

# Registered pharmacy inspection report

**Pharmacy Name:** T Kingston Pharmacy, Skelton Medical Centre,  
Windermere Drive, Skelton-In-Cleveland, SALTBURN-BY-THE-SEA,  
Cleveland, TS12 2TG

**Pharmacy reference:** 1093090

**Type of pharmacy:** Community

**Date of inspection:** 15/10/2019

## Pharmacy context

This is a community pharmacy in a residential area of Skelton, Cleveland. And it is next door to the medical centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. It also provides NHS services such as a substance misuse service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has adequate processes and written procedures in place to protect the safety and wellbeing of people using its services. It keeps the records it must have by law and keeps people's private information safe. The pharmacy equips the team to help protect the welfare of vulnerable adults and children. The pharmacy team members respond when mistakes happen. And they discuss what happened and act to prevent future mistakes. But the reviews do not have all the information needed to allow the team to identify patterns and learn from them.

### Inspector's evidence

The pharmacy had a good-sized retail area which was well laid out. To the side was a good sized, open plan dispensary. And the pharmacist on duty used the dispensary bench which was closest to the retail area to complete final checks on prescriptions. So, they could over see any sales of medicines and listen to any conversations the pharmacy's team members were having with people who used the pharmacy. The pharmacy counter prevented access from the retail area to the dispensary.

The pharmacy had a set of written standard operating procedures (SOPs) which detailed how the team members should carry out various processes. These were in the process of being reviewed by the regular pharmacist. The last recorded review was in 2015. The responsible pharmacist thought that they had reviewed the SOPs more recently but there was no recorded date for this. Members of the pharmacy team had signed these.

The pharmacy recorded near miss errors. The RP said that they had done a peer review with the superintendent on the near misses. And how best to review these and make effective changes. Usually the checker enters the near miss onto the log. The RP advised that there were a lot of part timers. So, the errors were discussed with members of the pharmacy team when they occurred. The RP did an analysis of the near misses every few months. But there was no evidence that these were discussed with the team. The pharmacy team members had explained that they had noticed several errors involving medicines that looked or sounded similar, known as LASA medicines. And team provided examples of changes made to reduce the likelihood of making a picking error. Such as the separation on the shelves of the felodipine and the finasteride. The pharmacy used national patient safety agency (NPSA) form to record and report dispensing errors that had been handed out to people. There had been two errors in 2019. The level of detail recorded was poor and from the detail recorded it was not possible to see which medicine was required and which was supplied. There was no record that a root cause analysis had been completed and no evidence of change. The pharmacy had a complaints procedure in place. And there was a pharmacy information leaflet that explained the process to people who may want to raise a concern or provide feedback. The pharmacy welcomed feedback from people. And it collected the feedback through verbal conversations between people and the team members. The pharmacist explained that some people had given negative feedback about the waiting times. The team had discussed the concern and decided there were several ways that they thought this could be improved. Some people had unrealistic expectations about the process. And about the time it took to dispense prescriptions. The team now give realistic waiting times when people present a prescription. And explain about the procedure and turnaround times from ordering their prescriptions to collecting them. They also streamlined the system so that larger electronic prescriptions were dispensed

separately on the back bench and waiters on the front bench.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist book complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept controlled drugs (CDs) registers. And they were completed correctly. The pharmacy team checked the running balances against physical stock every two months. A physical balance check of a random CD items matched the balance in the register. The pharmacy kept complete records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines and they were completed in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

The team was aware of the need to keep people's personal information confidential. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was separated to avoid a mix up with general waste. The confidential waste was shredded on site using a cross shredder. The pharmacy team members had received training on how to protect people's data. And all had signed a confidentiality agreement. There was an SOP for safeguarding. And there was an NPA flow chart in the safeguarding folder. There also local contact details on hand so that they could be contacted for advice or to report a safeguarding concern. Registrants had completed Level 2 CPPE training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team are adequately trained and skilled to provide it's the pharmacy services offered. But the pharmacy does not have robust contingency arrangements in place to cope with staff absences. The pharmacy team do not have regular performance reviews. This could mean that gaps in their skills and knowledge are not identified and supported.

### Inspector's evidence

At the time of the inspection there were two pharmacists. Both worked regularly in the pharmacy. One of these was the responsible pharmacist. There were also three dispensing assistants. One medicines counter assistant, and one trainee. The team members were observed working independently at the various work stations. The pharmacy team thought that sometimes they struggled with the workload, especially when members of the pharmacy team were off. The superintendent was aware of this and has approved part timers working extra hours if necessary. But this did not happen often. And sometimes they still struggled. The RP advised that they tried to have tasks completed in advance. Especially when they know a busy period was coming up, or if a member of the team was on holiday. The trainee was supported in her course by the RP. Who also supported her with on the job queries and training. Some members of the pharmacy team had done training to accredit them to provide healthy start vitamins to babies and eligible children. The pharmacy was not a healthy living pharmacy so did not receive training through this route.

