

Registered pharmacy inspection report

Pharmacy Name: Knights Kerr Pharmacy, Ouseburn Point, 26 Shields Road, NEWCASTLE UPON TYNE, Tyne and Wear, NE6 1DR

Pharmacy reference: 1099644

Type of pharmacy: Community

Date of inspection: 07/05/2019

Pharmacy context

This is a community pharmacy in Newcastle, Tyne and Wear. It serves the local community. The pharmacy sells a range of over-the-counter medicines and dispenses NHS prescriptions. The pharmacy offers a range of services including multi-compartment compliance packs.

Overall inspection outcome

✓ **Standards met**

Required Action: Improvement Action Plan

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 identifies and manages the risks associated with its services. The pharmacy asks people for their views. And it deals with complaints and uses feedback to improve the services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy and retail area were a good size. The pharmacy was open plan with a centre island and separate areas for labelling, dispensing and checking prescriptions. And a designated area was used to manage the multi-compartment compliance aid service.

Standard Operating Procedures (SOPs) were in place. And these were last reviewed in December 2017. There was record sheet of competence for each member of the pharmacy team. And these were signed. Some members of the pharmacy team were unsure of some of the details in key SOPs such as near miss and error recording.

Members of the pharmacy team said that the manager usually recorded any near misses. The manager had left the previous week and members of the team were unsure about the location of the near miss records or the monthly patient safety reviews (MPSR). It was the Responsible Pharmacist (RP) first day at the branch. There was some evidence of change and consideration of risk. There were warning on items such as MDI and Easi breathe inhalers.

There was a procedure for recording dispensing errors. Members of the pharmacy team were unsure of what it was. A carbon book was found, and the most recent error was a quantity hand out error. The report lacked details of the incident. It also lacked detail of contributory factors or change made following the error.

Valid NPA professional indemnity insurance was in place.

A complaints policy ensured that staff handled complaints in a consistent manner. The policy helped the pharmacy team resolve issues. And managed the incidence of people escalating complaints. Some people had feedback that they were unhappy because the pharmacy closed at lunch time for the pharmacist to have a rest break. Now the RP stays on site.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the electronic responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs once a week.

The pharmacy recorded controlled drugs that people returned for destruction.

A sample of private prescriptions were up to date and met legal requirements. A sample of specials

records were up to date. And the pharmacy team recorded the name of the person who had received the medication on most occasions.

There was a data protection SOP. And all the team had signed it. They were aware of the need to keep patient confidential information private. The team members explained that they used the portable phone so that they could move out of earshot of other people. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. Confidential waste was segregated. And this was collected and shredded off site. The pharmacy team used a password and smart cards to restrict access to patient medication records.

The pharmacy team were aware that there was a procedure in place to protect children and vulnerable adults. And were aware of vulnerable groups. And key contact details were laminated and displayed on the pharmacy wall for easy access if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work within their skills and qualifications. But they did not demonstrate a good understanding of some of the procedures. This may mean that the team are not working consistently. The team do not receive regular performance reviews. And this may mean that gaps in their skills and knowledge are not identified and supported.

Inspector's evidence

At the time of the inspection, there was the RP. It was their first day at the branch. There were also two dispensers. And this was the usual level of staffing working at any one time. Members of the pharmacy team thought that they usually managed. But it had been more difficult since the manager left because he did extra tasks that helped the team keep on top of the workload. Locums were not as familiar with the branch and the patients. And this meant that tasks such as pouring the methadone in advance were falling behind. The team said that they shared staff with the branch up the road when necessary. And this was helpful when staff were on holiday.

The pharmacy team had completed appropriate qualifications to work in the dispensary. The pharmacy team members had completed training on the stop smoking service. The team also had completed training after work. This training was provided by drug companies. Members of the team had completed health living pharmacy training online.

Team members were unsure of where files were kept and what procedures they followed. But they did the best to help provide evidence during the inspection. They said that the manager from the other branch was acting manager. And called in a few times a week to see how the team were managing. Members of the pharmacy team thought that she was approachable. And if she could not help with any concern they had they were aware of a number to call head office staff.

One member of staff had never received an appraisal. The newer member of staff had informal discussions about her progress with the manager a few weeks ago.

The pharmacy had targets in place for several services. They were aware that they had hit their 400 MUR target last year.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable to provide its services safely. The pharmacy's team appropriately manages the available space. The pharmacy was protected from unauthorised access.

