

Registered pharmacy inspection report

Pharmacy Name: Link Pharmacy Ltd, 88A King Street, MAIDSTONE,
Kent, ME14 1BH

Pharmacy reference: 1092840

Type of pharmacy: Community

Date of inspection: 21/06/2019

Pharmacy context

The pharmacy is located on a busy high street in a town centre surrounded by residential premises. It is open 100 hours a week and it receives around 75% of its prescriptions electronically. It provides a range of services, including Medicines Use Reviews, the New Medicine Service, stop smoking service. It uses patient group directions for chlamydia treatment, emergency hormonal contraception, Champix and nicotine replacement therapy. The people who use the pharmacy are mainly older people. The pharmacy provides multi-compartment compliance aids to around 100 people who live in their own homes to help them take their medicines safely. And it provides substance misuse medications to around 55 people.

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	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 generally identifies and manages the risks associated with its services. It largely protects people's personal information properly. It actively seeks feedback from the public. And it largely keeps its records up to date. Team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy adopted several measures for identifying and managing risks associated with pharmacy activities. These included; documented, up-to-date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. Near misses were recorded and reviewed regularly for trends and patterns. The HELP acronym (how many, expiry date, label correct, product correct) and the three-way check process was displayed in the checking area for team members to refer to where needed. A poster with some 'look alike and sound alike' medicines was displayed in the dispensary. Some shelves were labelled with 'Warning. Select with care' stickers.

Dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. A recent incident had occurred where the wrong quantity of medicine had been supplied to a person. The person returned to the pharmacy and was provided with the right amount. Team members were reminded to double-check the quantity before passing to the checker.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks. The pharmacist initialled prescriptions that he had clinically checked. The pharmacy technician (accuracy checking technician (ACT)) knew that she should not check medicines if she had been involved in the dispensing process.

Team members roles and responsibilities were specified in the SOPs. The ACT said that team members would not be able to access the pharmacy if the pharmacist had not turned up. The medicines counter assistant (MCA) knew that she should not hand out bagged items or sell pharmacy only medicines if the pharmacist was not in the pharmacy. A list of tasks that could be carried out in the absence of the pharmacist was displayed in the dispensary for team members to refer to if needed.

The pharmacy had current professional indemnity and public liability insurance. Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. All necessary information was recorded when a supply of an unlicensed special was made. Signed in-date patient group directions were available for the services offered. The date of supply, date on the prescription and prescriber's details were not always recorded in the private prescription record. The superintendent (SI) pharmacist said that he would remind team members to include these details. The emergency supply record was completed correctly.

Controlled drug (CD) running balances were checked around once every two months. Liquid overage was recorded in the register. The recorded quantity of one item checked at random was the same as

the physical amount of stock available. The responsible pharmacist (RP) record was completed correctly. But the RP notice displayed at the start of the inspection did not show the details of the pharmacist on duty. The superintendent (SI) pharmacist was in on the day of the inspection and he changed it to show his details.

Confidential waste was shredded and the people using the pharmacy could not see information on the computer screens. Computers were password protected. Smartcards used to access the NHS spine were stored securely and team members used their own Smartcards during the inspection. Dispensed items waiting collection could not be viewed by people using the pharmacy. The pharmacy team members had completed General Data Protection Regulation training.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2019 survey were displayed in the shop area and were available on the NHS website. Results showed that 100% of respondents were satisfied with the pharmacy and staff overall. The SI said that he was not aware of any complaints. The complaints procedure was available for team members to refer to if needed and it was displayed in the shop area so that it was available for people using the pharmacy.

The SI had completed the Centre for Pharmacy Postgraduate Education (CPPE) training about protecting vulnerable people. He said that all team members who were registered with the GPhC had completed the same course. And other team members had completed safeguarding training provided by the pharmacy. The dispenser could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The SI said that he was not aware of any safeguarding incidents at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They are provided with ongoing and structured training to support their learning needs and maintain their knowledge and skills. They can raise any concerns or make suggestions. This means that they can help improve the systems in the pharmacy.

Inspector's evidence

There was one pharmacist (who was the SI), two pharmacy technicians (one was an ACT), one dispenser (NVQ level 3), two dispensers (NVQ level 2), two trainee dispensers, two MCAs and one trainee MCA working on the day of inspection. A second pharmacist started working during the inspection. They all worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

The MCA appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products. And she confirmed that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

The pharmacy technicians said that they completed regular continuing professional development (CPD) entries and had completed the revalidation process to remain on the GPhC register. The SI ensured that team members carried out regular training relevant to their role in the pharmacy. Recent training included: the needle exchange service, computer system training and the EU Falsified Medicines Directive (FMD) training. The SI said that the pharmacy received magazines and journals and he passed on relevant information to team members. The SI monitored training and had regular one-to-one training with each team members. The SI confirmed that he had completed a declaration of competence and consultation skills training for the services offered. He said that he could provide all the services offered and worked in the pharmacy most days. An appointment system was used, and the SI ensured that people knew when he was available to provide the services.

The SI appeared to have a good working relationship with his team members and many of them had worked at the pharmacy for several years. He said that team members received yearly appraisals and performance reviews. There were no formal meetings, but he said that information was passed on when needed. Team members said that they felt confident to discuss any issues or suggest changes with the SI. Targets were not set. The SI said that services were provided for the benefit of the people who used the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises generally provide a safe, secure, and clean environment for the pharmacy's services.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy only medicines were kept behind a counter in the shop area. There was no barrier to restrict unauthorised access to these medicines. The SI put a temporary barrier in place during the inspection and provided assurance that he would install a more permanent solution. Air-conditioning was available in the dispensary; the room temperature was suitable for storing medicines.