Team members were able to read various training material that the pharmacy received through the post when the pharmacy was quiet. But this was not done regularly. And no records of completed training were kept. The pharmacy did not have an appraisal process in place for its team members. And this meant that the pharmacy team members were not given the opportunity to discuss their performance, any training requirements. Or any concerns they might have. There were no team meetings, although they had informal discussions about work related issues and dispensing incidents. The RP thought that sometimes the team did not engage. There was a whistleblowing policy and the pharmacy team thought that the RP and SI were approachable.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is kept secure and is well maintained. The premises are suitable for the services the pharmacy provides. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

### Inspector's evidence

The pharmacy was clean and was professional in its appearance. The building was easily identifiable as a pharmacy from the outside. And it was well maintained. The dispensary was a little cluttered. And there was limited storage space. There were some boxes on the floor in the pharmacy. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. The pharmacy had a sound-proofed consultation room which contained chairs, desk and a computer. The room was smart and professional in appearance and was signposted by a sign on the door. The door was locked so people could not access without a member of the pharmacy team. There was some stock stored in the consultation room. There was a locked cabinet. So that confidential information could be locked away. The temperature was comfortable throughout the inspection. There was heating and air conditioning. There were some bulbs that needed replacing and the SI was aware of this. But the pharmacy was still bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. The pharmacy gets its medicines from reputable suppliers. And it stores and manages these safely. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. The services are generally well managed. The pharmacy may not always give advice to people about their medicines. And when they do they don't always record it. So, it may not be able to refer to this information in the future if it needs to.

### Inspector's evidence

The pharmacy had level access from the street to the entrance door. There was a push button power assisted door which allowed wheelchair users and people with prams to enter the pharmacy unaided. The pharmacy advertised its services and opening hours in the main window. And also, the opening hours. It stocked a range of healthcare related leaflets in the retail area, which people could select and take away with them. The team members signed the dispensing labels when the dispensing and checking processes were complete. And so, a robust audit trail of the process was in place. They used baskets to hold prescriptions and medicines. This helped the team members stop people's prescriptions from getting mixed up. The pharmacy kept records of the delivery of medicines it made to people. The records included a signature of receipt. So, there was an audit trail that could be used to solve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs for around 110 people to aid compliance. And the pharmacy supplied the packs to people on either a weekly or monthly basis. And all dispensing assistants were trained to assemble these. The packs were assembled on a centre bench. This was used to minimise distractions. A member of the pharmacy team explained the procedure. Electronic records were held for all people receiving packs. The team member said that they do not usually include tablet descriptions. This was because the shape and colour of tablets vary from manufacturers. It routinely provided patient information leaflets with the packs.

The pharmacy dispensed high-risk medicines for people such as warfarin. The team members did not have a procedure for counselling people. The RP advised that she usually counselled people when they started the medication. And would supply an anticoagulant book. These discussions were not recorded on the persons record. The team members were aware of the pregnancy prevention programme for people who were prescribed valproate and of the risks. The pharmacy team were unsure where the information pack was. The RP confirmed that the labeller printed out warning labels when valproate was dispensed. And these included all the relevant information. The team had completed a check to see if any of its regular patients were prescribed valproate. And met the requirements of the programme. No-one had been identified.

Pharmacy medicines (P) were stored behind the pharmacy counter. So, the pharmacist could supervise sales appropriately. The pharmacy stored its medicines in the dispensary tidily. There was a date checking matrix. And date checking was done when time allowed. The last time a date check was done was in July. Stock in different areas in the pharmacy were checked and all were in date. Short dated stock was stickered to indicate that it was short dated. So, checks could be done to make sure the

medicine was fit to supply to people. For example, Quetiapine 25mg was marked as out of date in December 2019. They recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply.

The team were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The team had received no training on how to follow the directive and there were no SOPs in place. The team was unsure of when they were to start following the directive. Drug alerts were received via PharmOutcomes to the pharmacy and actioned. The pharmacy checked and recorded the fridge temperature ranges every day. And a sample checked were within the correct ranges.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy's equipment is well maintained and appropriate for the services it provides. The pharmacy uses its equipment to protect people's confidentiality.

### Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. The team members used tweezers to help dispense multi-compartmental compliance packs. Both fridges used to store medicines were of an appropriate size. And the medicines inside were organised in an orderly manner. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't seen by unauthorised people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private. The electrical equipment looked to be in good working order and was subjected to portable appliance testing on 5 October 2019.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.