

# Registered pharmacy inspection report

**Pharmacy Name:** Hall's Pharmacy, Trelawney Road, HELSTON,  
Cornwall, TR13 8AU

**Pharmacy reference:** 1107748

**Type of pharmacy:** Community

**Date of inspection:** 02/07/2019

## Pharmacy context

The pharmacy is located in a GP practice in Helston. It serves a mainly elderly population. The pharmacy dispenses NHS and private prescriptions. It supplies medicines in multi-compartment devices for people to use to remember to take their medicines. It also offers advice on the management of minor illnesses and long-term conditions. The pharmacy also offers medicines for minor ailments and substance misuse services.

## 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	2.4	Good practice	Team members give each other regular feedback on their performance. They receive protected time to learn and feel supported in their development.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 review them, generating clear actions to improve safety. They learn from their mistakes and make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts well on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy 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 identify and manage its risks. Near misses were routinely recorded and entries in the near miss log contained a reflection on why the error occurred and actions taken to prevent a reoccurrence. Following near misses, all staff had been reminded to take extra care when dispensing pregabalin and gabapentin prescriptions. The pharmacy team had implemented a system where part of the name of commonly confused drugs was highlighted, such as 'statin' on prescriptions for rosuvastatin. Each dispenser had identified their most common mistake and all staff now used this process for those drugs identified. Look-alike, sound-alike (LASA) drugs such as rosuvastatin and rivaroxaban were stored in separate locations.

Dispensing incidents were reported on the National Reporting and Learning system. They were reviewed by staff in the pharmacy and the responsible pharmacist (RP). Following a handout error where an incorrect strength of medicine had been supplied, the affected stock had been reorganised and all staff were alerted to the error.

Staff had regular reviews of all errors and incidents and discussed them as a team. These reviews were not always documented. The RP had completed an annual patient safety review, which had identified the error rate as 0.006%. It contained clear actions to be taken by the staff to reduce the error rate further.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the regular RP. Competence and understating of the SOPs was assessed by a verbal quiz and observation. The SOPs were signed by the appropriate staff. Staff could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities and were clear on their job role.

The RP described how, before implementing a new service, he would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. He would review staffing levels to ensure provision of the service could be maintained and would check that he and his staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 99% of respondents had rated the service provided by the pharmacy as very good or excellent. The pharmacy had responded to feedback that some people were unaware that there was a consultation room for private consultations by placing signs advertising it around the pharmacy. The RP described that he now also routinely offered the use of the consultation room for private conversations. A complaints

procedure was in place and was printed and given to people who required it.

Public liability and professional indemnity insurance were provided by the NPA, with an expiry date of 30 November 2019. Records of the responsible pharmacist were maintained appropriately, and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained appropriately. Balance checks were completed weekly. A random balance check of MST Continus 5mg tablets was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Team members highlighted CDs on electronic prescriptions to reduce the risk that they would be filed before an entry was made in the CD registers.

Records of private prescriptions were held on the patient medication record system (PMR), Proscript Connect, and were in order. Emergency supplies were made under a locally commissioned urgent repeat medicines scheme and were entered on Pharmoutcomes. Specials records were maintained, and certificates of conformity were scanned and stored electronically with all required details completed.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was generally 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 patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed, and a record of access was made on the patient medication record.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff had read the safeguarding SOP. A safeguarding policy was in place and signed by staff and local contacts were available. Staff were aware of signs of concerns requiring escalation and knew how to access local contacts for referrals.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff. Team members are well trained for their roles and they keep their skills and knowledge up to date. They receive protected time to learn and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

### Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, an accuracy checking pharmacy technician and four NVQ2 level dispensers, one of whom was a trainee, and a medicines counter assistant (MCA). The team clearly had a good rapport and felt they could comfortably manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities and tasks were allocated to individuals daily.

Staff worked regular days and hours. Absences were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, staff from the dispensary in the adjoining GP practice could provide support.

Staff received protected time to learn within working hours. Copies of certificates of completion of relevant training courses were kept for each member of staff. Resources accessed included CPPE packages to support public health campaigns, and information from drug companies on new products. The trainee dispenser received allocated time to learn. She was able to ask advice from other team members and the RP and felt supported in her development. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Staff were set development plans and had regular performance reviews. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The staff felt empowered to raise concerns and give feedback to the RP, who they found to be receptive to ideas and suggestions. Staff reported that they were able to make suggestions for change to improve efficiency and safety. Staff were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that no targets were set. He 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.

