

Registered pharmacy inspection report

Pharmacy Name: St Stephen Pharmacy, 65 Fore Street, St. Stephen, St. Austell, Cornwall, PL26 7NW

Pharmacy reference: 9011657

Type of pharmacy: Community

Date of inspection: 21/03/2022

Pharmacy context

The pharmacy is located in the village of St Stephen in Cornwall. It opened in August 2021. 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 the NHS New Medicine Service (NMS), a minor ailments scheme and flu vaccinations. It also offers a locally commissioned emergency supply service. The pharmacy offers services for drug misusers. It also 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
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 identifies and manages its risks appropriately. Team members record their errors and review them to identify the cause of errors. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. It 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 was inspected during the COVID-19 pandemic. There were two pharmacists present. The pharmacy opened in August 2021. The local surgery was a dispensing doctors and had been given six months grace before they were no longer able to dispense for people living within one mile of the pharmacy. So the pharmacy had only started receiving prescriptions from the surgery one month ago. Prior to this, the pharmacy had dispensed a small number of prescriptions, usually for acute items including antibiotics.

The pharmacy had standard operating procedures (SOPs) in place. The responsible pharmacist (RP) was currently reviewing them to ensure they reflected the way that the pharmacy operated due to the recent increase in dispensing activity. The pharmacy kept a record of which SOPs had been read by each team member. They knew what activities could not be undertaken in the absence of the RP. Team members had clear lines of accountabilities and were clear on their job role.

Team members recorded any mistakes they made on a near miss log. The RP planned to complete a patient safety review at the end of each month and discuss the results with the team. There had been no dispensing incidents but the pharmacy team would use the national reporting system to record any that should occur. The team discussed any mistakes and took any action required to prevent a reoccurrence. For instance, the layout of the pharmacy had recently been changed to create distinct areas for dispensing and checking.

The pharmacy had received positive feedback from people using it. But there was no complaints procedure displayed. The RP planned to create a poster or a practice leaflet which would contain these details. The superintendent pharmacist confirmed in the following days that this had been completed. There were no obvious reviews of the pharmacy online. But the pharmacy had updated the NHS website with its details. Public liability and professional indemnity insurances were in place.

The pharmacy maintained a record of who had acted as the RP at any time. The correct RP certificate was displayed. Controlled drug (CD) registers were generally in order. Balance checks were completed regularly. But a random balance check was not accurate. The RP quickly identified a recent prescription that had not been entered in the CD register on handout and rectified it. Patient returned CDs were recorded in a separate register and were stored away from other stock. Records of private prescriptions were held on the patient medication record (PMR) system and were in order. The pharmacy did not generally make any private emergency supplies as there was a locally commissioned urgent repeat medicines service. Any supplies made through this service were recorded on the PMR and on the

reporting system, Pharmoutcomes. The pharmacy kept complete records of the supply of unlicensed medicines. It stored certificates of conformity with all required details completed to maintain an audit trail.

The RP was in the process of setting up an information governance folder. All team members had signed privacy agreements as part of their contract of employment. The pharmacy dealt with patient data and confidential waste in a secure manner to protect privacy. No confidential information was visible from customer areas. Team members used their own NHS smart cards. The pharmacy obtained verbal consent before accessing summary care records.

All team members were trained to an appropriate level on safeguarding. The RP and the second pharmacist had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. The pharmacy had a folder containing details of local and national organisations that it could contact in the event of any safeguarding concerns. The RP said she felt it was particularly important to be vigilant of people's health and wellbeing in the rural area, especially as lots of people would be coming to the pharmacy for the first time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members receive time in work to complete training for their roles. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

The pharmacy was fully staffed on the day of the inspection. There were two pharmacists and a dispenser. The second pharmacist was the wife of the superintendent and was there as double cover to allow time to review current processes. They both worked regularly in the pharmacy.

The small team clearly had a good rapport and felt they could comfortably manage the workload with no undue stress and pressure. Pharmacy team members had clearly defined roles and accountabilities. They worked regular days and hours. The owner had two other pharmacies nearby. And team members could move between branches to cover absences.

