

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 3 Fore Street, Mevagissey, ST. AUSTELL,  
Cornwall, PL26 6UQ

**Pharmacy reference:** 1030022

**Type of pharmacy:** Community

**Date of inspection:** 13/07/2022

## Pharmacy context

The pharmacy is located in Mevagissey. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including flu vaccinations, a minor ailments scheme, the NHS New Medicine Service (NMS), the Community Pharmacy Consultation Service (CPCS) and the supply of medicines to drug misusers. It also supplies medicines in multi-compartment compliance aids to people living in their own 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
<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	4.2	Good practice	The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. The pharmacy keeps detailed records of any conversations it has with other healthcare providers about people's medicine and health which ensures continuity of care.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy takes appropriate steps to identify and manage its risks. Team members record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has adequate written procedures in place to help ensure that its team members work safely. The pharmacy responds appropriately when it receives feedback. It has the required insurance in place to cover its services. And it keeps all of the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had processes in place to identify, manage and reduces its risks. It had completed a risk assessment on all the services it provided. And a business continuity plan was in place. The pharmacy had standard operating procedures (SOPs) which were regularly reviewed by the superintendent pharmacist's (SI) team. The SOPs were gradually being transferred to an online portal, which team members found easy to access. Each team member had record of which SOPs they had read. The SOPs reflected how the pharmacy team worked. The SOPs had been updated to reflect changes made to processes during the COVID-19 pandemic. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had a document listing the roles and responsibilities of each team member.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check on both a paper log and the company online reporting system. The RP said that there were very few mistakes made due to the requirement to scan products as they were dispensed. The main mistakes were quantity errors and the team were encouraged to carefully check the quantities of medicines dispensed. Dispensing errors that reached the patient were reported in a more detailed way. The pharmacy team reflected on errors made and learned from them. Each month, the manager completed a patient safety review and analysed the cause of any errors made that month. An action plan was created which was reviewed the following month. The pharmacy team discussed the patient safety review and it was prominently displayed in the pharmacy. A recent review had identified that the pharmacy had dispensed a medicine that was date expired. So, the pharmacy team had ensured that date checking became a more regular activity and the expiry date on each medicine was checked as it was dispensed. The pharmacy separated medicines that looked or sounded alike. Stickers were applied to the outside of the storage drawers or shelves where they were stored to remind team members to take additional care.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were passed straight to the pharmacist or the manager to deal with. The pharmacy team also reviewed any online feedback and responded accordingly. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. The correct RP notice was

prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were maintained on a register on the patient medication record (PMR) system. The pharmacy kept appropriate records of any emergency supplies it made through the locally commissioned urgent medicines service. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were generally stored with all required details completed.

All team members had completed training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the retail area. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's PMR.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs enough people to manage its workload. And it takes action to maintain safety standards when team members are absent. Team members receive time in work to complete training for their roles and keep their skills up to date. They are confident to suggest and make changes to the way they work to improve their services. The team communicates effectively. And they work well together to deliver the pharmacy's services.

### Inspector's evidence

On the day of the inspection, two team members, including the manager, were absent through illness. This left the RP, a dispenser and a trainee medicines counter assistant (MCA). But the team seemed to be coping with the workload well. They were prioritising walk-in prescriptions and were trying to make sure that all stock was ordered for prescriptions sent from the surgery. Dispensing was up to date and prescriptions were generally ready when people arrived to collect them.

The pharmacy team felt well supported by the RP and the manager. They were given allocated time during working hours to learn. The trainee MCAs were both registered on an approved course. Each team member had their own account on the company eLearning system which kept a record of progress through courses. The RP was working towards a clinical diploma, funded by Health Education England. And she was progressing well through the course. The RP kept detailed records of all additional trainee she had completed. Team members were seen to give appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed.

The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. They had regular discussions about their performance. The team felt confident to discuss concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. The team felt able to make suggestions for change to improve efficiency and safety but ensured that they always followed the company SOPs. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The RP said that the targets set in the pharmacy were generally manageable. And they did not impede her ability to use her own professional judgement. She described that all services undertaken were clinically appropriate and that she would ensure he was accredited to provide any additional services requested before commencing.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. But some of the fixtures and fittings in the dispensary require maintenance or replacement. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy was located in the centre of Mevagissey. There was limited access by car but there was a public carpark a few minutes' walk away. A spacious and well-presented retail area led back to the dispensary. The dispensary was of an adequate size and had plenty of workbench space. Prescriptions were dispensed and accuracy checked in different areas. This gave the pharmacist the required space and reduced distractions.

The pharmacy had a large consultation room to the side of the dispensary. Members of the public accessed it by walking down a short corridor meaning they did not enter the dispensary on the way. It presented a professional image. It was soundproofed to allow conversations to happen in private without others overhearing.

The dispensary was well-equipped and well organised. Stock was stored on shelves or in a unit with pull-out drawers. The unit was old and several of the drawers were broken. The pharmacy team said that a drawer had recently come completely out of the unit and had nearly caused an injury to a member of staff. Whilst the maintenance department had tried to fix the drawers, it had not been successful.

Team members cleaned the pharmacy every day and made records of this in a daily log. The healthcare counter had clear Perspex screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. It supplies medicines safely to people with appropriate advice to ensure they are used correctly. The pharmacy keeps detailed records of any conversations it has with other healthcare providers about people's medicine and health which ensures continuity of care. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy was accessed by a small step. But one side of the step had been levelled with the pavement which allowed for disabled access. The pharmacy and the consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured laminates were used to highlight fridge items and CDs in schedules two and three. Prescriptions for schedule four CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with laminates. Paediatric doses were routinely checked. Pharmacist Information Forms (PIFs) were automatically printed by the PMR system and highlighted important information. Interactions and cautions were also printed for the pharmacist to review when checking. The RP described that team members checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. The superintendent's office had provided additional training for team members on high-risk medicines. This was displayed in the pharmacy and all team members had completed the associated test. Laminates were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist.

The RP kept detailed records of interventions she made on the PMR system. Clinical queries were generally sent to the GP surgery by email and responses were copied into the person's PMR. This provided an audit trail and was evidence in case of any further queries. It also meant that any other pharmacists working in the branch could clearly see any decisions made about a person's care.

The pharmacy provided substance misuse services to a small number of people. The RP described that she would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including flu vaccinations and the supply of emergency hormonal contraception. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declarations of competence for the pharmacists offering the flu vaccination service were seen. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) but received few referrals. It had supplied lateral flow tests to the public as part of the 'Pharmacy Collect' scheme until the service had ceased on 31 March 2022.

The RP was aware of the risks of people becoming pregnant whilst taking sodium valproate. She knew to speak to people about the Pregnancy Prevention Programme (PPP). Records were made on the PMR of any conversations of this type. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate. The pharmacy had the information booklets and cards to hand out as appropriate.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. Each person requesting compliance aids was assessed for suitability. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled. Team members signed to show who had dispensed and checked the compliance aid. And they wrote a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary stock was generally arranged alphabetically on in drawers and on shelves. It was organised and tidy. Certain groups of medicines were stored out of alphabetical order including those prescribed for diabetes. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. Records of recalls and alerts were annotated with the outcome and the date actioned and were stored in the pharmacy.

The pharmacy stored CDs in accordance with legal requirements in approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The manager described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate. Patient returned medication was dealt with appropriately.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had crown-stamped measures available to measure liquids, with several marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle reserved for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.