

Registered pharmacy inspection report

Pharmacy Name: Skelton Pharmacy, 83 High Street, Skelton-in-Cleveland, Saltburn-by-the-Sea, North Yorkshire, TS12 2DY

Pharmacy reference: 9010876

Type of pharmacy: Community

Date of inspection: 15/11/2019

Pharmacy context

This is a community pharmacy situated in the high street of a small town. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. And it delivers medicines to people's homes.

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 has suitable arrangements to identify and manage risks with its services. And it has suitable arrangements to protect people's private information. The pharmacy keeps the records it needs to by law. People using the pharmacy can raise concerns. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people. The pharmacy has written procedures that the team follows. But not all the team members have signed to say they have read the procedures. This means there is a risk that some team members may not be following up-to-date procedures. The team members discuss mistakes they make during the dispensing process. They take some steps to learn from them and make sure the errors are not repeated. But they do not keep records of reviews of these. So, they may be missing out on some learning opportunities to identify trends and prevent similar mistakes from occurring.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the pharmacy reviewed yearly. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as the dispensing of prescriptions and controlled drug (CD) management. The SOPs had signature sheets but not all the people who worked in the pharmacy had signed the sheets as read, since the last review. There was a newer member of the team and she had not signed the SOPs. But she was aware of them and advised she had read some. She advised what her role was and what tasks she could do. The locum advised she had read and signed the SOPs at the other branch owned by the same company. The SOPs for the responsible pharmacist regulations could not be found. But the new starter advised she was aware of the requirements. She knew what she could or could not do if the pharmacist left the premises.

The dispensary had plenty space which included an island in the middle. It provided different sections for dispensing activities with dedicated benches for assembly and checking. And had a separate room for compliance pack preparation. The pharmacist generally prepared the labels. And the dispensers assembled the items. The pharmacist then checked. The pharmacist advised that if she had to dispense and check, she separated the process and had a mental break before she undertook the final check. She advised only occasionally did she self-check. The pharmacy team members used baskets to keep prescriptions and medicines together.

The pharmacy had a template for recording near miss errors. And had a SOP which explained the process. The pharmacy had few near misses recorded. And the locum explained that it was not busy, and she did not find many errors. Examples included ramipril with capsules instead of tablets, and an ordinary Ventolin instead of a Ventolin Accuhaler. The team member advised the team had informal discussions when the pharmacist recorded a near miss error. But the pharmacy did not keep records of any discussions. And there were no reviews recorded. There were a few alerts in place where a team member had selected the wrong item. And the pharmacists had separated a few items if they had similar names to try to raise awareness at the picking stage.

The pharmacy had a patient complaints procedure. And a community pharmacy error report form. The inspection was in combination with dealing with a concern raised to the General Pharmaceutical Council (GPhC). The pharmacy was aware of the concern which had been a dispensing error. The

concern had been logged at the time by the pharmacist present. And he had notified the pharmacy superintendent. And the team had discussed ways to minimise any repetition. This had included separating the items on the shelves. The pharmacy had current indemnity insurance in place with an expiry date of March 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of CD registers looked at found that they met legal requirements. The pharmacy checked CD stock against the balance in the register monthly. This helped to spot errors such as missed entries. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept records for private prescriptions in the private prescription book. It kept special records for unlicensed products with the certificates of conformity completed.

The pharmacist had undertaken training on General Data Protection Regulation (GDPR) through the Centre for Pharmacy Postgraduate Education (CPPE). The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored patient sensitive information securely. The pharmacy team stored confidential waste in separate containers for collection for offsite shredding. The pharmacy had a policy for the protection of vulnerable adults and children. It kept these details for safeguarding including contact numbers for local safeguarding agencies in the SOP folder. The pharmacist had undertaken level 2 CPPE training. The team member advised that she would notify the pharmacist if she had any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team. The pharmacy's team members are suitably trained or working under supervision during training. Pharmacy team members complete ongoing training on an informal basis. But this is not structured. So, team members may miss opportunities to complete learning relevant to their role. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist and one trainee dispenser working in the pharmacy. The pharmacist locum worked regularly at the pharmacy. The owner pharmacist worked at least one day a week at the pharmacy. Another pharmacist worked regular days each week. In addition, there were two dispensers who worked 16 and 29 hours a week. And the trainee worked 29 hours a week. Generally, there was only one member of staff each afternoon with the pharmacist in the pharmacy.

The trainee had started around June time and was doing the combined counter and dispensing course through the National Pharmaceutical Association (NPA). There had been some issue with the booklets sent. And new ones were being sent for her to start the formal training. She had seen the employee handbook and induction pack but said she had not been through it although the owner had verbally provided the information to her.

