

Registered pharmacy inspection report

Pharmacy Name: Cotswold Pharmacy; The, Market Place,
Northleach, CHELTENHAM, Gloucestershire, GL54 3EG

Pharmacy reference: 1031501

Type of pharmacy: Community

Date of inspection: 28/10/2022

Pharmacy context

This is a community pharmacy in the small market town of Northleach in Gloucestershire. The pharmacy dispenses NHS and private prescriptions. The pharmacy's team members provide advice and sell over-the-counter medicines. The pharmacy offers a few services such as seasonal flu vaccinations, the New Medicine Service and a few local deliveries for people who require this. And some people's medicines are supplied inside multi-compartment compliance packs if they find it difficult to take them.

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	1.8	Good practice	The pharmacy's team members actively ensure the welfare of vulnerable people. The pharmacy can demonstrate that it has taken appropriate action in relation to concerns identified, the relevant procedures are in place to assist with this and team members are suitably trained.
2. Staff	Standards met	2.2	Good practice	The pharmacy's team members have the appropriate skills, qualifications and competence for their roles and the tasks they carry out. Staff are long-standing and experienced members of the team. They ensure that routine tasks are always completed so that the pharmacy can run in a safe and effective manner.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. Team members are provided with online learning resources and given time to complete this at work. This ensures their knowledge and skills are kept up to date.
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 generally has appropriate systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Trained members of the team actively protect the welfare of vulnerable people. The pharmacy safeguards people's private information appropriately. And members of the pharmacy team deal with their mistakes responsibly. But they are not always recording and reviewing all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

This was a well-run pharmacy with competent staff and largely organised processes in place. A few people were seen to use the pharmacy's services during the inspection. They were acknowledged readily and managed appropriately. The inspector noted that a personable and amiable service was provided to them (see below). The pharmacy had a range of documented standard operating procedures (SOPs) which were dated from 2021. They provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members knew their roles and responsibilities. They had designated tasks and were observed to work independently of the responsible pharmacist (RP) in separate areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had some systems in place to identify and manage risks associated with its services. This included limiting the spread of infection from COVID-19. Staff explained that there were cases of COVID-19 in the area again and people who had tested positive were still entering the pharmacy. In response, infection control measures had been sustained. The premises had been somewhat modified (see Principle 3), and posters were on display about COVID-19. Team members were wearing masks at the time of the inspection, notices in the pharmacy asked others to do the same and they had been vaccinated against coronavirus. Hand sanitisers were present for people to use, and the pharmacy was cleaned regularly. This included actively wiping down surfaces.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. The pharmacist had been trained to level two for the latter through the Centre for Pharmacy Postgraduate Education (CPPE). Staff could recognise signs of concerns; they knew who to refer to in the event of a concern and described concerns seen as well as how they had responded. Details about the latter had been documented and referrals made to the relevant agencies. Contact details for the various safeguarding agencies were also on display for easy access. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space and confidential information was protected. The team had signed confidentiality agreements. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy had a complaints policy and the RP's process to handle incidents was suitable. This included documenting details, identifying the root cause and contributing factors as well as liaising with others (such as the local GP surgery) to minimise the risk of the incident recurring. The RP confirmed that people were largely appreciative of the service the pharmacy provided and the team had received glowing letters of appreciation in response. The inspector also observed that the staff provided an

individualised service to people who entered the pharmacy on the day of the inspection. Staff explained that when near miss mistakes occurred, they were informed about them, and details were usually recorded by the RP. They used to be reviewed every month; details were documented, and discussions were held with the team. Subsequently, caution notes and stickers were placed in front of look-alike or sound-alike medicines. Higher-risk medicines had also been highlighted. This helped staff to minimise mistakes. However, details about near miss mistakes had not been recorded since 2020. The RP acknowledged that although the team still actively tried to learn from mistakes, the process of documenting details had lapsed in the interim.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association (NPA). This was due for renewal after 31 March 2023. Records about supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. However, sometimes incorrect details about prescribers had been documented within the electronic private prescription register and there were some gaps within the RP record. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified and experienced. They understand their roles and responsibilities well. And the pharmacy provides them with suitable resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

Staff present during the inspection included a regular, employed pharmacist, a full-time trained dispensing assistant and part-time, medicines counter assistant (MCA). The superintendent pharmacist also worked regularly here. The team covered each other for contingency and the workload was manageable. Team members wore name badges, their certificates of qualifications obtained for this role were not seen, but their competence was demonstrated during the inspection. The pharmacy's team members worked well together. They were long-standing members of staff who were observed to have a positive rapport with people using the pharmacy's services.

They knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines over the counter. The staff said that they liked working at the pharmacy. The team's individual performance was monitored and fed back. As they were a small team, they communicated verbally, and team meetings were held as and when necessary. Formal appraisals were conducted regularly. The staff were provided with resources for ongoing training through an online learning platform. They were given time to complete this at work and certificates to verify completion of relevant modules were seen. This helped ensure they continually learnt and kept their knowledge up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable to provide its healthcare services from. Team members keep the pharmacy suitably clean. And the pharmacy has a separate space where confidential conversations and services can take place.

Inspector's evidence

The pharmacy was in the centre of the town, inside a listed building. The premises consisted of a small retail area, dispensary, basement and consultation room. The pharmacy's size was adequate for its current volume of workload. The main dispensary workbench was full of multi-compartment compliance packs and baskets, but this was observed to be work in progress and clearing this was hindered due to the presence of the inspector. The pharmacy was clean and tidy, appropriately ventilated, and well lit. It was also professional in appearance. The pharmacy's consultation room was signposted, spacious in size and private conversations in here could not be overheard. The room was not readily accessible to people using wheelchairs or with limited mobility due to its location and steps leading up to it. However, the team had made reasonable adjustments to ensure private consultations could still take place near this area.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services appropriately. Members of the pharmacy team are helpful, and they make appropriate adjustments to ensure people can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. And it largely keeps the appropriate records to verify how its services are being run. But the pharmacy doesn't fully assess the risks involved in the way it assembles people's compliance packs. And the pharmacy's team members don't record any information about people who receive higher-risk medicines. This makes it difficult for them to show that they provide people with appropriate advice when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy from steps at the front. This meant that people using wheelchairs or with restricted mobility could not easily enter the pharmacy. However, a doorbell had been placed here which enabled people to be served at the door. Staff explained that they assisted people physically wherever they could. This included taking people's passport photos outside once they had given their consent to do this. They also physically assisted people inside the shop and helped them with their shopping, especially if they were deaf or partially sighted. Staff described taking their masks off to help people to lip read, they used written communication or spoke louder if no one else was present. Mobile phones, google translate or representatives were used to assist people whose first language was not English. There were several car parking spaces available outside the pharmacy and several leaflets as well as posters were on display promoting health and the pharmacy's services. This included information about coronavirus.

The pharmacy currently offered a few services. This included seasonal flu vaccinations and the New Medicines Service (NMS). The RP explained that the NMS had provided reassurance to people. Many people were overwhelmed after coming from the doctor's appointment with a new medicine and they were not able to fully discuss their concerns during their appointment. Conclusive outcomes included identifying side effects associated with certain medicines (such as statins and muscle pains) and confirming the medicine's indications. Some people had mistakenly thought their medicine was for another condition; they had subsequently not taken the medicine as prescribed until the pharmacist's intervention. The inspector also noted the positive rapport between people using the pharmacy's services and the pharmacy team, during the inspection.

The pharmacy provided a seasonal flu vaccination through an appointment-based system. The pharmacists had been appropriately trained on vaccination techniques and resuscitation in the event of an emergency. Suitable equipment was present such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. And the pharmacy's paperwork to verify this service was in order. This helped to ensure that the service was provided safely.

The team identified people prescribed higher-risk medicines. They asked details about relevant parameters, such as blood test results for people prescribed these medicines but after obtaining this information, no records were kept about this. Staff were aware of the risks associated with valproates. People were counselled accordingly, and educational material was available to provide upon supply.

The pharmacy provided compliance packs after people's needs had been assessed. This helped people to manage their medicines more effectively. The team ordered prescriptions on behalf of people. They

identified any changes that may have been made, maintained records to reflect this and queried details if required. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied. However, compliance packs were seen left unsealed overnight. Staff were also dispensing some medicines (such as Epilim and alendronic acid) inside compliance packs without removing them from their outer packaging. The team could justify the latter but there were no documented details to verify the safety of the situation. This was discussed at the time. People who required local deliveries had their medicines delivered to them, and the team kept records about this service. Failed deliveries were either brought back to the pharmacy or if medicines were left unattended or posted through the letterbox, this could be justified and the situation risk-assessed. Documenting details about this was advised at the time.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored within a retrieval system. Laminated cards were attached to identify fridge items, CDs, if pharmacist intervention was required, for higher-risk medicines and repeat dispensing. The latter also served as a reminder to prompt staff to ask relevant questions.

The pharmacy's stock was largely stored in an organised way. The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, Bestway, OTC Direct and Colorama to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were in the appropriate bins and designated containers for cytotoxic medicines. The latter were appropriately highlighted to ensure suitable disposal. A list to identify these medicines was seen in the SOPs. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And the team ensures they are used appropriately to protect people's private information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included current versions of reference sources, clean, standardised conical measures for liquid medicines, counting triangles, a legally compliant CD cabinet and appropriately operating fridges. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a manner that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

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.