

Registered pharmacy inspection report

Pharmacy Name: Reeds Pharmacy, The Globe, Frances Street,
TRURO, Cornwall, TR1 3DP

Pharmacy reference: 1108147

Type of pharmacy: Community

Date of inspection: 02/07/2019

Pharmacy context

The pharmacy is located in the city centre of Truro. The pharmacy dispenses NHS and private prescriptions. It supplies medicines in multi-compartment compliance aids for people to use in their own homes. It also supplies medicines to the residents of care homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. The pharmacy also offers flu vaccinations, a minor ailments scheme 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
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 its risks appropriately. But it could do more to ensure that team members record their errors and review them, generating clear actions to improve safety. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy mostly keeps the records required by law. But some records are incomplete meaning it is difficult to show exactly what has happened. 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 recorded on a paper log, although records were sporadic. The last near miss had been recorded two months before the date of the inspection. Following a previous inspection, the pharmacy had made improvements to its reporting and had completed a review of recent incidents. But the most recent review date was overdue. The superintendent pharmacist (SI) put actions in place during the inspection to complete this within the next few days. The most recent review had included an action for all staff to take more care when dispensing warfarin following several near miss incidents.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the regular responsible pharmacist (RP). Competence and understanding of the SOPs was assessed by 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.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. 100% of respondents had rated the service provided by the pharmacy as very good or excellent. No complaints procedure was displayed in customer areas. A pharmacy technician described how a recent complaint about the availability of a medicine in short supply had been dealt with appropriately.

Professional indemnity insurance was provided by the NPA with an expiry date of on 31 August 2019. The incorrect RP certificate was displayed at the start of the inspection. Records of the RP were held on the patient medication records (PMR) system, analyst. The records were often incomplete and the RP rarely signed out at the end of the day. There were multiple instances where the RP had signed in partway through their shift.

Controlled drug (CD) registers were maintained appropriately. Balance checks were completed at regular intervals. A random balance check of a CD 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 PMR and were generally in order. The recorded date of prescribing was occasionally incorrect. The pharmacy made emergency supplies through the locally commissioned urgent repeat medicines service and records were made both on the PMR and on

PharmOutcomes. Specials records were maintained, and certificates of conformity were retained with all required details completed.

All staff had completed training on information governance and the General Data Protection Regulation and had signed the associated policies. Patient data and confidential waste was 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. NHS Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed, although no record of access was made on the patient medication record.

All staff were trained to an appropriate level on safeguarding. The SI and the second pharmacist had completed the Centre for Pharmacy Postgraduate 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 for referrals were displayed. Staff were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

The staffing arrangements were adequate on the day of the inspection and comprised of two pharmacists, one of whom was the SI and the other RP, two pharmacy technicians and a relief dispenser.

The team worked well together and felt they could usually manage the workload with no undue stress and pressure. Staff worked regular days and hours each week. Planned absences were covered by part-time staff increasing their hours. In an emergency, staff could call on support from other branches of the small chain.

Staff did not currently have a performance review although there were plans in place to implement this. Training was completed outside of working hours as needed. Resources accessed included materials from drug reps, NPA training materials, CPPE packages and articles from pharmaceutical press.

The staff felt able to raise concerns and give feedback to the SI. They were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that she felt targets were manageable and that they did not impede her professional judgement. She 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 just off the high street of a busy town. A large retail area led to a healthcare counter and a large dispensary. A separate area to the rear of the dispensary was dedicated to the preparation of blister packs. There was a large waiting area with chairs and benches. A consultation room was available which was well equipped and professional. It was not locked when not in use. No patient details were visible and the computer terminal was locked.

The retail areas were clean and tidy, and presented a professional image. But the dispensary benches were cluttered with prescriptions awaiting checking and paperwork. This meant that space for the assembly and checking of prescriptions was limited.

Prescriptions were stored using a retrieval system and confidential information was not visible to waiting customers. Conversations could be held in private.

The pharmacy was cleaned by the dispensary team. Cleaning products were available, as was hot and cold running water. The lighting and temperature of the pharmacy were appropriate on the day of the inspection.

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. But it does not keep records of this additional advice which makes it difficult to show that it has been given. 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 appropriately.

Inspector's evidence

The pharmacy and the consultation room were wheelchair accessible. Staff made adjustments for people with disabilities as needed, such as producing large font labels. Services provided by the pharmacy were advertised in the window and the SI and RP were accredited to provide all promoted services.

A wide range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. The dispenser described how if a patient requested a service not offered by the pharmacy on the day, such as emergency hormonal contraception, she would refer them to another local pharmacy, calling ahead to ensure the pharmacist on duty could make the supply.

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 and check prescriptions. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs in schedule 2 and 3 including. Schedule 4 CDs were not highlighted with the prescription expiry date. The SI described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed but that this was not recorded on the PMR.

The pharmacy 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 patients who may become pregnant receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible patients.

The patient group directions for the locally commissioned minor ailments scheme could not be located and were not seen during the inspection. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected.

Substance misuse services were provided for a number of people, some of whom had their consumption supervised. The RP described how she would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

Stock including unlicensed specials was obtained from reputable sources. The pharmacy was registered with SecurMed and the SI confirmed that the pharmacy would be compliant with the Falsified Medicines Directive within four weeks. SOPs had not yet been amended to reflect the changes. 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. But spot check revealed a bottle of opened Oramorph solution past its three month expiry date and a cut strip of mirtazapine 15mg orodispersible tablets with no batch number or expiry date on the shelf.

The fridge was clean, tidy and well organised although no records of temperatures were maintained. The RP said that she had disposed of the records during a recent clear out. During the inspection, the maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. The dispenser explained 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 two cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

There was a robust process in place for the preparation of cold seal multi-compartment compliance aids for approximately 40 people based in the community and the residents of one care home. Each compliance aid had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. When required medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in compliance aids. No patient information leaflets were included in the completed compliance aids examined, although a technician said that the care home had specifically requested not to receive them.

Records of deliveries made to people in their homes and in care homes were kept in a book. Signatures were obtained at the point of delivery. Confidentiality was maintained when asking people to sign the book by using one page per delivery.

Patient returned medication was dealt with appropriately. An empty hazardous waste bin was seen and a dispenser was clear which medicines needed to be disposed of in it. Confidential patient information was removed from returned medication.

The most recent drug recalls and alerts could not be located during the inspection. But the SI was confident that they had been actioned. No recalled stock was found on the shelves.

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, 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. Reference sources were available and the pharmacy had online access to additional resources for the most up-to-date information.

The dispensary sink was clean and in good working order. All equipment appeared to be in good working order although no evidence of PAT testing was seen. Dispensed prescriptions were stored on shelves 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.