

Registered pharmacy inspection report

Pharmacy Name: Victoria Pharmacy, 2 Pengelly Way,
Threemilestone, TRURO, Cornwall, TR3 6DP

Pharmacy reference: 1030127

Type of pharmacy: Community

Date of inspection: 11/02/2022

Pharmacy context

The pharmacy is located in Threemilestone, near Truro in Cornwall. It is part of a small group of eight pharmacies. The pharmacy dispenses NHS and private prescriptions. And it offers a range of NHS services including the New Medicines Service, blood pressure testing, the supply of lateral flow devices and the Community Pharmacy Consultation Service (CPCS). The pharmacy packs medicines into multi compartment compliance aids for a small number of people living in their own homes. And it delivers medicines to people. The inspection was carried out during the COVID-19 pandemic.

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 identifies and manages its risks appropriately. Team members record their errors and make the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. It 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 inspection was carried out during the COVID-19 pandemic. The pharmacist manager was not working on the day and a locum was the responsible pharmacist (RP).

The pharmacy had standard operating procedures (SOPs) in place. And they reflected how the pharmacy team worked. They were printed and stored in a folder. Team members signed the SOP to confirm that they had read it. All team members working on the day of the inspection had read and signed the relevant SOPs.

The pharmacy team recorded near miss errors on a paper log. There were very few errors recorded. The last entry was dated 8 October 2021. The entries included the date, the name of the prescribed drug and the name of the dispensed drug. But there was no reflection on the cause of each error and no written indication of what changes had been made to prevent it from happening again. But two drugs that had been dispensed incorrectly twice in the last year, had been separated on the shelves. The pharmacy team had applied stickers to the edge of the shelves where they were stored to alert the dispenser to take extra care. The RP said that if an error was made and it was not identified at the accuracy check, a report would be made on the national incident reporting form. The pharmacy had posters on the wall in the dispensary identifying drugs that looked or sounded alike. The dispenser said that she alerted other team members if the pharmacy received stock with different packaging or pack sizes.

The pharmacy team members present on the day of the inspection were unaware if patient safety reviews were completed regularly. And they did not know if the pharmacy manager had completed risk assessments and business continuity plans. No paperwork to that effect was found. The superintendent pharmacist (SI) later contacted the inspector to confirm that dispensing error and near miss logs were stored in a folder at the pharmacy which was not seen during the inspection. He stated that errors are reviewed by the pharmacist manager and the learnings shared on a messaging group with other branches of the chain.

Feedback was usually obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. But this had been suspended during the COVID-19 pandemic. The pharmacy had lots of reviews on its NHS page and on search engines such as google. A complaints procedure was in place and was displayed in the retail area. Public liability and professional indemnity insurance were in place.

Records of the RP were maintained in on the patient medication record (PMR) system, Proscript Connect. The correct RP certificate was displayed, although it was not easily seen from the retail area.

Controlled drug (CD) registers were in order. The pharmacy completed regular balance checks of CD stock and recorded them in the register. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were written in a book and were in order. The pharmacy was in an area which had a commissioned emergency supply service. The pharmacy recorded emergency supplies on the PMR and made an entry on the reporting system, Pharmoutcomes. Specials records were maintained, and certificates of conformity were stored with all required details completed.

All team members had completed training on information governance and general data protection regulations and had signed the associated policies. The pharmacy dealt with patient data and confidential waste 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 patient 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.

Team members were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. The pharmacy held the contact details of local safeguarding agencies. And those further afield could be accessed online. Team members were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members receive time in work to complete training for their roles. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, a dispenser, a medicines counter assistant and an apprentice. The pharmacist manager, a part-time dispenser and a second medicines counter assistant were not working on the day of the inspection.

Pharmacy team members had clearly defined roles and accountabilities and tasks were allocated to individuals daily. They worked regular days and hours. Absences were usually covered by rearranging shifts or by part-time staff increasing their hours. In an emergency, additional team members could be sourced from other nearby branches of the pharmacy chain. Despite an increase in workload during the COVID-19 pandemic, the pharmacy team were able to cope well and remained up to date with dispensing and services.

Team members were given time to learn at work. The dispenser had completed her dispensing qualification with Scientia and the certificate was displayed in the pharmacy. The pharmacist manager cascaded information about new products or services to the team. The apprentice said that he was given plenty of time to learn at work. He felt well supported both by the pharmacist manager and by the RP at another nearby branch.

