

Registered pharmacy inspection report

Pharmacy Name: Robert's Pharmacy, The Coombes, Polperro, LOOE, Cornwall, PL13 2RG

Pharmacy reference: 1030072

Type of pharmacy: Community

Date of inspection: 12/06/2019

Pharmacy context

The pharmacy is located in the centre of the village of Polperro. The pharmacy dispenses NHS and private prescriptions. The pharmacy delivers medicines to people. It also supplies multi-compartment medicines devices for vulnerable people to use in their own homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, a minor ailments scheme and substance misuse services.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 generally identifies and manages risk appropriately. Team members record their errors and review them. The pharmacy generally has written procedures in place for the work it does. But it does not have some of the written procedures that are required by law. The pharmacy asks people for their views and acts suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy generally keeps 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 manage and reduce risk. A near miss log was available. But no near misses were recorded. The responsible pharmacist (RP) who was also the superintendent pharmacist and owner, said that this was because items were low and that he dispensed most items himself. He worked alongside another member of staff, who was a trained dispenser, and they checked each other's work. The pharmacy was quiet which allowed him to focus on his accuracy. He was not aware of any dispensing errors since he had taken ownership in 2015. He said that if any were identified he would report them to the NHS using the National Reporting and Learning System (NRLS).

A yearly patient safety review had been completed, along with a risk review. The RP had separated look-alike, sound-alike drugs, such as amlodipine and amitriptyline. Several shelf edge alerts were in place to reduce the risk of selection errors. Standard operating procedures (SOPs) were held in paper format and reflected current practice. They had been recently updated and reviewed. The SOP relating to RP regulations was missing. But there was a sign displayed indicating what tasks could and not be carried out in the absence of the RP.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 100% of respondents to the most recent survey had said that they were very or extremely satisfied with the service provided. The pharmacy staff had responded to feedback that the retail area was cluttered by reducing stock holding and rearranging the fixtures and fittings to make more space. A complaints procedure was available and was given to people as needed.

Professional indemnity insurance was provided by the NPA, with an expiry date of 30 September 2019. RP records were appropriately maintained, and the correct RP certificate was conspicuously displayed. Records of emergency supplies, private prescriptions and specials medicines were all in order.

Records of controlled drugs (CDs) were generally maintained appropriately. But entries of receipt did not contain the address of the supplier. There were also some obliterations and overwriting. Balance checks were completed occasionally. Patient returned CDs were stored separately in the cabinet and a separate register was available to record details of destruction. However, there were several returned CDs that had not been entered in this register making it difficult to show exactly when they were returned and by whom.

All staff had completed training on information governance and GDPR. Confidential waste was dealt with in a secure manner to protect privacy. Confidential information on prescriptions awaiting

collection could generally not be seen by waiting customers. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated and disposed of appropriately. NHS smartcard use was appropriate. Verbal consent was obtained from patients prior to accessing their summary care record. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. Local contacts for escalating concerns were available. Staff were aware of the signs that would require a referral to outside agencies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles and they keep their skills and knowledge up to date. Team members suggest and makes changes to improve their services. They communicate well with each other.

Inspector's evidence

The pharmacy staff consisted of the RP, an NVQ2 level trained dispenser and a part-time delivery driver. The felt they could manage the workload with no undue stress and pressure. The pharmacy team completed training during working hours. Resources accessed included revised SOPs, learning to support public health campaigns and updated product information from pharmaceutical companies. The pharmacy team also accessed learning material from Virtual Outcomes.

The dispenser was seen to offer appropriate advice when selling medicines over the counter. She was observed referring to the RP when additional information was required. The dispenser felt able to raise concerns and give feedback to the RP, who was to be receptive to ideas and suggestions. The staff were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP did not set targets for items or pharmacy services. He said that he would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare.

Inspector's evidence

The pharmacy was located on the high street of a Polperro, a seaside village popular with tourists. A retail area led to a small dispensary. A small consultation room with a fold out table was available to use for the provision of services and private conversations. The dispensary was small but was adequate for the number of prescription items dispensed. The fixtures and fittings were traditional but dated. There was no stock or prescriptions stored on the floor. It was a little cluttered with paperwork.

