

Registered pharmacy inspection report

Pharmacy Name: Allied Pharmacy St Blazey, 4 Fern Lea Villas,
Middleway, St Blazey, PAR, Cornwall, PL24 2JG

Pharmacy reference: 1030099

Type of pharmacy: Community

Date of inspection: 12/06/2024

Pharmacy context

The pharmacy is in St Blazey, Cornwall. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers a range of services including the NHS New Medicine Service (NMS), the NHS Hypertension Case Finding Service and the Pharmacy First Service. The pharmacy provides services to drug users. And it provides medicines in multi-compartment compliance packs to people to help them remember to take them at the right time. The pharmacy offers a delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.2	Standard not met	Pharmacy team members record some of the mistakes they make but they do not review them regularly. This may mean that opportunities to learn from mistakes and take action to prevent them from happening again are lost.
		1.6	Standard not met	The pharmacy does not keep all the records required by law and does not have good governance procedures for the management of controlled drugs. The recorded balances of CDs do not always match the physical stock held.
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 not all met

Summary findings

The pharmacy has some systems in place to identify and manage the risks associated with its services. Pharmacy team members record some of the mistakes they make but they do not review them regularly. This may mean that opportunities to learn from mistakes and take action to prevent them from happening again are lost. The pharmacy does not keep all the records required by law and does not have good governance procedures for the management of controlled drugs. The pharmacy has written procedures in place to help ensure that its team members work safely, although it is not clear which team members have read them. The pharmacy asks people for their feedback on its services and responds appropriately. It has the required insurance in place to cover its services. The pharmacy keeps people's private information safe. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had recently changed ownership. It had standard operating procedures (SOPs) in place but it was unclear if the pharmacy team had read the new set provided by the new owners. They were not signed by any team members. The SOPs had been recently reviewed by the superintendent pharmacist. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). The pharmacy had risk assessments in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members recorded mistakes they made which were picked up during the final accuracy check, known as near misses, on the patient medication record (PMR) system. The manager did not think that all near-misses were recorded. Dispensing errors that reached the patient were reported in a more detailed way using the online reporting tool. There was no evidence that near-misses and dispensing errors were reviewed, meaning opportunities to identify trends and themes were lost. However, the team did discuss errors and highlighted medicines that looked or sounded alike to each other.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed about how to provide the pharmacy with feedback. Any complaints were passed to the manager to deal with. The manager made sure to pass any compliments received to the team. Public liability and professional indemnity insurance was in place.

The pharmacy kept a record of who had acted as the responsible pharmacist (RP) each day. But the records did not always show the time that RP duties ceased. The correct RP notice was prominently displayed. Controlled drug (CD) registers were not well maintained. There were multiple instances where the recorded balance did not match the stock held. The pharmacy team, along with support from a representative from head office, had taken some steps to identify and rectify discrepancies, but many remained unsolved. Patient-returned CDs were recorded in a separate register and appeared in order.

The pharmacy kept records of private prescriptions on a register on the patient medication record (PMR) system. The pharmacy kept appropriate records of any emergency supplies it made through the NHS 111 emergency supply service and a locally commissioned emergency supply service. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of

conformity were 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. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The pharmacists had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. And all other members of the pharmacy team had completed appropriate training on safeguarding. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation and knew what action to take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people who work effectively in their roles. Pharmacy team members complete regular learning to keep their knowledge and skills up to date. All team members have completed appropriate courses. The pharmacy team know how to and are confident to raise concerns at work.

Inspector's evidence

The RP was a locum pharmacist. There was also a second pharmacist, who worked in the pharmacy three days a week. The pharmacy employed two trainee pharmacy technicians, four dispensers and three medicines counter assistants. One of the dispensers was the manager. Staff were currently shared between the pharmacy and a second pharmacy across the road which was closing in the coming weeks. Operations in the second pharmacy had been scaled back with no dispensing activity taking place. So one team member stayed there to direct people across the road to the pharmacy that was open. All team members were either fully trained or were completing an approved training course relevant to their role.

