

Registered pharmacy inspection report

Pharmacy Name: Kew Pharmacy, 4 Ellenbrook Green, IPSWICH,
Suffolk, IP2 9RR

Pharmacy reference: 1093313

Type of pharmacy: Community

Date of inspection: 27/06/2019

Pharmacy context

The pharmacy is in a small parade of shops on the edge of the Chantry Estate in Ipswich. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. A small number of people use the substance misuse service. The pharmacy assembles medication in multi-compartment compliance packs for some people who need help managing their medicines. People can ask to have their blood pressure tested. The pharmacy had seen a significant increase in dispensing business over the last few years.

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 generally has safe and effective working practices. It regularly asks people who use the pharmacy for their views. It generally keeps the records required by law to ensure that medicines are supplied safely and legally. And, it keeps people's private information safe. It generally manages its risks appropriately by recording and learning from some of its mistakes. But it doesn't record all the mistakes that happen during the dispensing process. This could mean that team members are missing out on opportunities to learn and make services safer.

Inspector's evidence

The pharmacy kept near miss and error logs, but these were not routinely reviewed which meant that opportunities to reduce risk by spotting trends and patterns may have been missed. The record sheet only showed four near misses in a three-month period and the team members confirmed that not all the near-misses had been recorded. They said that they would do this in the future. Following dispensing incidents, mistakes were discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. Team members had identified that they were frequently interrupted during the dispensing process and this could increase the risks of mistakes. They said they were trying to find solutions to reduce interruptions.

People were encouraged to complete patient surveys and the complaints procedure was publicised with a poster on the wall. Team members said that people complained that they had to wait when paying by card as there was only one phone line in the pharmacy. They said that people phoning the pharmacy often had to call back as they were cut off due to a card payment transaction being processed. The pharmacy was exploring possible solutions to address this.

The pharmacy had current professional indemnity insurance. It had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

At the time of the inspection there were no SOPs on the premises as these had been removed by the owner. Pharmacy team members said that they had read and signed the SOPs prior to them being removed. The inspector went back to the pharmacy later the same day and the SOPs had been returned. The pharmacy had a range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. Staff had read and signed SOPs relevant to their roles.

The records examined were generally maintained in accordance with legal and professional requirements. These included: the private prescription register (for private prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. The CD registers were generally appropriately maintained but there was some overwriting. This could make it harder for the pharmacy to show when an entry had been altered, and by who. CD balance checks were done every few months with the last recorded check in April 2019 for most CDs. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had completed a workbook on the General Data Protection Regulation.

The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy largely has enough team members to manage its workload safely but they sometimes struggle to complete some routine housekeeping tasks. They are appropriately trained or registered on the required accredited training within three months of starting their role. They undertake some ongoing training but this is not done regularly. This could mean that they are missing out on opportunities to keep their knowledge and skills up to date.

Inspector's evidence

There were four regular pharmacists to cover the 100 hours a week that the pharmacy was open. There were two full-time trained dispensers and one full-time trainee. Some team members had completed or were undertaking medicines counter training to provide a suitable skill mix in the pharmacy. Examination of the staff rotas showed a member of staff who worked on two or three days a week. They had only worked in the pharmacy for around six weeks and were not yet on any accredited training but the audit sheets for the multi-compartment compliance packs showed that they were routinely assembling these. As this was a high-risk activity, there was an increased chance that they may not have all the knowledge and skills they needed to do this task safely. However, the pharmacy owner said that team members assembled the compliance packs under close supervision and that they would use the more experienced team members to undertake this task instead.

The pharmacy team members were able to keep up-to-date with prescriptions but sometimes found it difficult to complete routine housekeeping tasks such as date checking. Pharmacy team members said that they occasionally undertook additional learning where needed for an NHS funded service but that there was no programme of ongoing learning to keep their knowledge and skills up-to-date. They said that pharmacy did not have a system for performance reviews or appraisals to recognise good performance or opportunities to develop.

