

Registered pharmacy inspection report

Pharmacy Name: Hendras@Penryn Ltd, 44 Lower Market Street,
Penryn, Cornwall, TR10 8BH

Pharmacy reference: 9010190

Type of pharmacy: Community

Date of inspection: 07/05/2019

Pharmacy context

The pharmacy is located on the high street of Penryn, a small town in Cornwall. The pharmacy dispenses NHS and private prescriptions. The pharmacy delivers medicines to people. It offers advice on the management of minor illnesses and long-term conditions. It also offers a minor ailments scheme, drug user services and the supply of emergency contraception.

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 risk appropriately. Team members usually record their errors and discuss them as a team. But the pharmacy does not have clear actions documented to prevent 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 suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy generally keeps the records required by law. But it sometimes omits details which may make it difficult to see 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 and act to do this when needed.

Inspector's evidence

The pharmacy had processes in place to manage and reduce risk. Near misses were recorded on a paper log. Four near misses had been recorded in March and April 2019, but the only other near miss logs seen by the inspector were from 2017. The records seen contained details of the error and a brief reflection as to the cause. Following near miss incidents, the pharmacy team had taken steps to reduce selection errors, such as storing medicines that had been subject to a near miss separately, such as aripiprazole.

Dispensing incidents were reported using the National Reporting and Learning System and contained a more detailed analysis of the cause. Following a dispensing error, different strengths of ivabradine were separated, and shelf edge alerts were used.

The responsible pharmacist (RP) who was also the superintendent pharmacist (SP) described that all near miss incidents were reviewed and were discussed in a bi-monthly meeting. Members of staff from the two pharmacies in the group attended these meetings. No written reviews or action plans to prevent the reoccurrence of errors were seen by the inspector.

The SP said that if he was asked to implement a new service, he would carry out a risk assessment to ensure the pharmacy was an appropriate location for provision. They would ensure that all staff were appropriately trained and that any required equipment was in place.

Standard operating procedures (SOPs) were available in paper format and had been recently reviewed by the SP. Whilst the regular RP had signed a sheet to say that he had read them, he had not yet signed the allocated space on individual SOPs to confirm they had been adopted. The SOP relating to RP regulations was seen and had been signed by all staff. A dispenser could describe the activities that could not be undertaken in the absence of the RP.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. Feedback received from people who felt that they had not received their prescriptions in a prompt manner had been addressed by the implementation of a managed repeat service, where the pharmacy ordered items on behalf of people. This had reduced the number of prescriptions that was not ready. The SP said that a complaints procedure was in place, but it was not displayed and there was no practice leaflet available for customers.

RP records were maintained on the patient medication record (PMR) system, Proscript Connect. There were several instances where the RP had not signed out at the end of the day, including 3rd, 10th, 11th and 18th April 2019. The correct RP certificate was conspicuously displayed.

Records of private prescriptions and emergency supplies were written in a book and were generally in order, although those for private prescriptions did not always contain the date of prescribing or supply. Some entries were made using dispensing labels, which were not an indelible record. Emergency supplies were usually made through the locally commissioned service and were recorded on Pharmoutcomes. Records of the supply of unlicensed specials medicines were kept with all legally required details.

Controlled drug (CD) records were generally well maintained, although records of receipt did not always contain the address of the supplier. Balance checks were completed weekly and a random stock balance check of MST Continus 60mg tablets was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and GDPR. Patient data and confidential waste was dealt with in a secure manner to protect privacy. Confidential information on prescriptions awaiting collection could not be seen by waiting customers. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated and disposed of appropriately. NHS smartcard use was appropriate. Verbal consent was obtained from patients prior to accessing their summary care record.

All staff were trained to an appropriate level on safeguarding. The SP and the pharmacy technician had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. Local contacts for escalating concerns were available. Staff were aware of the signs that would require a referral. The RP gave several examples of escalated concerns, both for vulnerable adults and children.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are appropriately 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

Staffing levels were adequate on the day of the inspection and consisted of the SP and a pharmacy technician. An accredited checking pharmacy technician from the other pharmacy in the group arrived to provide lunchtime cover during the inspection.

