

Registered pharmacy inspection report

Pharmacy Name: Hendras@Penryn Limited, The Penryn Surgery,
Saracen Way, PENRYN, Cornwall, TR10 8HX

Pharmacy reference: 1092433

Type of pharmacy: Community

Date of inspection: 14/12/2023

Pharmacy context

The pharmacy is co-located within a medical practice in Penryn, 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 services including flu vaccinations, the NHS New Medicine Service (NMS) and the Community Pharmacy Consultation Service (CPCS). This includes the locally commissioned Walk-in Consultation Service. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help to remember when to take them. And it delivers medicines to people's homes.

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	1.1	Standard not met	The pharmacy has written procedures in place. But these procedures have not been reviewed recently and there is evidence that not all team members have read and understood them. This means that they may not be working in the safest and most efficient way.
		1.2	Standard not met	The pharmacy does not have adequate processes in place to identify and manage the risks associated with its services. Team members do not routinely record mistakes they make when dispensing. And they do not undertake regular reviews of errors and incidents.
		1.6	Standard not met	The pharmacy does not keep all the records required and does not have good governance procedures for the management of controlled drugs. Records of stock levels of controlled drugs do not always align to the quantity 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 does not have adequate processes in place to identify and manage the risks associated with its services. Team members do not routinely record mistakes they make when dispensing. And they do not undertake regular reviews of errors and incidents. However, the pharmacy team do try to make changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. But these procedures have not been reviewed recently and there is evidence that not all team members have read and understood them. This means that they may not be working in the safest and most efficient way. It can be difficult for people to leave feedback about the services provided by the pharmacy as the pharmacy does not have a clear online presence. The pharmacy does not keep all the records required and does not have good governance procedures for the management of controlled drugs. The pharmacy has the required insurance in place to cover its services. The pharmacy does not always keep people's private information safe as prescriptions can be seen by people waiting in the pharmacy. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had limited governance processes in place to identify and manage its risks. There were standard operating procedures (SOPS) in place but they had not been reviewed for three years, despite a change in superintendent pharmacist (SI). They had not been signed by several of the team members working on the day of the inspection so there was no evidence that they had read or understood them.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on a paper log. However, there had been no recent entries made. There was no evidence of reviews of errors. Team members said that when errors occurred, they discussed them with their colleagues and made changes to prevent them from happening again. For example, medicines that had been dispensed incorrectly were separated on the shelves. Evidence was seen that dispensing errors that reached the patient were reported in a more detailed way using an online reporting tool. But the most recent seen was from 2021.

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. The pharmacy did not have its own website and was not listed on search engines. The surgery who owned the pharmacy had a website which gave details of the pharmacy, but it was not clear how to leave feedback. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the responsible pharmacist (RP) each day. But the RP did not routinely sign out at the end of the day. The incorrect RP notice was displayed.

Records of controlled drugs (CDs) were held in bound paper registers. The last balance check had been completed in July 2023, some five months earlier. A random balance check was incorrect and could not be quickly resolved. The stock in the CD cupboard was stored haphazardly. The pharmacy had a separate register to record patient returned CDs. But some returned medicines were not clearly marked and were not recorded in this register.

Records of private prescriptions were maintained on the patient medication record (PMR) and mostly contained all legally required details. But on some entries, the incorrect prescriber had been recorded. The pharmacy recorded medicines supplied through the Community Pharmacy Consultation Scheme (CPCS) on the PMR and on Pharmoutcomes. 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 completed yearly training on information governance and general data protection regulations. Patient data and confidential waste were mostly dealt with in a secure manner to protect privacy. But on arrival at the pharmacy, the inspector found that prescriptions were stored in boxes on the medicines counter. Confidential information could be clearly seen by people waiting in the queue. 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 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 and knew what action to take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members are trained to deliver their roles and keep their skills up to date by completing regular learning activities. They are confident to suggest and make changes to the way they work to improve their services. Team members communicate effectively. And they work well together to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, the RP was an employed pharmacist. There were three full time dispensers and two part time dispensers. Two dispensers were not working that day.