The pharmacist locum advised how she kept up-to-date. But was not aware of any structured ongoing training within the pharmacy. The locum advised she discussed matters with the team when working and supervised their work. And discussed items relevant to the pharmacy services. No other staff were present to ask. There were no formal records for ongoing training for members on the team. The trainee followed the sales of medicines protocol when making over-the-counter (OTC) recommendations and referred to the pharmacist when necessary. The team received performance reviews. The area manager undertook reviews. The trainee advised she could contact the locums or superintendent pharmacist if she had any concerns. And she had telephone numbers. But there was not a formal whistleblowing policy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are of a suitable size for the services it provides. And people can have private conversations with the team in a consultation room.

Inspector's evidence

The pharmacy was clean and tidy . And fitted out to an acceptable standard. There was suitable space for dispensing, storing stock and medicines and devices waiting for collection. The room temperature was comfortable, and the pharmacy was well lit. The pharmacy consisted of a retail area, main dispensary and two small rooms. The team members used one room for the preparation of compliance packs. And they used the other for the preparation of liquids. It had a sink and some storage area. The sink was clean. The toilet area had separate hand washing facilities for the team. But the hot water tap was missing. And the owner required to replace this to provide separate hot and cold hand washing facilities for the team.

The pharmacy had a reasonable sized, signposted, sound proofed consultation room which the team used. The pharmacy team kept the consultation room locked when not in use. And kept no confidential information in the room. The team were aware of people entering the pharmacy by a bell which rang when the door opened. The counter had a drop-down section and a gate. The team kept the counter down and the gate locked. So, people could not access the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people. And it displays some information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members dispense medicines into multi-compartment compliance packs to help people remember to take them correctly. The pharmacy delivers medicines to people's homes.

Inspector's evidence

The pharmacy was accessible to all, including patients with mobility difficulties and wheelchairs. The team assisted any person requiring help. There was one seat for people waiting. And an additional chair in the consultation room which the team brought out for people if required. The pharmacy displayed a leaflet with its opening hours. And the services offered. It had a small range of leaflets and posters on healthcare information. This included 'Quit smoking' and blood pressure. The pharmacy had a defined professional area. And items for sale were mostly healthcare related, with a few toiletries. The pharmacy kept pharmacy medicines behind the medicines counter. And the team assisted people who required these items.

The pharmacy undertook Medicine Use Reviews (MUR) and the New Medicines service (NMS). It sold people Emergency Hormonal Contraception (EHC) if required or referred them to another pharmacy or their surgery. The pharmacy did not have a Patient Group Direction (PGD) for EHC. It provided a smoking cessation service and medicines through the Minor Ailments scheme. The team signposted to other healthcare services and had a standard operating procedure (SOP) with information.

The pharmacy supplied medicines to around 30 people in multi-compartment compliance packs to help them take their medicines. It kept a basket with stock items for each individual person. And it had a profile sheet for all people. Some of the profile sheets had several crossings out on them and the pharmacy required to replace them. This would keep the records clear. Generally, people came from the doctors with a request to have a compliance pack. But the pharmacist also assessed people and asked the doctors to put the person on to a compliance pack. The pharmacy provided patient information leaflets (PILs) with each cycle, banded together. The pharmacy offered a substance misuse service with a few people using this service.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team members used appropriate containers to supply medicines. And sometimes they used clear bags for dispensed CDs and fridge lines, so they could check the contents could again, at the point of hand-out. The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that the bag required some medication to be added to complete the supply. The CD stickers had a space for the team to record the last date for supply, to make sure it was within the 28-day legal limit. But the team did not generally complete this. The pharmacist present advised that if she wanted to speak to someone regarding their medicines she would leave the bag to one side. And ensured the person received counselling. She was not sure what the other pharmacists did. She sometimes attached notes. The trainee dispenser was aware of the valproate Pregnancy Prevention Programme. And advised of

the folder with all the information. The pharmacy kept this with the stock on the shelves as a reminder.

When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept one copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable for an alternative. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date.

The team members clearly marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use. The pharmacy used recognised wholesalers such as DE, Alliance and AAH. The pharmacist was aware of the requirements for the Falsified Medicines Directive (FMD). But was not sure when this would be implemented at this pharmacy. The pharmacy had scanning devices.

The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy received drug safety alerts and recalls from the Medicines and Healthcare products Regulatory Agency (MHRA). And printed these off. The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has adequate equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had some measuring equipment available of a suitable standard including crown-stamped measures. But the range was limited. And it had a plastic measure with no suitable kite mark to indicate it complied with standards. It had a cracked glass measure with tape round it. And it was unsuitable for use. This was disposed of during the inspection. The pharmacy had a range of equipment for counting loose tablets and capsules. The team members had access to disposable gloves and alcohol hand washing gel.

The pharmacy stored medication waiting collection on shelves where people could not see any confidential details. The team generally kept prescriptions attached to bags. But they often filed these prior to collection. The computer in the consultation room was screen locked when not in use. The computer screens were out of view of the public. The team used the NHS smart card system to access to people's records. But did not always use their own. The team used cordless phones for private conversations.

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.