly. The pharmacy replaced the blood pressure monitor when required.

The computer screens were out of view of the public. The pharmacy stored medication waiting collection on shelves and people could not observe any confidential details. But the team filed the collected prescriptions in boxes under the glass topped counter. Then they could see the detail of the prescription on the top of the bundle. The team immediately moved these to the next shelf where people could no longer see the prescriptions. And they advised they would ask for the glass counter to be replaced by a solid counter, so they could then use the top shelf again.

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.