

Registered pharmacy inspection report

Pharmacy Name: County Pharmacy Bodmin, 1-3 Omaha Road,
Bodmin, Cornwall, PL31 1ES

Pharmacy reference: 9011309

Type of pharmacy: Closed

Date of inspection: 27/05/2021

Pharmacy context

The pharmacy is located on an industrial estate in Bodmin. It is a distance-selling pharmacy and is closed to the public. It dispenses NHS prescriptions and delivers the medicines to people living in the community and to the residents of care homes. The pharmacy dispenses medicines into multi-compartment compliance aids to help people remember to take them at the correct time.

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	1.6	Standard not met	The pharmacy does not maintain all the necessary records required by law. And it does not always keep records to ensure its pharmacy services are provided safely.
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 maintain all the necessary records required by law. And it does not always keep records to ensure its pharmacy services are provided safely. The pharmacy has a process to record its errors and review them to identify the cause. But these records are not always made. The pharmacy has written procedures in place to help ensure that it operates safely. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services. It keeps people's private information safe and explains how it will be used. The pharmacy protects the safety of vulnerable people.

Inspector's evidence

The pharmacy was a distance-selling pharmacy and was closed to the public. The superintendent pharmacist (SI) was the only team member and was usually the only person on the premises. Therefore, the pharmacy had not needed to implement additional measures to become COVID-19 secure. The pharmacy received deliveries of medicines to the door and the drivers did not generally enter the pharmacy. The SI would employ a locum pharmacist should he be required to self-isolate. He had not completed a written business continuity plan but had considered the different implications of being affected by COVID-19.

The pharmacy had processes in place to manage and reduce its risks. The SI usually recorded any mistakes he made when dispensing in a near miss log. But there had been no entries made since November 2020. The entries that were in the near miss log contained a brief reflection on why the error occurred and actions taken to prevent a reoccurrence. The SI reported and reviewed dispensing incidents using the national reporting and learning system (NRLS). These errors were analysed in greater detail. Again, no records were seen past November 2020. The SI had applied caution stickers to the shelves where look-alike, sound-alike medicines were stored to remind him to make an additional check.

The pharmacy had standard operating procedures (SOPs) in place. The SI had reviewed them and they reflected current processes in the pharmacy. If the pharmacy employed additional team members in the future, the SI would ensure that they read and understood the SOPs. The SI completed all stages of the dispensing and accuracy checking process. He described the prescription journey which included him taking a mental break between the dispensing and checking stages.

The usual method of gaining feedback through the yearly community pharmacy patient questionnaire (CPPQ) survey had been suspended during the COVID-19 pandemic. The pharmacy had received positive comments on its Facebook page which the SI responded to as appropriate. Comments were also published on the pharmacy's website. A complaints procedure was available on the pharmacy's website. Public liability and professional indemnity insurance were provided by the NPA and had an expiration date of 31 January 2022.

The pharmacy kept a small volume of controlled drugs (CDs). But the balances in the CD register did not match the stock held. No records of receipt of supply of controlled drugs had been made since December 2020. But a log of patient returned CDs had appropriate records of stock awaiting destruction. This stock was segregated in the CD cabinet. Some records of unlicensed specials

medicines were retained, including the completed certificates of conformity. But there were no records since November 2020 despite some supplies having been made. The pharmacy had not dispensed private prescriptions and had not made emergency supplies since opening in February 2020. Records of the responsible pharmacist (RP) were made in a paper log and the correct RP certificate was displayed. The pharmacy received drug alerts and recalls by email. But they had not been printed and there was no evidence that appropriate actions had been taken since November 2020. However, no recalled stock was found in the pharmacy.

The SI had completed training on information governance and general data protection regulations and had signed the associated policies. The pharmacy segregated confidential waste and shredded it before disposing of it. No members of the public entered the pharmacy so confidential information was well protected. Delivery drivers were met at the door and also did not enter the main dispensing 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 person's PMR.

The SI had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. He could easily access local contacts for the referral of concerns on the internet. He had not needed to make any referrals since opening but was aware of the signs to look out for when delivering medicines to people's homes.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy is operated solely by the superintendent pharmacist. He manages the workload well. He keeps his knowledge and skills up to date. He makes appropriate decisions about the best way to care for people using the pharmacy. The pharmacy does not have incentives or targets.

