

Registered pharmacy inspection report

Pharmacy Name: Knights Oakley Pharmacy, Heswall and Penbby
Group Practice, 270 Telegraph Road, Heswall, Wirral, Merseyside,
CH60 7SG

Pharmacy reference: 9010044

Type of pharmacy: Community

Date of inspection: 03/06/2019

Pharmacy context

The pharmacy is located next door to a GP medical centre and is a short walk to the town centre of Heswall, Wirral. The pharmacy premises are accessible for people, with adequate space in the retail area and consultation room for wheelchairs or prams. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. Repeat medication is dispensed into medicine compliance aids for a number of people, using an automated process. And this is carried out offsite at a hub pharmacy in the group.

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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
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 manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again. The team members have read the safeguarding procedures, so they know how to protect vulnerable people.

Inspector's evidence

A list of look alike sound alike (LASA) medicines was displayed in the dispensary. The pharmacist explained that the list of LASA medicines had been identified as being at an increased risk of a near miss or dispensing error. e.g. amitriptyline and amlodipine, quetiapine and quinine, atenolol and allopurinol.

There were up to date Standard Operating Procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was seen to be following the SOPs that were relevant to her role and she was able to clearly describe her duties.

Dispensing incidents were reported online and learning points were included. Near misses were reported on a near miss log for each staff member. The near misses were discussed with the pharmacy team member at the time. The pharmacist reviewed the near miss log each month to identify learning points, which were then shared with staff.

The correct responsible pharmacist (RP) notice was displayed prominently in the pharmacy. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose, although he referred the customer to head office if they felt it was unresolved or he felt it was necessary. A complaints procedure was in place.

A customer satisfaction survey was carried out annually and a copy of the latest results was provided. Due to some patients surveyed highlighting that they were not satisfied with the comfort of the waiting area, a request for improved seating was being reviewed by head office.

The company had appropriate professional indemnity insurance in place. The private prescription record, emergency supply record, unlicensed specials record, and the CD registers were in order. Patient returned CDs were recorded and disposed of appropriately. The responsible pharmacist record had the time the RP ceased their duty missing from several entries in the record.

Confidential waste was shredded. Confidential information was kept out of sight of the public. The staff had read and signed a confidentiality agreement. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored on shelves in the dispensary in a manner that protected patient information. A privacy notice was displayed in the retail area.

The contact numbers required for raising safe guarding concerns were displayed. The pharmacist had completed the level 2 safe guarding training. A safe guarding SOP was in place and had been read and

signed by the staff.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are trained and work effectively together. They are comfortable about providing feedback to their manager. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was a pharmacist manager, a dispenser and two trainee dispensers on duty. The staff were busy providing pharmacy services and appeared to manage the workload adequately.

The pharmacist explained that the pharmacy had recently signed up to use the NPA Hub as a training resource for staff. He demonstrated that he had set up his account with NPA Hub and said he was going to set up each team member with their own accounts. A trainee dispenser said apart from reading the SOPs and the buttercups training course she was undertaking, she had not completed any other ongoing training.

The staff were aware of a whistle blowing policy in place and knew how to report concerns about a member of staff if needed. Details outlining the policy were available in the pharmacy for staff to refer to. Staff had not received performance reviews to date and the pharmacist explained this was due to change in the future with staff receiving an annual appraisal. Staff were regularly given feedback, for example, about near miss errors or any outstanding training.

A trainee dispenser was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol. i.e. she would refer the patient to the pharmacist for advice and support.

The pharmacist explained that there were targets in the pharmacy but said he had not felt under any pressure to achieve these. He said he was not aware of any consequences to not hitting pharmacy targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy was clean, tidy, free from obstructions and had a waiting area. A dispenser said that dispensary benches, the sink and floors were cleaned regularly. A cleaning rota was in place. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance issues were reported to head office or the GP practice manager. Staff facilities included a microwave, toaster and kettle. A WC with wash hand basin and antibacterial hand wash was available for staff to use in the adjoining GP medical centre. There was a consultation room available which was uncluttered and clean in appearance. This was kept locked until access was required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access and they are generally well managed. The pharmacy sources and stores medicines safely and carries out checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area for customers. Staff were clear about what services were offered and where to signpost to a service if this was not provided. e.g. travel vaccinations. A list of services provided was displayed on the outside of the pharmacy premises.