### Inspector's evidence

The pharmacy was located within a GP practice in Helston. It had two entrances, one from the street and one from the GP practice. A large retail area led to a healthcare counter. The spacious dispensary was suitably screened to allow for the preparation of prescriptions in private. The consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room had health-related posters and information displayed. It was not locked when not in use but no confidential information, consumables or medicines were stored in the room.

The dispensary stock was well organised and tidy. Most of stock was stored on shelves and several pull-out cupboards were installed. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. Prescriptions awaiting collection were stored alphabetically on shelves in the dispensary, out of sight of the public. Cleaning was undertaken each day by dispensary staff. Cleaning products were available, as was hot and cold running water. The lighting and temperature of the pharmacy were appropriate for the storage and preparation of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services well. The pharmacy supplies medicines safely and gives additional advice to people receiving high-risk medicines. The pharmacy also helps people take their medicines safely by providing them with extra resources such as reminder charts. The pharmacy obtains its medicines from reputable suppliers. They store medicines securely and regularly check that they are still suitable for supply. The pharmacy deals with medicines that people return to it. But it does not always remove people's private details from the boxes meaning that confidentiality may be breached.

### Inspector's evidence

The pharmacy was wheelchair accessible, as was the consultation room. Services provided by the pharmacy were advertised clearly. The pharmacy made adjustments for those with disabilities including printing large print labels. A hearing loop was available. The dispenser explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy, phoning ahead to ensure it could be provided there. A range of leaflets advertising company and local services were available, as was a folder containing details of local organisations offering health-related services.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and owings. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs including those in schedule 3. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines. Each high-risk medicine, such as warfarin, lithium and methotrexate, had an SOP to cover the handout process. People receiving high-risk medicines were given additional advice and support materials were offered to the patient. Records of these conversations were generally made on the PMR. The RP had created a spreadsheet which calculated the number of tablets required when a person was prescribed a reducing dose of prednisolone. This was then printed for the person receiving the tablets to clearly show them their dosing schedule. People identified as needing additional support to adhere with their medicines regimen were offered a reminder chart or a medicines administration record (MAR) sheet.

The RP had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

The patient group directions covering the locally commissioned minor ailments scheme were found to be in date and had been signed by the RP. Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected.

The process for the dispensing of multi-compartment medicines devices provided for approximately 40 patients in the community was acceptable. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets were

supplied at each dispensing, or with the first pack of four in the case of weekly supply. 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 checking process.

Stock was obtained from reputable sources including Cambrian and AAH. Specials were obtained from Rockshore Specials. The pharmacy had the hardware and software to be compliant with the Falsified Medicines Directive. But they were not currently scanning packs and the SOPs had not been amended to reflect the changes. They planned to commence scanning when more compliant packs entered the supply chain. The dispensary shelves were tidy and organised. The stock was arranged alphabetically and was date checked each week and the entire dispensary would be checked every three months and recorded on a matrix. Spot checks revealed no date expired stock or mixed batches.

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 two to eight degrees Celsius. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range.

CDs were stored in accordance with legal requirements in four cabinets. Denaturing kits were available for safe destruction of CDs. Date-expired and patient returned CDs were clearly segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures recorded.

Patient returned medication was generally dealt with appropriately. Patient details were not always removed from returned medicines to protect people's confidentiality. The RP alerted all staff to the requirement to do this during the inspection and committed to reviewing the relevant SOP within one week. Drug recalls and alerts were dealt with promptly and were annotated with details of the person actioning and the outcome. Copies were scanned and filed on the computer in an organised manner.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses a range of appropriate equipment and facilities to provide its services. It keeps these clean and well maintained.

### Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy had online access to online materials for the most up to date information.

The dispensary sink was clean and in good working order. All equipment including the dispensary fridge was in good working order and PAT test stickers were visible and were in date. Dispensed prescriptions were stored in a retrieval system with the corresponding bagged items stored in numbered boxes in the dispensary, 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.