The pharmacy team were coping with the workload well and dispensing was up to date. Due to the closure of the pharmacy across the road, the number of items dispensed had more than doubled. But as the teams had been combined, there were enough team members to cover the work. The pharmacy team did not have formal team meetings but regularly discussed issues as they were working. When asked, team members said they felt able to raise concerns and discuss things openly with the manager. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

Team members were seen to give appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed. Team members knew what tasks could not be completed if the RP was not in the pharmacy.

Team members were given time during working hours to learn. For example, the trainee pharmacy technician who was covering the second branch across the road, was spending the whole day working on their course. Team members accessed a variety of different learning resources. Recent learning had included learning about new NHS services. Each team member had yearly appraisals where they could discuss their progress. The company seemed to be supportive of development opportunities.

Team members were set some performance targets. They found them manageable and they did not let targets affect their professional judgement. They ensured all services provided were appropriate for the person requesting them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. 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 in the small town of St Blazey, Cornwall. There was a small, well-presented retail area which led to a healthcare counter and the dispensary. There were seats available for people to use while they waited. Access to the dispensary was adequately secured to prevent unauthorised access. The dispensary consisted of two separate rooms. The rear room was small and somewhat cramped. But the room to the front was more spacious with plenty of bench space and shelving. Stock was stored on shelves around each room. The stock in the rear room was mildly disorganised. A separate room on the first floor was used solely for the preparation of multi-compartment compliance aids. It provided a quiet space where the dispenser could concentrate.

The pharmacy had a consultation room that was clearly advertised. It was large enough to accommodate several people and would easily fit wheelchairs and prams. Conversations could not be overheard by people outside. It was not locked when not in use but no medicines or personal information were stored in the room. 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 supplied medicines to people safely. And it ensures it gives appropriate advice to people to make sure they use medicines correctly. The pharmacy team makes sure that people with different needs can access its various services. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely but could make more regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. It had an automatic door. Parking was available nearby. The pharmacy provided additional support for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed. 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. Coloured alert stickers were used to highlight prescriptions containing fridge items and CDs. The RP checked if patients receiving high-risk medicines including lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. And they sometimes made records of this advice on the PMR.

The pharmacy offered a range of additional services. The pharmacy supplied opioid replacement medicines to people, some of whom were supervised taking their medication. The RP liaised with the drug and alcohol team and the person's key worker in the event of any concerns or issues. The pharmacy offered the NHS New Medicines Service. The RP contacted people prescribed new medicines to check how they were getting on and to offer any advice needed. The pharmacy was providing the new NHS Pharmacy First service, although uptake had been low. The team had additional information available to support the safe delivery of this service, including current versions of the national patient group directions.

Multi-compartment compliance aids were supplied by the pharmacy to help people living in the community remember to take their medicines at the correct time. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled and contained a description of the tablets included so that they could be easily identified. But the label sheet with the details of the contents was not secured to the compliance aid and did not state the date of dispensing. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and team members were 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 pharmacy delivered medicines to people's homes using employed drivers. The drivers made a record of each delivery using an online system. If people were not home, the medicines were returned to the pharmacy and team members contacted the person to rearrange delivery.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Team members took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. They were aware of the new requirement to only dispense valproate in original packs to ensure people receiving it could see the warning about the risks of becoming pregnant whilst taking it. The pharmacists had had conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception.

The dispensary stock was generally arranged alphabetically on shelves. It was a little untidy due to the volume of stock held. There was no evidence of recent date checks but no expired medicines were found. There was one bottle of loose tablets in a bottle which did not have the batch number or expiry date but this was disposed of during the inspection. 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 actioned promptly. Relevant alerts were printed and stored with any quarantined stock. Patient returned medicines were stored in a separate room upstairs and were collected regularly for destruction.

The pharmacy had two CD cabinets which met the legal requirements. But they were very small meaning the stock was not very organised. A denaturing kit was available so that any CDs awaiting destruction could be processed. Expired and patient-returned CDs were clearly marked and segregated in the cabinet. The pharmacy had a separate register for patient-returned CDs which were destroyed in the presence of a witness. The dispensary fridges were clean, tidy and well organised. Temperatures were checked but were not routinely recorded. The maximum and minimum temperatures were within the required range during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services. It keeps these clean, tidy and well-maintained. The pharmacy uses its equipment in a way that protects people's confidential information.

Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination.

A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order. The sinks and fridges in the dispensary were clean and well-maintained.

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.