

# Registered pharmacy inspection report

**Pharmacy Name:** Knights Mills Pharmacy, The Pharmacy, Glebe House, 19 Firby Road, Bedale, North Yorkshire, DL8 2AT

**Pharmacy reference:** 9011827

**Type of pharmacy:** Community

**Date of inspection:** 04/10/2022

## Pharmacy context

This is a community pharmacy in a health centre in Bedale, North Yorkshire. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy offers a medicines delivery service. It supplies medicines in multi-compartment compliance packs to people living in their own home. And people can get a winter flu vaccination from the pharmacy.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately identifies and manages the risks associated with its services. It has written procedures that the pharmacy team follows. And the pharmacy has appropriate insurance to protect people if things go wrong. It completes the records it needs to by law. Pharmacy team members openly discuss mistakes they make and they take suitable action to prevent future mistakes. The pharmacy has safeguarding procedures and it responds appropriately to help protect vulnerable people when safeguarding issues occur.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. The Superintendent (SI) had extended the review of the SOPs until the end of 2022. The pharmacy team had SOPs for new services at the front of the file for easy access. Team members had signed the SOPs relevant to their roles and worked within the scope of their role.

The company had a procedure for managing errors identified during the dispensing of prescriptions. The pharmacy kept records of these errors known as near misses in a book kept near to the checking bench, which made it easy to remember to record errors. The records demonstrated that pharmacy team members consistently recorded the errors they made but they didn't usually capture the circumstances surrounding the error or complete the action taken section. So, the team might not have all the details necessary to make effective changes. The responsible pharmacist (RP) discussed the error with the team at the time. The pharmacy kept a monthly patient safety log, which showed analysis of trends from errors. The manager explained that she hadn't completed it since February due to other work pressures. Team members explained the changes made to prevent errors occurring such as using shelf edge warning stickers for look-alike sound-alike medicines. Warnings had been placed on the liquid melatonin bottles to highlight that one formulation contained propylene glycol which under the terms of the license could not be supplied to under eighteen-year-olds. The pharmacy had a procedure for managing errors identified after the person had received their medicine, known as dispensing incidents. The procedure included the manager completing an electronic dispensing incident report. The pharmacy had supplied the wrong insulin to a patient and the incident had been fully recorded and team members involved in the error had completed reflective statements. The pharmacy had an SOP for handling complaints raised by people using the pharmacy services.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. CD balances were audited weekly. A balance check of two CDs in the CD cabinet matched with the balances in the register. The team recorded CDs returned by people for destruction. A sample of records for the receipt and supply of unlicensed products demonstrated that the team kept certificates of conformity with people's details included, in the pharmacy, invoices were filed off site. Team members completed General Data Protection Regulations (GDPR) training. And the manager retained training records for team members in the GDPR folder. They separated confidential waste and sent it to head office for

destruction.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. They had completed training on protecting children and vulnerable adults and knew to speak to the RP if they had a concern. Concerns about vulnerable people not taking their medicines regularly or at the appropriate time were reported to the doctor.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the qualifications to support its services. Team members work together to complete daily tasks. They openly discuss errors so everyone can learn from them and improve their skills. The team members receive in the moment feedback.

### Inspector's evidence

The pharmacist manager worked full time and a locum covered her days off. On the day of the inspection three dispensing assistants and one counter assistant supported the manager. The manager reported that they struggled with the workload especially when people had holidays or sickness. And currently one member of the team was on sickness leave. Team members worked extra to help out when they could. The manager had shared their concerns about staffing levels and had a meeting to discuss these concerns with the area manager. But so far, no permanent solution had been agreed.

The pharmacy was busy at the time of the inspection. The checking bench had fifty-five baskets of prescriptions waiting to be checked. The pharmacist had been busy yesterday providing flu vaccinations to people. There was a back log of prescriptions waiting to be checked. One dedicated member of the pharmacy team worked at the pharmacy counter to answer queries and take in prescriptions from people. This worked well and helped the team manage distractions from the pharmacy counter while they dispensed prescriptions. The counter assistant acknowledged people when they arrived at the pharmacy counter and they advised of the waiting time for prescriptions to be dispensed. The pharmacist took time to speak with people who had any queries. And advice was given in a quieter area in the pharmacy.

