

Registered pharmacy inspection report

Pharmacy Name:Knights Eston Pharmacy, 135/145 High Street,
Eston, MIDDLESBROUGH, Cleveland, TS6 9JD

Pharmacy reference: 1107606

Type of pharmacy: Community

Date of inspection: 17/09/2021

Pharmacy context

This is a community pharmacy in Eston, Middlesbrough. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and over the counter medicines. It supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a home delivery service. A flu vaccination service is planned. And the pharmacy is approved to provide covid-19 booster vaccinations. This inspection was completed during covid-19 pandemic.

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 acts to keep members of the public and team members safe during the Covid-19 pandemic. Team members discuss dispensing mistakes and make some improvements to avoid the same errors happening again. The pharmacy keeps the records it needs to by law. People using the pharmacy can raise concerns and provide feedback. Team members securely dispose of personal information when it is no longer required. The pharmacy has relevant policies and procedures in place for most of its services. But these are not up to date and not all the team has read them.

Inspector's evidence

The pharmacy had risk assessed the impact of COVID-19 on the services and the people who used it. Team members wore fluid resistant face masks to help reduce the risks associated with the virus. And they washed their hands regularly and used hand sanitising gel when they needed to. A screen was in use in a small section of the medicines counter. The team had positioned a display with information and leaflets relating to the pandemic near the pharmacy counter.

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. The manager had a file for the SOPs. The Superintendent (SI) had prepared these in December 2017. The manager had checked on the company site and they weren't any more recent, except for a handful of new SOPs for new services. The team had signed the SOPs in 2016 but the pharmacy had no record that newer members of the team had read and understood them. The RP picked up errors at the checking stage and entered these into the near miss book. During the pandemic near misses had not always been recorded. But the records demonstrated that near misses were now being routinely recorded. Usually a handful of near misses had been recorded each month. The manager advised that he and the full-time dispensing assistant worked closely together and there had been very few near misses. The manager provided good examples of the way that they prevented errors occurring for example the chloramphenicol ear drops had been banded together in the fridge with a large sticker reminding the team that they were ear drops. He also discussed the implications of dispensing these to people instead of eye drops. Caution stickers had been placed on medicines that could be confused due to having a similar name or similar packaging. The team recorded dispensing errors electronically. The manager recalled an error when multi-compartment compliance packs for two people with similar names had been confused and supplied to the wrong person. The dispensing assistant recalled that she now prepared packs for those with similar names on different days to reduce the risk of a similar incident occurring. The team discussed errors when they occurred and shared the learning.

The pharmacy displayed a notice that told people who the RP was. Members of the pharmacy team knew what they could and couldn't do, and what they were responsible for when the pharmacist was absent. The pharmacy had a complaints procedure. And it had a leaflet prominently displayed near to the till inviting suggestions and comments from customers on how the team could improve things. To improve turnaround times the team members made a conscious effort to re-order stock straight away if they hadn't enough stock to fulfil a prescription. This way stock would arrive later that day or in the morning at the latest. The pharmacy had appropriate indemnity insurance in place and the certificate was displayed in the dispensary and valid until 31 December 2021.

The pharmacy kept an electronic record to show which pharmacist was the RP and when. The pharmacy had an electronic controlled drug (CD) register. The manager checked the register balance on each dispensing and did a full CD balance audit monthly. A balance check of one randomly picked CD in the cabinet tallied with the CD register. The team used a private prescription book to record private prescription transactions and the prescriptions had been filed chronologically. The pharmacy had a system for the supplies of the unlicensed medicinal products it made which complied with MHRA regulations.

The pharmacy team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was segregated to avoid a mix up with general waste. And this was shredded off site. The manager had completed safeguarding training, but he had not shared the learning with the team. Team members in the past had reported concerns about people not taking all their medication regularly or who may have been confused. The pharmacy didn't have a list of contact details for local safeguarding services, but the manager confirmed that he would look these up if the need arose.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people in its team to manage the workload. Team members feel comfortable giving feedback on how to improve the pharmacy's services. And they have the necessary qualifications and skills for their roles and the services they provide. They work well together and make decisions about what is right for the people using the pharmacy. And, they learn from the pharmacist to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team consisted of the manager (the RP), a pre-registration pharmacist and one full-time dispensing assistant, two part-time dispensing assistants, two-part time medicines counter assistants and one part-time driver. The RP was supported at the time of the inspection by the pre-registration pharmacist, two dispensing assistants and the driver.

The team worked well together and interacted well with each other to ensure people got what they needed in an efficient way. The team had a calm reassuring manner that put people at their ease. The pharmacy had a sales-of-medicine protocol and team members referred to the pharmacist when appropriate. The pre-registration pharmacist was training on the counter and thought this had given her good experience in dealing with people and helping with queries. The manager gave the pre-registration pharmacist lots of support and encouragement. She usually had an afternoon each week put aside for training. The team assisted the inspector during the inspection by providing pieces of evidence and explaining how tasks such as date checking, and multi-compartment compliance pack dispensing were done.