The pharmacy was accessed by a small step. Due to the pharmacy being in a grade II listed building, no amendments could be made to it. A bell was installed at street level to allow those unable to access the pharmacy to alert staff to their presence. The retail and waiting areas were of an appropriate size and there were plenty of chairs in the waiting area. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines. The dispensary sink was clean and hand soap was available. Cleaning was undertaken by the staff and the pharmacy was clean on the day of the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is fairly accessible within the restraints of the access to the village. It advertises its services well. Medicines are supplied safely and it delivers prescriptions to people's home. It keeps records of this to show what has happened. The pharmacy obtains its medicines from reputable suppliers. They are stored securely and regularly checked that they are still suitable for supply. The pharmacy deals with medicines returned by people appropriately.

Inspector's evidence

The pharmacy was accessed by a small step. Staff said that they would provide assistance to those requiring it or would serve at the door. There was no parking in the village and a tram system was available to transport people requiring assistance from the car park to the village centre (750m). Adjustments could be made for people with disabilities, such as producing large print labels and easy to open caps on bottles.

A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. The RP described that if a person requested a service not offered by the pharmacy, he would either refer them to other nearby pharmacies. Up-to-date information on services provided locally was accessed on the internet.

The pharmacy ran a managed repeat prescription service and ordered medicines on behalf of a number of people. Following concerns raised by the GP practice about the number of requests made, the RP made sure to check with people which items were required before placing any repeat requests on behalf of people. In addition, any items prescribed that were not subsequently required were marked as not dispensed. The inspector had no concerns about the process followed, which was well documented. Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedule 2 and 3 including tramadol. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. The RP described that the local GP practice did not issue prescriptions for high risk medicines such as lithium, warfarin and methotrexate unless they had had blood tests recently. He therefore did not make specific checks on these people.

The RP was unaware of the national audit of woman of child-bearing potential receiving prescriptions for valproate. He said that he did not have any females meeting the criteria for the pregnancy prevention programme. He did not have the required stickers or booklets available but agreed to source these from the manufacturer.

Two people were supplied with methadone or buprenorphine on instalment prescriptions. The prescriber was contacted if people did not collect their doses for three consecutive days, or if there were other concerns about a person. Prescriptions containing opioids were appropriately managed, and the prescription was kept with the balance until it was collected.

Compliance packs for 10 patients based in the community were prepared by the pharmacy. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets (PILs) were not always supplied. 'When required' medicines were dispensed in boxes and the technician was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

Stock was obtained from reputable sources including Colorama, Alliance and AHH. Specials were obtained from Colorama. Invoices were retained. The pharmacy had the required hardware and software to be compliant with the European Falsified Medicines Directive (FMD). Date checking was completed every three months. The pharmacy held a limited amount of stock. No date expired medicines were found. 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 of 2 to 8 degrees Celsius.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were usually recorded in a register and were stored in the CD cabinet until they were destroyed. As mentioned in principle 1, there were some patient returned CD medicines in the cabinet that had not been recorded in the register.

Logs were kept of deliveries made to patients based in the community with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP 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 which was found to be adequate. Patient returned medication was dealt with appropriately. The pharmacy had no hazardous waste bin for the disposal of cytotoxic and cytostatic medicines. Recalls and drug alerts were received by email and actioned by the RP. They were filed on the email system in folders stating whether the pharmacy had any stock or not.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean, tidy and maintains them well.

Inspector's evidence

Validated crown-stamped measures were available for liquids, as were a range of clean tablet and capsule counters. Reference sources were available, and the pharmacy could also access up-to-date information on the internet.

All equipment, including the dispensary fridge, was in good working order. Equipment had not been safety tested recently although the RP said that the building had recently been rewired. The dispensary sink was clean and in good working order.

Dispensed prescriptions were stored in a numbered retrieval system, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.