Staff worked regular shifts. Absences were usually covered by part-time staff increasing their hours or by staff from the other pharmacy in the group. The small team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities which were detailed in standard operating procedures, and tasks and responsibilities were allocated to individuals on a daily basis.

The pharmacy technician said that she was allocated protected time to learn during working hours when needed. Resources accessed included revised SOPs and updated product information from pharmaceutical companies. She said that staff received regular feedback on their performance and yearly formal appraisals were planned.

The pharmacy technician was seen to offer appropriate advice when selling medicines over the counter. She was aware of the restrictions on the sale of products containing pseudoephedrine and gave appropriate counselling on the use of co-codamol. She was observed referring to the SP when she was unsure.

The staff felt able to raise concerns and give feedback to the SP and the regular RP, both of whom they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The SP said that no specific targets set and he could use his professional judgement. He said that he would only undertake services such as MURs that 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 on the high street of a rural town in Cornwall. The building was owned by the NHS and several rooms to the rear of the property were used by other healthcare providers, such as midwives. Non-pharmacy staff were required to sign in and out of the property and did not have access to the pharmacy.

A well-presented retail area led to the healthcare counter and dispensary. A consultation room was available and was of an appropriate size and was soundproof. Upstairs was a small store room, a bathroom, a kitchen and a large meeting room. The property was well maintained.

In the pharmacy there was plenty of space for people to sit and wait for prescriptions and for clinic appointments with the other healthcare professionals. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines. Dispensary stock was stored neatly on shelves. The dispensary sink was clean and hand soap was available. Cleaning was undertaken by staff and the pharmacy was clean on the day of the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. It supplies medicines safely. The pharmacy gives additional advice to people receiving high-risk medicines. But it does not make a record of this to show that this advice has been given. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. The pharmacy delivers prescription medicines safely to people's homes. It keeps records to show that it has delivered the right things to the right people. 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 broken. The pharmacy does not always dispose of medicines in the correct container. This may increase the risk to staff and the environment.

Inspector's evidence

The pharmacy and consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels and easy to open caps on bottles. Services provided by the pharmacy were advertised on a board in the pharmacy and the SP was accredited to provide all promoted services.

A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. The pharmacy technician described that if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies or the local GP practice, calling ahead to ensure the service could be provided there. Details of local agencies and support networks was accessed on the internet.

Colour-coded 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 those collected from the surgery. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedule 2 and 3 including tramadol. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. The SP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were not made on the PMR. Monitoring booklets were available to be given to those needing them.

The could not demonstrate that the pharmacy had completed an audit of people who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. On checking the PMR system, it was seen that there were no eligible people. Stickers were available for staff to apply to the boxes of valproate products for any potential women in the at risk group, and information cards present to be given to eligible patients at each dispensing.

The patient group directions for the locally commissioned minor ailments service were seen, were in date and had been signed by the regular RP.

Approximately 15 people were supplied with methadone or buprenorphine on instalment prescriptions. Around half of these were supervised. The prescriber was contacted if people did not collect their doses for three days. 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, AAH and PS UK. Specials were obtained from Stirling Specials. Invoices were retained. The pharmacy had the required hardware and software to be compliant with the European Falsified Medicines Directive (FMD) and the SP demonstrated how products were scanned. He explained that the pharmacy was not fully operational with FMD scanning as many products arriving from the manufacturers had not been entered onto the system.

The dispensary shelves used to store stock were generally organised. The stock was arranged alphabetically. Date checking was completed regularly and a date checking matrix was maintained. No out of date stock was found, although stock expiring in the current month had not yet been removed. 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 of 2 to 8 degrees Celsius.

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.

Logs were kept of deliveries made to patients based in the community with appropriate signatures. Confidentiality was maintained when obtaining signatures. The SP described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable.

Patient returned medication was dealt with appropriately. The SP said that confidential patient information was removed from patient returned medication. But the waste bins inspected had patient details still attached to the medicines. No hazardous waste bin was available. Records of recalls and alerts were seen and were annotated with the outcome, the date and who had actioned it.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy.

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 could also access up-to-date information on the internet. All equipment, including the dispensary fridge, was in good working order. The dispensary sink was clean and in good working order. Dispensed prescriptions were stored in a retrieval system, 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.