

# Registered pharmacy inspection report

**Pharmacy Name:** Roche Pharmacy, 8 Fore Street, Roche, St. Austell, Cornwall, PL26 8EP

**Pharmacy reference:** 9010404

**Type of pharmacy:** Community

**Date of inspection:** 08/10/2019

## Pharmacy context

The pharmacy is located in Roche, Cornwall. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS), a minor ailments scheme, substance misuse services and the supply of emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids to people living in their own homes.

## 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	N/A	N/A	N/A
<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 risks appropriately. It reviews its practices to make them safer and more effective, although these reviews are not written down. Staff are clear about their roles and responsibilities. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the 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 adequate processes in place to monitor and reduce risks. Near misses were recorded on a paper log and contained details of the error, a brief reflection on the cause and the learning points. No records of dispensing incidents could be found, but the inspector spoke to the superintendent pharmacist (SI) on the telephone several times during the inspection, and he said that they were reported to the National Reporting and Learning System (NRLS). The SI also said that he was planning to start using the online reporting system 'Pharmasmart' for near misses and incidents in the coming months. The responsible pharmacist (RP) said that when errors were identified, they were discussed as a team to identify the potential contributing factors. Team members said that the most common errors were transposed labels and incorrect formulations. They said that they took more time and care to ensure the items selected were correct.

The pharmacy team said that errors were regularly reviewed by the SI and the regular pharmacist, and that they had team huddles to discuss patient safety. No written reviews were seen. Following near misses, the storage arrangements of some affected products had been reviewed. Amlodipine had been separated from atenolol. There were shelf edge labels applied to the locations of look-alike, sound-alike (LASA) drugs, alerting staff to take care when dispensing them.

Standard operating procedures (SOPs) were held electronically. They were up to date and had been recently reviewed by the superintendent pharmacist. Staff signed a record sheet when they had read them. SOPs covering RP legislation were in order. The trainee 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. Following comments about stock availability, the pharmacy now tried to keep the person well informed if the item they required was unavailable. When needed, they referred back to the GP for an alternative. The RP was aware of the Stock Shortages Protocol currently in place for various preparations of fluoxetine. A complaints procedure was in place. Team members could not recall any recent complaints.

Adequate professional indemnity and public liability insurances were in place.

RP records were maintained appropriately on a paper log. The correct RP certificate was displayed. Records of emergency supplies and private prescriptions were written in a book and were in order. Records of the supply of unlicensed special medicines were kept, and certificates of conformity contained the details of what medicine had been supplied to whom. Controlled drug (CD) registers

were maintained as required by law. Balance checks were completed approximately monthly. A random stock balance check of diamorphine 5mg ampoules 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 the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. Other team members had read the safeguarding SOP. Local contacts for the escalation of concerns were available online. Staff were aware of the signs requiring referral.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members receive training for their roles. They keep their skills and knowledge up to date 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 levels were adequate on the day of the inspection and consisted of the RP, who was a locum, and three trainee dispensers, all of whom were coming to the end of their training. 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, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team reported that they received time to learn during working hours. Resources accessed included the Buttercups dispenser training course and revised SOPs. Pharmacy team members received regular ad-hoc feedback on their performance. The RP discussed tasks with the trainee dispensers when they were unfamiliar with them and offered guidance. Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

The pharmacy team felt able to raise concerns and give feedback to the RP and the owner. The trainee dispenser said that she was able to offer suggestions for change to improve the effectiveness of the service provided. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that no formal targets had been set and that he was able to use his professional judgement to make decisions. He said that he would only undertake services such as Medicines Use Reviews 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. 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 on the main street of the village of Roche. A spacious retail area led to a healthcare counter, and through to a large dispensary. The pharmacy also housed a post office counter. A consultation room was available on the shop floor. The room was soundproof and conversations could not be overheard. The consultation room was locked when not in use. It was used to store a large amount of excess medicines. Consequently, it was cluttered and did not present a very professional image.

Access to the dispensary was restricted using a barrier. The dispensary was of an adequate size with enough bench space for the assembly of prescriptions. There was a dedicated area for checking. Medicines were stored on shelves alphabetically. Shelves and drawers would be cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services. Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The dispensing benches were generally clear of clutter.

A small store room to the rear of the pharmacy was used to store patient returned medicines. This was very full and overflowing as the pharmacy had run out of bins for disposing of the medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It makes full records of any issues it identifies with people's medicines to show what action has been taken. The pharmacy carries out its services safely and it links with other healthcare providers to ensure the health and well-being of people accessing them. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy was accessed from the street by a ramp and did not have an automatic door. Adjustments could be made for people with disabilities, such as producing large print labels. Services provided by the pharmacy were advertised in the pharmacy and the regular pharmacist and SI were accredited to provide all promoted services. If these services were requested when a locum RP was on duty, the dispenser said that she would refer people to an alternative provider. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Details of local agencies and support networks were accessed online.

Dispensing tubs 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 GP practice. The labels of dispensed items were initialled when dispensed and checked. Coloured stickers were used to highlight fridge items and CDs. Prescriptions containing high-risk medicines or medicines requiring additional advice from the pharmacist were also highlighted with stickers. The RP 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 made on the patient medication record (PMR), as were details of significant interventions.

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. Appropriate conversations had taken place with affected people and notes were placed on the PMR. 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 pharmacy offered a locally commissioned minor ailments scheme and the supply of emergency hormonal contraception. The patient group directions were seen, were signed by the pharmacists providing the service and were in date. The pharmacy also offered both private and NHS flu vaccinations. The regular pharmacist had a completed declaration of competence (DoC). He had recently attended refresher training on injection and resuscitation techniques. The RP also had a valid DoC but was not currently offering the service in the pharmacy. Substance misuse services were provided for 10 people. The dispenser described how the regular pharmacist 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.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 50 people based in the community. A team member said that there was no current process for assessing the suitability of compliance aids. 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 supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor 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. One person received methotrexate in their compliance aid. The trainee dispenser was aware of the risks and used gloves to dispense it. The inspector reminded her that ideally it should not be placed into the compliance aid. It was also noted that only the first pack of four was labelled. These labels were then photocopied, printed, and attached to the remaining three compliance aids.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken regularly and the entire dispensary was checked every three months. Spot checks revealed no date-expired stock or mixed batches. Stock was obtained from reputable suppliers including AAH and Alliance. Invoices were seen to this effect. The pharmacy had the software to be compliant with the Falsified Medicines Directive (FMD) but were not currently scanning packs. They were making visual checks on FMD compliant packs of medicines. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. There were a large number of expired CDs awaiting destruction. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. 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.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. A dispenser 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, and this was found to be adequate.

The pharmacy accepted unwanted and unused medication. Confidential patient information was not always removed or obliterated from patient returned medication. No hazardous waste bin was available for the disposal of cytotoxic and cytostatic medicines. As described in principle three, the pharmacy had run out of bins to put the medicines in, and they were currently stored in carrier bags.



## 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. Computers are used in a way that protects people's private information.

### 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. All equipment, including the dispensary fridge, was in good working order, but no PAT test stickers were visible. The dispensary 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 on shelves in the dispensary with no details 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.