Inspector's evidence

The pharmacy was a little untidy. And there was some clutter on the pharmacy benches. The sink area was cluttered with pots and mugs.

The pharmacist regularly used the consultation room to give advice or to supervise medicine consumption. The consultation room was suitable for private consultations and counselling. The door was not locked at the time of the inspection. No patient identifiable information was accessible.

The pharmacy's premises were appropriately safeguarded from unauthorised access.

There was adequate heating and lighting throughout the premises. And running hot and cold water was available. Maintenance issues were reported to head office.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally provided safely. But the team may not be identifying all people on high risk medicines such as valproate. This may mean that opportunities to provide people with appropriate counselling and advice are missed. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. It adequately sources and manages its medicines, so they are safe for people to use.

Inspector's evidence

Access to the pharmacy was via wide doors to the front directly into the retail area. It was possible for wheelchairs and those with mobility difficulties to access the pharmacy

The pharmacy supplied medicines in multi-compartment compliance packs. These were supplied mostly weekly. The pharmacy-maintained records of medicines, administration times, and changes to medicines. Prescriptions were ordered in enough time to make sure they could be received promptly. Descriptions were supplied which allowed individual medicines to be identified. Patient information leaflets (PILs) were supplied with the first pack only. This may mean that people do not receive all the information they need to take the medication safely.

A delivery service was offered every Monday to Friday. The driver had a delivery sheet which people signed when they received their medicine. There was an additional sheet for controlled drug (CD) deliveries. And people signed the sheet on receipt of their CD. These were retained in the pharmacy.

The pharmacy was a Healthy Living Pharmacy and ran promotions to help the local population improve their health and wellbeing. The current display was on healthy heart. There were a range of leaflets for self-selection.

A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers.

Stock requiring refrigeration was stored at appropriate temperatures. Paper records were maintained to ensure Temperatures were within the appropriate ranges. These demonstrated that temperatures were consistently recorded daily. There was a procedure to follow if the temperatures went out of the accepted range.

Controlled drugs were stored appropriately. The contact details for the accountable officer (AO) were in the files. There were some expired controlled drugs. And these were segregated to prevent mixing up with stock for patient use.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. But the team had fallen behind with this. And the matrix was not up-to-date. There were also some short-dated items which had not been stickered. This could increase the risk that out of date items might be dispensed to people. There were no out of date medicines found on the pharmacy shelves. Some liquids were marked with the date of opening so that checks could be made to

ensure the medicine was safe to supply to people. There were two bottles of oramorph which were not dated.

The pharmacy team members were observed using coloured baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer generated labels were initialled by the pharmacist and dispenser which allowed an audit trail to be produced. The pharmacy team members dispensed from the prescription and not the labels.

The shelving system enabled enough storage and retrieval of dispensed medication for collection. People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely. Medicines were arranged mostly alphabetically on the shelves. There were some amber bottles containing medicines that had been removed from their blisters. For example, omeprazole and nitrofurantoin had no batch numbers or expiry dates on the bottles. This may mean that medicines could be supplied which were not safe or suitable for use.

The pharmacy team said that they were unsure if a sodium valproate audit had been completed and they were unable to find the information relating to this. The pharmacy team were unsure where the sodium valproate information leaflets and cards were. And there were no warnings on the sodium valproate on the shelves. The RP described updated guidance that was provided to women who received sodium valproate. And he felt sure that the manager would have acted.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The pharmacy team members said that the pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The pharmacy had received scanners. But these were returned to head office. The pharmacy team were not sure if there was an SOP for this. And members of the pharmacy team had not received training. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

The pharmacy team received alerts electronically when drug recalls of medicines or medical devices were necessary. These were printed out. If an action was taken a note of this was placed at the top of the sheet. And these sheets were retained in a file for reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Equipment required for the delivery of pharmacy services is stored appropriately and used in a way that protects the privacy and dignity of patients.

Inspector's evidence

There was only one computer terminal in the pharmacy and another in the consultation room. This meant that there was a bottleneck at the terminal.

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and PharmaOutcomes.

A range of CE quality marked measures were in use which were cleaned after use. There were three marked measuring cylinders for measuring methadone.

The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid kit.

The CDs were stored in CD cabinets which were securely bolted in place.

The fridge used to store medicines was from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards.

Medication awaiting collection was stored out of view and no confidential details could be observed by customers. Prescriptions were filed in boxes out of view of patients keeping details private.

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.