Team members had regular performance reviews and discussions about their work. The team gave each other regular ad-hoc feedback and there was a culture of openness and honesty. The team felt able to raise concerns and give feedback to the manager and the superintendent, both of whom they found to be receptive to ideas and suggestions. A dispenser reported that they were able to make suggestions for change to improve efficiency and safety. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed. The pharmacy team were not set targets. The RP felt able to use her professional judgement to make decisions and described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. It has made changes to the layout to reduce the spread of COVID-19. 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 Threemilestone area of Truro and was attached to a small medical practice. Free parking was available outside. The opening hours were 8.30am to 5.30pm, Monday to Friday and 9am to 12.30pm on Saturday. On weekdays, the pharmacy closed for an hour at 12pm.

A large retail area led to the healthcare counter and the dispensary. Seats were placed around the retail area for people to use whilst they waited. A one-way system was in place and hand sanitiser was positioned at various points around the pharmacy. Perspex screens were installed on the healthcare counter to protect team members. Team members wore face coverings and a sign on the door politely requested that customers do the same.

The dispensary was of an appropriate size. There was a separate area to the rear of the dispensary used for the preparation of multi-compartment compliance aids and as an additional dispensing space. There were no staff facilities. But the pharmacy team could use facilities in the attached medical practice. The pharmacy and the practice were linked by an interjoining door. The door was locked with a shutter when the pharmacy was closed and the keys were held by the pharmacy team. There was a consultation room which was large and well-equipped. It was soundproof and spacious. The pharmacy team took care to ensure no confidential information was left unattended in the consultation room.

The pharmacy presented a professional image. The fixtures and fittings were well-maintained. The dispensary benches were clear and not cluttered with prescriptions and stock. Prescriptions awaiting collection were stored in a retrieval system in the dispensary. No confidential information could be viewed by people waiting in the pharmacy. Cleaning was undertaken several times each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services, which the pharmacy team delivers safely. Team members providing the services ensure that their training is up to date. 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 ramp and there was parking outside. Team members said that they would provide assistance to anyone struggling to enter the pharmacy. 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. The pharmacy had a health promotion display with information about national public health campaigns. Team members described that if a patient requested a service not offered by the pharmacy, they would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. Dispensing and accuracy checking took place in different areas and there was a clear workflow. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedules 2 and 3. Prescriptions containing high-risk medicines were also highlighted with stickers. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the PMR. Substance misuse services were provided for a small number of people. The RP said that she liaised 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 additional services including seasonal flu vaccinations when an accredited pharmacist was available. The pharmacists providing the service ensured that they had signed the relevant patient group directions and had a signed copy of their declaration of competence. The pharmacist manager had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The RP, who was not a vaccinator, had worked as the clinical lead at COVID-19 local vaccination sites run by the chain. The pharmacy was registered with the Pharmacy Collect service and made supplies of home COVID-19 lateral flow tests.

The pharmacy received a small number of referrals from NHS111 and GP practices through the Community Pharmacy Consultation Service (CPCS). When a referral was received, the RP made contact with the person to identify if supply of a medicine or another service would be appropriate. There was a trial Walk-in CPCS service being run in the county. But the RP was unaware of any walk-in referrals happening at the pharmacy.

Multi-compartment compliance aids were prepared by the pharmacy for around 20 people based in the community. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were usually supplied each month. 'When required' medicines were dispensed in boxes and the dispenser 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 clinical checking process.

The pharmacy delivered medicines to people living in their own homes. The demand for deliveries had increased since the start of the COVID-19 pandemic. The pharmacy kept appropriate records of any deliveries made. People were not currently required to sign on receipt of their medicines due to COVID-19 restrictions.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken regularly and no expired stock was seen. Prescriptions containing omissions were appropriately managed and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH and invoices were retained. Alerts and recalls were actioned promptly and records were kept of the actions taken.

The fridge in the dispensary was clean, tidy and well organised. 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. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed in the presence of a witness with both signatures recorded.

The pharmacy accepted returned medication from people. Team members placed returns into appropriate bins. Patient details were usually removed from returned medicines to protect people's confidentiality.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

Crown-stamped measures were available for liquids, with separate measures marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The pharmacy 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 with no confidential information visible to people waiting.

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.