Team members were unable to think of any significant changes or suggestions that they had made which had been implemented to improve safety and efficiency in the pharmacy. They said that they felt comfortable about making suggestions. Targets and incentives were not used in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team generally keeps the pharmacy secure, clean and tidy. But it could do more to make sure that the room temperature is kept at a suitable level.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There was a newly fitted area for the storage of assembled prescriptions and assembly of multi-compartment compliance packs. There were workflows in place, but team members said the benches were often filled with stock and work in progress which meant that the pharmacist did not have a dedicated, clear area to check prescriptions.

There were good levels of lighting throughout and the pharmacy team members used thermometers to monitor the room temperature throughout the premises. The temperature had recently been recorded as being high, but the day of the inspection was not excessively warm. The team members had tried to reduce the temperature using fans, but these were insufficient to bring the temperature back to an acceptable level. The thermometer in the rear stock room showed a maximum temperature of 28.4 degrees Celsius. Medicines were stored in this room. It was not possible to tell whether this was an isolated occurrence and that the thermometer had not been reset. The pharmacy owner said that he would monitor this carefully and move the stock to a cooler location in the pharmacy if needed. He said he would actively explore air-conditioning solutions as a matter of urgency.

There was a clean, bright and appropriately-maintained consultation room with a reasonable level of soundproofing where people could consult pharmacy team members in private. The pharmacy premises were kept secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. It gets its medicines from reputable suppliers and it largely stores them properly. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. The team members are reviewing their practice for assembling multi-compartment compliance packs which help people to take their medication.

Inspector's evidence

The pharmacy was accessed via a single wide door at path level, with a lowered counter and clipboard to assist wheelchair users. The pharmacy team members had trained as Dementia Friends.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was generally stored in a neat and tidy manner in the dispensary. But some of the stock shelves were slightly untidy. The pharmacy had a date checking matrix but the entries on this were sporadic and the last recorded checks for some areas were in October 2018. But, no expired products were found on the shelves or in the drawers. The pharmacy team members said that they would focus on checking all the stock every three months.

The pharmacy owner was aware of the Falsified Medicines Directive and was actively exploring software and hardware solution to ensure the pharmacy achieved compliance. The pharmacy did not routinely enquire about test results for higher-risk medicines such as warfarin, lithium and methotrexate and this could make it harder to make sure that people were taking their medicines safely. The team members said that they would introduce these checks into the dispensing process. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all the people they had dispensed valproate containing medication for and issued the published support materials.

The pharmacy kept medicines requiring cold storage in two domestic fridges. The maximum and minimum temperatures were continually monitored but records for these were sporadic. One thermometer showed that the fridge had deviated slightly outside the acceptable range within the two days prior to the inspection. The pharmacy team members said that they would monitor and record the temperatures and check that stock was still safe to use. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy wrote on each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid. But, this did not always include Schedule 4 CDs such as diazepam. The pharmacy team members said that they would put a system in place to address this.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who needed help managing their medicines. These were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The packs were not sealed until they had been checked by the pharmacist and were routinely left overnight before this happened. This introduced an increased risk of medicines migrating between different compartments in the packs. People were not always given the information leaflets which came with their medicines. So, they may not have all the information they need to help them take their medicines safely. Team members said

that the leaflets would be supplied in the future and the pharmacy owner said that he would review the SOP for this process. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and to help with effective team communication. The GP requested when people should receive their medication in multi-compartment compliance packs and the pharmacy team members reviewed each request for suitability. The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a record book with an audit trail to show the medicines had been safely delivered.

Patient-returned medicines were clearly segregated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services and generally makes sure that it is looked after properly. It uses its equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate.

There was a new blood pressure monitor, but team members were not certain how often this was calibrated or replaced. The smoking cessation service had been suspended as the carbon monoxide monitor was broken and the pharmacy were waiting for a replacement from the local smoking cessation team. They said that they would ensure an appropriate maintenance schedule was put in place. Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order but there was no evidence of recent safety testing.

There was a locked cupboard to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using a shredder.

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.