There were five chairs in the shop area. These were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. But these were close to the dispensary counter and conversations in the dispensary could potentially be heard from the shop area. The inspector reminded team members to be mindful when discussing people's personal information. Team members could discuss in private in the room to the rear of the main dispensary if needed. There was a private consultation area to the rear of the shop. There were two chairs in this area and it was screened off from the shop area. There was a door to the rear of the shop area which led into the dispensary. This was left open during the inspection. The SI said that he would ensure that this door was kept closed and would display a sign showing that this area was for staff only.

The consultation room was accessible from the shop area. The room was not kept locked when not in use. The SI said that he would ensure that the room was kept secure by adding a lock to the door or by using locked cabinets. Low-level conversations in the consultation room could not be heard from the shop area. There were two chairs and a desk available. The room was accessible to wheelchair users.

The premises upstairs was used to assemble the multi-compartment compliance aids. Some portable fans were used. But air-conditioning was not available. The room temperature felt warmer than in the downstairs dispensary. The SI said that he would monitor the room temperature and consider installing air-conditioning if needed to ensure that the medicines were kept at suitable temperatures. The door had a coded lock to restrict unauthorised entry. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally provides its services safely and manages them well. It gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe to use.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the dispensary and could help people into the premises where needed. A variety of patient information leaflets were available. Services and opening times were clearly advertised. Team members did not handle returned sharps bins. These were placed into the bin by the person returning them.

The ACT said that monitoring record books were checked for people taking higher-risk medicines such as methotrexate and warfarin. And results were kept on the person's medication record. This helped the pharmacy to check people's previous blood test results. Prescriptions for these medicines were sometimes highlighted so there was the opportunity to speak with these people. Prescriptions for schedule 3 CDs were highlighted, but prescriptions for schedule 4 CDs were not. The MCA was not sure how long some prescriptions were valid for. The SI said that he would ensure that prescriptions for schedule 4 CDs were highlighted to help minimise the chance of these being handed out when the prescription was no longer valid. The SI said they checked CDs and fridge items with people when handing them out. The SI said that the pharmacy supplied valproate medicines to a few patients. But there were none in the 'at-risk' group who needed to be on the Pregnancy Prevention Programme. It did not have the patient information leaflets or warning cards available. The SI said that he would order replacements from the manufacturer.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Stock due to expire within the next six months was marked. Lists were kept for items due to expire within the next six months. Items were removed from dispensing stock one month before they were due to expire and they were disposed of appropriately. There were no date-expired items found in with dispensing stock. Medicines were kept in suitably labelled containers.

The dispenser said that part-dispensed prescriptions were checked daily. 'Owings' notes were provided and people were kept informed about supply issues. Prescriptions for alternative medicines were requested from prescribers where needed. The SI said that uncollected prescriptions were checked monthly. He said that items uncollected after around three months were returned to dispensing stock where possible. And he confirmed that prescriptions were returned to the NHS spine or disposed of in the pharmacy. The pharmacy kept a record of uncollected items so people could be informed if they went to the pharmacy. The SI said that people were sometimes contacted to remind them that they had medicines waiting for collection before their medicines were returned to dispensing stock.

Prescriptions for people receiving their medicines in compliance aids were ordered in advance so that any issues could be addressed before they needed their medicines. Prescriptions for 'when required'

medicines were not routinely requested; the dispenser said that the people usually ordered these when they needed them. The pharmacy kept a record for each patient which included any changes to their medication. They also kept hospital discharge letters for future reference.

Some compliance aids were assembled in advance of receiving a prescription. But none of these compliance aids were supplied until all prescriptions had been received for that person. The SI was aware of the potential risk, but the electronic prescription system would not allow four seven-day prescriptions to be written at the same time. The complete medicine packaging was not kept until the final check. This meant that the batch number and expiry date of the medicine was not available to check. The pharmacist technician said that he would ensure that this was available during the dispensing and checking process. Compliance aids were suitably labelled and there was an audit trail to show who had dispensed and checked each compliance aid. Medication descriptions were put on the compliance aids. Patient information leaflets (PILs) were routinely supplied. There were several team members who were involved in the process and could provide cover if needed.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by a delivery driver. The pharmacy obtained people's signatures for some deliveries; these were recorded in a way so that other people's personal information was protected. The SI said that he would ensure that signatures were obtained for all deliveries. The SI said that the delivery driver attempted to deliver items requiring refrigeration at the start of his round and sometimes returned these to the pharmacy before carrying on with the deliveries.

Licensed wholesalers were used for the supply of medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. A record of any action taken was kept so the pharmacy could show what it had done in response.

The pharmacy had the equipment installed for the EU Falsified Medicines Directive and team members had received training. An SOP was available and the SI said that the scanners had been used. But there were very few medicines with the 2D barcode on the pack.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

Up-to-date reference sources were available in the pharmacy and online. Suitable equipment for measuring medicines was available. Separate measures were marked for CD use only. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

The blood pressure monitor had been in use for around one year. The date first used was recorded on the box. The carbon monoxide testing machine was calibrated by an outside agency. The phone in the dispensary was portable so could be taken to a more private area where needed. The shredder was in good working order.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

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.