Team members were given protected time during working hours to learn. This included reading SOPs and learning about new products or systems. The dispenser had completed an accredited training course. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The team felt confident to discuss concerns and give feedback to the owner, who they found to be receptive to ideas and suggestions. The team were encouraged to make suggestions for change to improve efficiency and safety. Team members were aware of the internal escalation process for concerns. The RP was not aware of a formal whistleblowing policy but planned to create one and display it in the staff facilities.

The RP said that there were no formal targets set. She felt able to use her professional judgement to make decisions and described that all services undertaken were clinically appropriate. She felt well supported by the owner.

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 in a converted church in the centre of St Stephen. The building was protected and the traditional church features remained in place. The dispensary was of adequate size. The medicines counter separated the dispensary from the retail area. A seating area had been created from the church pews.

The pharmacy had a large consultation room. It was soundproofed to allow conversations to take place in private. No confidential information or clinical waste was stored in the consultation room. During the COVID-19 pandemic, the pharmacy had restricted the number of people entering at any time to comply with social distancing requirements and to limit the spread of COVID-19. This had recently been relaxed as restrictions had eased. But the pharmacy was not busy during the inspection and there was no more than one person in the pharmacy at one time. There were clear Perspex screens installed on the healthcare counter. And there was hand sanitiser available at the entrance for people to use. The pharmacy was cleaned throughout the day and deep cleaned once a week.

The dispensary was well organised and there was plenty of bench space. Stock was stored neatly on shelves. The fixtures and fittings were new and well maintained. Maintenance issues were resolved promptly. To the rear of the dispensary was a large room, the old church hall, used to store consumables such as pharmaceutical waste bins.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. 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 is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely, ensuring that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular 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 had level access. But the layout and width of the doors could make it difficult for people with wheelchairs, mobility scooter or large prams to enter. The RP said she would consider installing a bell outside with a sign advising people to ring it if they required assistance. As the building was listed, no changes could be made to the entrance. The pharmacy could make adjustments for people with disabilities, such as producing large print labels. A range of health-related posters were displayed. There was potential for more information to be displayed about the services offered both in the pharmacy and locally.

The RP was accredited to provide all of the services offered by the pharmacy. Team members explained that if a patient requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were printed and kept in a folder. The pharmacy had not yet made any signposting referrals but planned to record the details of future referrals 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. There were designated areas to dispense and check prescriptions. 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. Stickers were used to highlight prescriptions that had been identified by the pharmacist as requiring additional counselling. The pharmacists ensured they spoke to anyone receiving high-risk medicines to ensure relevant blood tests had been completed and to check that doses were correct. Notes were made of these conversations on the person's PMR. Substance misuse services were provided for a small number of people. The RP described that 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.

The pharmacy offered a range of additional services including flu vaccinations. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and had received a few referrals. It was part of a trial of the locally commissioned 'walk-in' CPCS but had not had any activity yet. The pharmacy supplied lateral flow tests to the public as part of the 'Pharmacy Collect' scheme.

The pharmacists were aware of the valproate Pregnancy Prevention Programme (PPP). The pharmacy

had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people who could become pregnant receiving prescriptions for valproate. The pharmacy had the information booklets and cards to give to eligible people.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 10 people based in the community. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was appropriately labelled. 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 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.

The dispensary shelves used to store stock were well organised and tidy. The stock was arranged alphabetically. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. 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 received alerts and recalls and ensured they were actioned promptly.

The fridges 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. The pharmacy did not currently have any denaturing kits for safe destruction of CDs. But some had been ordered. Patient returned CDs were recorded in a register and stored separately before being destroyed safely.

The pharmacy kept records of deliveries made to people in their own homes. Patient returned medication was disposed of appropriately. But the RP was in contact with the NHS contracts manager as there had been a problem with arranging collection of pharmaceutical waste.

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

The pharmacy had crown-stamped measures available to measure liquids. Several measures were marked for the use of CDs only. There was a range of clean tablet and capsule counters. All equipment, including the dispensary fridges, was in good working order. 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 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.