

# Registered pharmacy inspection report

**Pharmacy Name:** Bugle Pharmacy, Plot 1A, Rockhill Business Park,  
Higher Bugle, St. Austell, Cornwall, PL26 8RA

**Pharmacy reference:** 9012185

**Type of pharmacy:** Community

**Date of inspection:** 17/01/2024

## Pharmacy context

The pharmacy opened in October 2023. It is located on a business park in Bugle, Cornwall. The pharmacy dispenses NHS and private prescriptions. It sells medicines over-the-counter and provides advice to people to help them manage both short- and long-term conditions. It offers additional NHS services including flu vaccinations, the Discharge Medicines Service, the New Medicines Service and the Community Pharmacy Consultation Service. The pharmacy can also provide locally commissioned services including a minor ailments service and the Walk-in Consultation service.

## 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 provides its services safely and effectively. It has systems in place to identify and manage the risks associated with its services. The pharmacy has written procedures in place to help ensure that its activities are carried out safely. These procedures encourage team members to record any mistakes they make and review them to identify the cause. The pharmacy asks people for their feedback on its services and responds appropriately. 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. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had processes in place to identify, manage and reduce its risks. It had standard operating procedures (SOPs) which reflected the way the team worked. The SOPs were printed and stored in a folder. The SOPs were reviewed regularly by the superintendent pharmacist (SI). The SI was currently the only person working in the pharmacy. But new team members would read and sign the SOPs during their induction period. The pharmacy had risk assessments in place to cover its activities. And it had a business continuity plan.

The pharmacy had paper logs available to record any mistakes made which were picked up during the final accuracy check, known as near misses. The SI planned to review the error log regularly to identify any trends. As the pharmacy team grew, the SI planned to discuss any errors that occurred and made changes to prevent them from happening again.

Dispensing errors that reached the patient were reported in a more detailed way using an online reporting tool. There had been no errors since the pharmacy had opened. The SI reflected on errors made in other pharmacies in the group and learned from them. Each month, the SI would complete a patient safety review to analyse the cause of any errors made that month.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was currently no displayed complaints procedure but the SI rectified that following the inspection. The SI promptly dealt with any complaints received. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register. Records of private prescriptions were maintained on the patient medication record (PMR) and contained all legally required details. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members employed by the company completed yearly training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. People working in the pharmacy used their own NHS smart cards. Verbal consent was obtained before

summary care records were accessed and a record of access was made on the person's PMR.

All staff 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. Team members were aware of signs of concerns requiring escalation and knew what action to take. The SI gave examples of when they had raised concerns about the safety of vulnerable people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the current workload. And the staffing profile is regularly reviewed to ensure the pharmacy can cope with any future increase in activity. New team members are supported through an induction period and are given time to learn at work.

### Inspector's evidence

The SI worked regularly at the pharmacy. There were currently no other team members. But a dispense had been recruited to start at the pharmacy in the coming weeks. If additional support was needed, the SI would arrange for team members from other nearby pharmacies in the group to come to the pharmacy.

The SI was coping well with the current volume of prescriptions and other services. As activity increased, he would review the number of team members required and would recruit accordingly. The SI was witnessed giving appropriate advice to people in the pharmacy.

Team members working for the pharmacy group were given allocated time during working hours to learn. And trainees were supported through their courses. Each team member kept a record of progress through courses. They had access to a range of learning.

The SI was happy to listen to feedback from his employees and was receptive to their suggestions. The pharmacy had a whistleblowing policy in place.

The SI did not set any specific targets. They used their clinical judgement and ensured all services provided by the pharmacy were appropriate for the person.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are spacious and present a professional image to people. The pharmacy has appropriate facilities to provide its services and maintain people's privacy and confidentiality.

### Inspector's evidence

The pharmacy was located on a business park in Bugle, Cornwall. There was a small carpark outside. A small retail area led to the healthcare counter and dispensary. There was a consultation room which was large enough to accommodate at least three people. There was no sink in the consultation room. The windows could be obscured to provide privacy. The consultation room was closed when not in use and no confidential information or medicines were stored in it. Conversations could not be heard from outside.

The dispensary was well organised and tidy. There was plenty of shelving and workbench space for dispensing. Medicines were stored neatly on the shelves. Pharmacy medicines were stored behind the medicines counter.

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

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes 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. And it takes 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 and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy was accessed by a ramp and was accessible to people using wheelchairs or pushing prams. The pharmacy could produce large print labels and had hearing loops to support people with disabilities. A range of health-related posters and leaflets were displayed. The SI explained that if a person 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 accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Baskets were used to store dispensed prescriptions and medicines. This prevented accidental transfer between patients along with organising the workload. The SI ensured he took a mental break between dispensing and accuracy checking prescriptions. They initialled the labels of medicines when they dispensed and checked them.

Coloured stickers were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The SI described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. The SI was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). They took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. And they knew of the recent guidance to only dispense valproate products in complete packs. The SI had regular conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception. And records were made on the PMR.

The pharmacy offered some additional services including flu vaccinations. The signed patient group direction for the recent flu vaccination service was available. The SI had completed the required training on vaccination techniques, anaphylaxis and resuscitation. The pharmacy offered the NHS New Medicines Service. The SI contacted people prescribed new medicines to check how they were getting on and to offer any advice needed.

The pharmacy had a health promotion zone and provided advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals, from both NHS111 and the GP practice.

The dispensary stock was generally arranged alphabetically on shelves. Date checking of all stock 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. The pharmacy was experiencing shortages of some medicines,

reflected nationally. 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. Expired CDs would be clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed in the presence of a witness. 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. Patient returned medication was dealt with appropriately.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services. It keeps these clean, tidy and well-maintained. The pharmacy uses its equipment in a way that protects people's confidential information.

### Inspector's evidence

The pharmacy had up-to-date reference resources available. Most information was accessed online to ensure it was current. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

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.