Inspector's evidence

The pharmacy's services were provided solely by the superintendent pharmacist (SI). He was considering employing a part-time team member if the volume of items increased. The SI kept his professional skills and knowledge up to date as part of his annual revalidation process. He used his professional judgement to make clinical decisions. The SI relied on locum pharmacists to cover him if he was absent, although he had not needed to utilise their services since opening in February 2020.

The SI knew when to signpost people to other healthcare providers. And when to refer them to another pharmacy which offered a service not provided at the pharmacy, such as selling over the counter medicines.

The SI had a support network of pharmacists that he could access if he needed advice or support. And he had the contact details of the local pharmaceutical committee (LPC).

The pharmacy did not have any targets or incentives.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment to deliver its services from. And it is clean, secure and appropriately maintained.

Inspector's evidence

The pharmacy was located on an industrial estate in Bodmin. There were three large room, one of which was fitted out as a dispensary. The other two rooms were largely empty, apart from a small amount of stock and patient returned medication. There was plenty of space for any visitors to the pharmacy to remain two metres apart. As the pharmacy was closed, all visitors had to knock on the door. There was no overt signage showing that the unit was used as a pharmacy, apart from a small sign in the window.

The SI regularly cleaned the pharmacy, including the sink. But the dispensary benches were a little cluttered with dispensing baskets and paperwork.

Prescriptions awaiting delivery were neatly stored in plastic boxes. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy advertises its services appropriately. Medicines are supplied safely. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy was closed to the public. It had a website which had a 'contact us' facility. And its telephone number and email address were clearly displayed. The pharmacy offered support to people requiring help with their medicines, including preparing multi-compartment compliance aids and a delivery service. Adjustments could be made for people with disabilities, such as producing large print labels. The SI explained that if the pharmacy was contacted by someone looking to purchase an over the counter medicine, he referred them to the nearest pharmacy that was open to the public. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the person's PMR.

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as to organise the workload. But they were stacked on top of each other which introduced a risk of items falling into different baskets. The labels of dispensed items were initialled when dispensed and checked.

The pharmacy used stickers to identify prescriptions that contained CDs, fridge items and high-risk medicines. The SI spoke to anyone receiving high-risk medicines to ensure relevant blood tests had been completed and to check that doses were correct. He had recently supplied a 'yellow book' to record the details of warfarin monitoring to a patient. And he had also supplied a steroid card to a different person. Details of significant interventions were recorded on the persons patient medication record. The pharmacy had not dispensed any valproate products to females since opening. But the SI was aware of the need to ensure a pregnancy prevention plan was in place for females prescribed valproate.

The pharmacy prepared multi-compartment compliance aids for approximately 30 people based in the community. And it also supplied medicines in compliance aids to the residents of three small care homes. The workload was organised and well planned. 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. But the compliance aids did not bear the date that they had been dispensed. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and the SI was aware of what could and could not be placed in trays. A record of any changes made was kept on individual information sheets held for each patient.

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. The SI said that he date-checked the stock regularly but records showed that no date checking had been completed since November 2020. But no date-expired medicines or mixed batches were seen on the shelves. 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 was signed up to receive recalls and alerts by email. But no records of actions taken were seen dated after November 2020.

The fridge in the dispensary were clean, tidy and well organised. 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, although adequate records were not maintained in the CD register. The pharmacy had a supply of denaturing kits for the safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness.

The pharmacy kept a record of deliveries made to people in their own homes. Deliveries were made by the SI during the lunch break and when the pharmacy was closed for the day. Patient returned medication was dealt with appropriately. Patient details were removed from returned medicines to protect people's confidentiality.

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. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

Crown-stamped measures were available for liquids. And a range of clean tablet and capsule counters were present. All equipment, including the dispensary fridges, was in good working order and PAT test stickers were visible. The 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. Access to the pharmacy computers and PMR system was password protected. The pharmacy segregated confidential waste and regularly shredded it to protect people's private information.

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.