Fridge medicines were dispensed into clear bags and an assembled prescription for insulin that was awaiting collection was seen stored in the fridge in a clear bag. The pharmacist explained that the insulin box was shown to the patient upon collection to confirm it was what they were expecting.

The pharmacist explained that schedule 2 and 3 CDs had a CD sticker attached to the bag and were highlighted on the prescription. He explained that this was to act as a prompt and ensure that it was not handed out after 28 days of the prescription date. An example of this was present for a schedule 2 CD stored in a CD cabinet. Schedule 4 CDs were not highlighted in the same manner, which may increase the possibility of supplying a CD on a prescription that had expired. Higher-risk medicines such as warfarin, lithium or methotrexate were not currently highlighted prior to collection, so the pharmacy team may not be aware when they were being handed out, in order to check that the supply was suitable for the patient.

The pharmacy had patient information resources for the supply of valproate, including, patient cards, patient information leaflets and warning stickers. The pharmacist was not aware of any female patients who were prescribed valproate who may become pregnant. A valproate poster was displayed in the dispensary for staff to refer to.

The work flow in the pharmacy was organised into separate areas – dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used in the dispensary to reduce risk of medicines becoming mixed up.

The MDS assembly area was clean and tidy. A dispenser provided a detailed explanation of how the MDS service was provided which was in accordance with the SOP. MDS was well organised with an audit trail for changes to medication. Disposable equipment was used. The dispenser explained that patient information leaflets were routinely included and that hospital discharge summaries were kept for the pharmacist to refer to. The assembled MDS packs awaiting collection had tablet descriptions included and patient information leaflets for all medicines.

Some patients had their repeat medication dispensed offsite into the pouch system. The pharmacist

said they had agreed to this and provided verbal consent. A medication pouch system for a patient was present and it included tablet descriptions. Each patient had a list of medication that was cross checked with the prescription and any discrepancies or changes were clarified with the GP prior to dispensing. The pharmacist explained that all prescriptions dispensed offsite were clinically checked by him and received their final accuracy check in this pharmacy. Any errors identified were fed back to the offsite dispensing hub. A dispenser demonstrated that patients who received their medication in the pouch system were routinely provided with patient information leaflets for their medicines.

The pharmacist explained the process for delivering prescriptions to patients. Patient signatures were routinely obtained for all prescriptions delivered and if a patient was not at home when the delivery driver attempted delivery, a note was placed through the patient's door and the prescription was returned to the pharmacy. Patient returned CDs were destroyed using denaturing kits and records made in a designated book. A balance check for MST 15mg tablets was carried out and found to be correct.

The pharmacy was using a 2D barcode scanner and appropriate software to comply with the Falsified Medicines Directive (FMD). Staff had received training, including an online presentation. An FMD SOP was in place, although, staff had not read or signed it. The pharmacist provided examples of medicines stock that included unique barcodes and anti-tampering seals.

Date checking was carried out and documented. Short dated medicines were highlighted. No out of date stock medicines were seen from a number that were sampled. The date of opening for liquid medicines with limited shelf life was seen added to the medicine bottles. Alerts and recalls etc. were received via email. These were read, acted on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The up to date BNF was available. The staff used the internet to access websites for up to date information. e.g. BNF and medicines complete. There was a clean fridge for medicines with minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

Any problems with equipment were reported to head office. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, the electrical equipment had been safety tested in July 2018.

There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for methadone. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. Cordless telephones were available in the pharmacy and the staff said they used these to hold private conversations with patients when needed.

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.