The pharmacy team hadn't had a formal appraisal for a number of years. The manager gave in the moment feedback. The pharmacy team members discussed tasks that needed to be completed. And they discussed any dispensing incidents as they occurred. Team members felt able to offer suggestions to improve services. They knew to speak to the manager initially if they had any concerns. Team members did some training by reading training material provided by manufacturers of medicines. And they had completed training on topics such as sepsis and infection control. The manager had completed training to provide services such flu vaccinations.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare. Its premises are suitable for the workload and services it provides. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy had re-located to its present position earlier in the year. It was well laid out and designed with plenty of space for people to work. The main dispensary had an area to the side where multi-compartment compliance packs were assembled, packed and stored. Pharmacy team members had separate areas to label, dispense and check prescriptions. The pharmacy was mostly clean and generally tidy but there was some clutter on the benches, including a large volume of prescriptions awaiting to be checked. The pharmacy had a large consultation room for the services it offered and if people needed to speak to a team member in private. The pharmacy had sinks in the dispensary, the consultation room and in the toilet, all had hot and cold running water.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services that people can easily access. Its working practices mostly promote safe and effective delivery of its services. The pharmacy delivers medicines to people's homes and keeps records to show that it delivers the right medicine to the right person. The pharmacy gets its medicines from reputable sources. And it adequately manages them and stores them properly.

### Inspector's evidence

People could easily access the pharmacy through automatic doors from the surgery. The team displayed the pharmacy's opening hours and details of the services it provided in the pharmacy. The pharmacy offered services including seasonal flu vaccinations, blood pressure monitoring and smoking cessation. It offered a free delivery service to people who couldn't attend its premises in person. And the driver received digital signatures from people on receipt of their medication. So, they had an audit trail for each delivery to show that the right medicine was delivered to the right person. The pharmacy also provided medicines in multi-compartment compliance packs to people to help them to take their medication as intended by the prescriber. Most of these were dispensed at a central pharmacy hub, located off-site. The pharmacist checked a random sample of packs returned from the hub before supply for quality assurance. Random sampling identified that none of the packs contained patient information leaflets and the pharmacy had not been supplying these either. So, people might not have been supplied with all information they needed to make sure they took their medicines safely.

The pharmacy had separate areas for labelling, dispensing, and checking of prescriptions. Pharmacy team members referred to prescriptions when labelling and picking medicines. They initialled each dispensing label, to provide an audit of the process and to help with learning should there be any mistakes. Assembled prescriptions were not handed out until the responsible pharmacist checked them. Team members used baskets during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The team used fridge and CD stickers to indicate that a fridge line or a CD needed to be added at the hand-out stage. Some team members were unclear about the details of the pregnancy prevention program for people prescribed valproate and what their obligations were. The manager confirmed that they made sure that the dispensing label wasn't placed over the warning card on the pack. She explained that they didn't have any people receiving valproate but was aware people in the at-risk group mustn't take valproate unless there was a pregnancy prevention programme in place.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Team members marked containers of liquid medicines with the date they were opened. The pharmacy team members had a date checking procedure, and a matrix which indicated that the last date check had been completed in March 2022. So, the team were behind with this process. A random sample of medicines in different areas in the pharmacy found no out-of-date medicine. The pharmacy had medical waste containers and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy had a large medical fridge to store items at the recommended temperature, where

necessary. The records demonstrated that team members monitored and documented the temperature daily. And the temperatures recorded were consistently within the required range. The team members received drug alerts electronically, these were printed out, marked with the date and any actions taken. The pharmacy retained these for future reference.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team makes sure the equipment it uses is clean.

### Inspector's evidence

The pharmacy had a range of glass measures to measure out liquids. And it had equipment for counting loose tablets and capsules. Members of the team made sure they cleaned the equipment they used to measure out or count medicines before they used it. They had access to up-to-date reference sources. The pharmacy positioned its computer screens so they could only be seen by members of the pharmacy team. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. Team members used their own NHS smart cards to access patient records.

### 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.