

Registered pharmacy inspection report

Pharmacy Name: Kennet Pharmacy Ltd, 55 George Lane,
MARLBOROUGH, Wiltshire, SN8 4BY

Pharmacy reference: 1038717

Type of pharmacy: Community

Date of inspection: 16/04/2019

Pharmacy context

This is a community pharmacy located adjacent to a medical centre in Marlborough, Wiltshire. It serves its local population which is mostly older people. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, supplies medicines in multi-compartment medicine devices for people to use living in their own homes and provides flu vaccination 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	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 written procedures to help make sure the team works safely. Pharmacy team members record and review 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 protect people's confidential information well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law. However, some records were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded regularly and records of these were kept in the dispensary. The pharmacist reported that these were reviewed monthly. Based on previous near misses, amitriptyline and amlodipine were separated on the dispensary shelf.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Staff demonstrated that dispensing errors were recorded and a root cause analysis was carried out to investigate why the error had occurred. Dispensing errors were also reported to the superintendent pharmacist.

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 were due to be reviewed as of December 2018 and the inspector gave advice about this. On questioning, the members of staff were all 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.

An indemnity insurance and public liability certificate from NPA was displayed and was valid and in date until the end of June 2019. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of CD tablets was checked for record accuracy and was seen to be correct. CD balance checks were carried out irregularly and the pharmacist agreed to address this. Patient returned and out-of-date CDs were separated from regular CD stock and labelled appropriately.

The pharmacist reported that date checking was carried out regularly. In future, the pharmacist gave an assurance that records would be kept to demonstrate this. The fridge temperatures were recorded daily and were always in the two to eight 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 time that the RP ceased responsibility was occasionally omitted.

The private prescription records were retained. But the pharmacy recorded some private veterinary prescriptions in which the veterinary practitioner's name and address was not recorded. Emergency supply records were not demonstrated as pharmacy staff reported that these were rarely given. Specials records were retained but often omitted the prescriber's details.

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 not immediately available for safeguarding referrals, advice and support. The inspector gave advice about this.

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 were two pharmacists, one technician and two medicines 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 and reviewed formally annually. In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The pharmacy manager reported that staff huddles would take place regularly 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 third party materials and would ask the pharmacist if they had any queries. Staff reported that they had recently updated their knowledge of data protection in relation to the General Data Protection Regulation (GDPR).

Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement.

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 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 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 on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The consultation room was not lockable from public access but patient confidential information was stored securely. Conversations that took place inside the consultation room could not be easily overheard from outside. 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

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

There was a list of pharmacy services on a board at the entrance of the pharmacy but the pharmacist admitted that this list was out of date. There was step-free access to the pharmacy. 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 dispensed multi-compartment compliance trays for 19 patients. One tray was examined and an audit trail to demonstrate who dispensed and checked the tray was complete. Descriptions were not provided for the medicines contained within the tray examined. The inspector gave advice about this. Audit trails to demonstrate who had dispensed and checked the tray were present on the examined tray. Patient information leaflets were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. The pharmacist reported that he would check that 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 destruction bins were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use during the inspection. A tube of fluorouracil 5% cream was found in the regular destruction bin. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was Falsified Medicines Directive (FMD) compliant. The relevant equipment was in place and the pharmacy was using 'Analyst' software. Medicines were obtained from suppliers such as AAH, Alliance, Colorama and Sigma. Specials were obtained via suppliers such as the IPS 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. There were two CD cabinets in the pharmacy which were fixed to the dispensary appropriately. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Audit trails were kept to demonstrate this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. 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. 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.

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 were two fridges in the pharmacy and temperatures were recorded daily and were seen to be between two to eight degrees Celsius. Medicine destruction bins 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.