

# Registered pharmacy inspection report

**Pharmacy Name:** St. Day Pharmacy, Homeleigh, Fore Street, St. Day, Redruth, Cornwall, TR16 5JU

**Pharmacy reference:** 9012002

**Type of pharmacy:** Community

**Date of inspection:** 25/04/2023

## Pharmacy context

The pharmacy is located in the small village of St Day, near Redruth, Cornwall. It is a new pharmacy and opened in January 2023. 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. It also supplies medicines in multi-compartment compliance aids to help people take their medicines at the correct time.

## 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 takes appropriate steps to identify and manage its risks. Team members record any mistakes they make, considering the reasons they occurred and learning from them. The pharmacy team then makes the necessary changes to stop mistakes from happening again. Team members carry out tasks following the written procedures that the pharmacy has, which ensures that they work safely. The pharmacy responds appropriately when it receives feedback. It has the required insurance in place to cover its services. And it keeps all the records required by 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

At the time of the inspection, the pharmacy had been operating for three months. It was currently offering essential services and was planning to expand its offering when prescription numbers were stabilised.

The pharmacy took action to identify, manage and reduce the risks associated with its activities. It had standard operating procedures (SOPs) which reflected the way the team worked. Each team member signed a record to show which SOPs they had read. A trainee dispenser had just start to work through them having started the previous week. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The inspector did not see any written risk assessments but the RP, who worked regularly for the small chain provided assurances that they had been completed. Whilst no written business continuity plan was seen, it was clear that there were arrangements in place to utilise team members from nearby branches of the chain to ensure the pharmacy remained open in the event of illness or other absence.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on a paper log. When errors occurred, the pharmacy team discussed them and made changes to prevent them from happening again. The pharmacy reported any mistakes that reached the patient on an online reporting system. But at the time of the inspection, there had been no such errors. There were no documented reviews of errors but the RP said that this was because the pharmacy had only recently opened. And that going forward, a review would be completed at least every two months as per company procedure.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. Any complaints were dealt with promptly by the superintendent pharmacist (SI), who usually worked at the pharmacy every day. Team members were made aware of any compliments that were received about them. Public liability and professional indemnity insurances were in place.

The pharmacy kept an electronic record of who had acted as the RP each day. But the entries did not routinely contain the time that the RP duties ceased. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. There was no evidence of regular balance checks, but again, the RP said that these would be completed regularly going forward. The balance of each CD dispensed was checked at the time of dispensing. There was a separate register for CDs returned to the

pharmacy for destruction.

Records of private prescriptions were held on the PMR and were generally complete. But some entries contained incorrect prescriber details. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were annotated with the details of the supply. They were stored for the required length of time.

All team members had completed training on information governance and the general data protection regulations. Patient data and confidential waste were appropriately dealt with to protect privacy and no confidential information was visible from customer areas. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed.

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

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy currently has enough team members to manage its workload. And, as a new pharmacy, it is continuously reviewing the number of team members needed as the workload stabilises. Team members are well-trained for their roles. And new team members are supported to learn. Team members are confident to suggest and make changes to the way they work to improve their services. They support each other and communicate well.

### Inspector's evidence

On the day of the inspection, the RP was an employed pharmacist who usually worked in a different branch of the small chain. The SI, who was attending a training course, usually worked in the pharmacy. There was also a fully-trained dispenser and a trainee dispenser. The team felt that they could usually manage the workload. The RP said that the manager was constantly reviewing the staffing requirements as the number of prescriptions received increased. And that additional team members would be recruited if deemed necessary.

The pharmacy team felt well supported by the SI. They were given plenty of time during working hours to learn. They had access to a range of learning materials and they gave examples of learning that they had completed recently. They had plans to complete training materials provided by external providers including CPPE and Health Education England's eLearning for Healthcare (ELFH).

The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. They had regular discussions about their performance. The team felt confident to discuss concerns and give feedback to the SI, who they found to be receptive to ideas and suggestions. The team felt able to make suggestions for change to improve efficiency and safety but ensured that they always followed the company SOPs. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The pharmacy did not have any targets. The RP felt able to use his professional judgement to make decisions about patient care.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is a suitable environment for people to receive healthcare services. Whilst the pharmacy team utilise the available space well, adjustments are being made to improve the workflow and usability of the pharmacy. The pharmacy is clean and secured from unauthorised access.

### Inspector's evidence

The pharmacy was located in the centre of the small village of St Day, near Redruth. It had recently been converted from an unoccupied shop. The pharmacy was compact. A small retail area stocked a small range of health products. The dispensary was small and had workbenches fitted on three walls. A retail shelving unit holding pharmacy medicines was placed in the middle of the dispensary, which restricted space. The RP was working with the SI to review the arrangement of the dispensary to make it tidier and easier to navigate.

The pharmacy had a small consultation room, which was wheelchair accessible. Conversation taking place in the consultation room could not be overheard from outside.

Prescriptions were stored in an alcove, not visible to people waiting in the retail area. A corridor led to a small kitchen where excess stock was stored. The SI had installed some additional shelving in the corridor to increase storage space.

Cleaning was undertaken each day and a cleaning rota was completed. Cleaning products were available, as was hot and cold running water. The lighting and temperature were appropriate for the storage and preparation of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team make sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely, although ensuring they are more organised may reduce the risk of errors occurring. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. The doors were left open when the pharmacy was open to improve access. The pharmacy could provide additional support for people with disabilities, such as producing large print labels. The pharmacy was not currently displaying any health-related posters or leaflets. But they could be printed off if required. The inspector suggested making an area for leaflet holders on one of the walls.

As the pharmacy had only recently opened, the main focus was on dispensing activity. As there had previously been no pharmacy in the village, many people had been registered with the local GP practice as dispensing patients. A lot of people were now transferring to the pharmacy to receive their medicines so item numbers were steadily increasing. Once stabilised, the RP said that the pharmacy would begin to offer more additional services such as vaccinations. He explained that if a person requested a service not offered by the pharmacy, 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 accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured alert stickers were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. But that he did not routinely make records of this advice on the PMR.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate. The RP had conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. The workload was organised and well planned. A sample of compliance aids was inspected.

Each compliance aid was clearly labelled. Team members signed to show who had dispensed and checked the compliance aid. And they wrote a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. Medicines prescribed to be taken 'when required' were dispensed in boxes. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the checking process. Each person receiving medicines in a compliance aid had been assessed for suitability to ensure it was the safest option for them.

The dispensary stock was generally arranged alphabetically on shelves and in cardboard trays. The stock was a little untidy and the RP had spent some time trying to organise it more effectively. This was a work in progress. So far, the creams and other external medicines had been neatly organised. And the RP said that he would spend time over the next few days working on the remaining stock.

Date checking had not yet been completed as all stock was relatively new. But the pharmacy team said that this would be completed every three months as per company procedure. 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. The pharmacy placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock.

CDs were stored in accordance with legal requirements in an approved cabinet. A denaturing kit was available so that any CDs awaiting destruction could be processed. 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.

Logs were kept of deliveries made to people in their own homes. The pharmacy team 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. Medicines were handed to the people and were not posted through the letterbox. Patient returned medication was dealt with appropriately.



## 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 up-to-date written reference resources available. Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view. Telephone calls were taken to the rear of the dispensary so that people waiting in the retail area could not overhear what was being said.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order.

### 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.