The pharmacy team were coping with the workload well and dispensing was up to date. It was clear that the team worked well together and supported each other. They had a good rapport. The team were encouraged to discuss concerns and give feedback to the owners. Team members were confident to make suggestions for changes which would improve how the pharmacy operated. 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 pharmacist for further clarification when needed. When questioned, one of the dispensers 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. Recent learning had included completing the CPPE antimicrobial resistance learning pack. The pharmacy team encouraged each other to learn and helped each other. The trainee dispenser was registered on an approved training course. Each team member had regular appraisals where they could discuss their progress.

The owners did not set any specific targets. The RP used their clinical judgement and ensured all services provided by the pharmacy were appropriate for the person requesting them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are an adequate size and present a professional image to people. And the pharmacy has appropriate facilities to provide services to people and maintain their privacy and confidentiality.

Inspector's evidence

The pharmacy was inside a GP practice in Penryn, Cornwall. Whilst the pharmacy had its own entrance, it could also be accessed through the GP practice when the practice was open. There was a private carpark and a public carpark nearby.

A small retail area led to the healthcare counter. There were seats available for people who needed to wait for prescriptions or services. There was an adequately sized dispensary which led to an office at the rear. The office was also used to dispense medicines into multi-compartment compliance aids.

The pharmacy had an adequately-sized consultation room. Several boxes were stored in it but this did not detract from it being a professional space. No conversations could be heard from outside the consultation room.

The dispensary was well organised and tidy. There was plenty of shelving and workbench space for dispensing. Medicines were stored neatly on the shelves. Pharmacy medicines were stored behind the medicines counter.

Cleaning was undertaken each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The fire alarm was tested each week. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team make sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. 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 generally stores them securely and makes regular checks to ensure that they are still suitable for supply. But records of these checks are not always kept. 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. The pharmacy had its own carpark. The pharmacy could provide additional support for people with disabilities, such as producing large print labels. 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 stickers were used to highlight prescriptions containing fridge items and CDs. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently and gave additional advice as needed. And they made records of this advice on the PMR.

The pharmacy offered a range of additional services including flu vaccinations. The patient group direction for the current flu vaccination service had not been printed and signed by pharmacists delivering the service. But this was done during the inspection. The pharmacy had all the required equipment to run the vaccination services. The pharmacy offered the NHS New Medicines Service. Pharmacists contacted people prescribed new medicines to check how they were getting on and to offer any advice needed.

The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals, from both NHS111 and GP practices. Appropriate records of advice and supply were made. The pharmacy supplied opioid replacement medicines to a small number of people. 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 team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy team 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 RP had regular conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception.

Multi-compartment compliance aids were supplied 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 and contained 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 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 dispensary stock was generally arranged alphabetically on shelves. It was generally well organised. A full date check of all medicines had recently been completed but no records could be found. A spot check found no date-expired medicines or mixed batches. The pharmacy did not routinely record the date of opening on oral liquid medicines. The pharmacy accepted returned medicines and stored them in appropriate containers until they were collected for destruction.

CDs were stored in approved cabinets. However, the main cabinet was very untidy and medicines were stored haphazardly. Expired CDs were stored at the bottom of the cabinet but were not well segregated or clearly marked. A denaturing kit was available so that any CDs awaiting destruction could be processed. Patient returned CDs were usually recorded in a register but as mentioned in principle one, a bag of returns was found in the cupboard which was unmarked and was not entered in the CD register.

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.

Prescriptions containing omissions were appropriately managed and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. The pharmacy placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock. tock.

The pharmacy delivered medicines to people's homes using employed drivers. The drivers made a record of each delivery. If people were not home, the medicines were returned to the pharmacy and team members contacted the person to rearrange delivery.

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 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.

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.