The team managed with the current staffing levels. They discussed the tasks that had to be completed that day so that they could prioritise the workload. The team had set up a "WhatsApp" group and this helped to keep the team informed of any issues or outstanding tasks. The manager discussed any dispensing errors that occurred and shared information about high-risk medicines such as methotrexate so that the team was extra vigilant when dispensing such medicines. The company did not offer ongoing training formally. The manager had some learning development needs on company policies and management training which wasn't formally available. The manager did his own training with the team on topics he felt appropriate such as looking out for the signs of sepsis. The team had not received appraisals. The manager had planned to start appraisals for the team when things had settled down. Members of the team expressed their support for the manager, and they appreciated how he had improved standards in the pharmacy since he had been in post.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and well equipped.

Inspector's evidence

The pharmacy was bright and welcoming. All areas looked clean and clutter free and the team worked hard to create a tidy and welcoming environment from which to provide its services. The inspector noted a significant improvement since the last inspection. The floor area had been cleared of obstructions. Stock was stored tidily on the shelves and in storage areas. The pharmacy had air conditioning. The dispensary had a good-sized sink with hot and cold running water for medicines preparation and for staff use. The pharmacy had staff toilets with a sink with hot and cold running water. The pharmacy had a large sound-proofed consultation room with desk, computer, and seats where people could sit down with a team member. It was professional in appearance and was signposted by a sign on the door.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of health needs access the pharmacy's services easily. And the pharmacy manages and delivers these services effectively using technology and off-site dispensing. It obtains its medicines from reputable sources. And stores and manages its medicines appropriately.

Inspector's evidence

The pharmacy had a ramp to help wheelchair users and those with mobility issues to access the pharmacy. The pharmacy advertised its services and opening times in the window. And people using the pharmacy had access to some health information leaflets displayed near the front counter. The pharmacy had been approved to provide Covid-19 booster vaccinations. The superintendent (SI) had been co-ordinating with NHSE&I and the manager had attended the North East and Yorkshire Regional Pharmacy webinar. And found it very helpful and informative. The pharmacy provided a flu vaccination service. A second pharmacist provided these. The pharmacy provided a supervised medicine consumption service.

Team members signed the dispensing labels when dispensing and checking. And so, a robust audit trail of the process was in place. The team used baskets to hold prescriptions and medicines. For example, grey baskets were used for deliveries. This helped the team members stop people's prescriptions from getting mixed up. And to prioritise the workload. Team members used various stickers within the dispensing process as an alert before they handed out medicines to people. For example, they used "controlled drug" stickers to remind the team member handing out the medication that a CD needed to be given at the same time. The manager advised that they had very few owings, maybe one or two a week. On the occasions when the pharmacy could not supply the full quantity prescribed the team used owing slips. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy delivered medicines to people in their homes. The pharmacy used pro-delivery manager which tracks the driver's location and delivery route. So, people could be given a time slot for their delivery.

The pharmacy supplied medicines in multi-compartment compliance packs for people living in their own homes. The company hub assembled most of the pharmacy's compliance packs off-site. The manager did random second checks on the packs sent from the hub. The SI was aware of the pregnancy prevention programme (PPP) for people prescribed valproate, and of the risks. The inspector reminded the SI about the updated guidance from MHRA. He demonstrated an understanding of guidance and the pharmacy's obligations.

The pharmacy stored pharmacy medicines behind the pharmacy counter to prevent people self-selecting them. The pharmacy did not routinely stock codeine linctus but rather provided alternative treatments. The team would order codeine linctus if a prescription was presented. The medicines on the pharmacy shelves in the retail area were tidy and well organised. The team checked the expiry dates and kept a record of short-dated items in the diary. The dispensing assistant removed these from the shelf at the end of the month before they were out of date. The pharmacy team recorded the date on liquid medicines when they had been opened. So, checks could be done to see if they were fit to supply. A check of three areas in the pharmacy found no out-of-date stock. The pharmacy had procedures in place to appropriately store and then destroy medicines that had been returned by

people. And the team had access to CD destruction kits. The pharmacy team checked and recorded the fridge temperature ranges daily. The fridge temperature on the day was within the correct ranges. The team stored the medicines inside the fridge and CD cabinets in an organised tidy manner.

The SI had signed up to receive drug alerts from MHRA on his phone. But there wasn't an audit trail to provide assurance that all alerts had been received and actioned when appropriate. So, the team may be missing opportunities to prevent recalled medicines being supplied to people.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

Team members had access to up-to-date reference sources. The team stored medicines waiting to be collected in a way that prevented people's confidential information being seen by members of the public. The pharmacy used a range of CE quality marked measuring cylinders. The team cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy had one refrigerator to store pharmaceutical stock requiring refrigeration. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. Some of the team members responsible for the dispensing process had their own NHS smartcard.

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.