

Registered pharmacy inspection report

Pharmacy Name: The Co-operative Pharmacy, 20 Parsonage Street,
DURSLEY, Gloucestershire, GL11 4EA

Pharmacy reference: 1031540

Type of pharmacy: Community

Date of inspection: 03/11/2020

Pharmacy context

This is a community pharmacy in the market town of Dursley, equidistant between the cities of Gloucester and Bristol. Most people who use the pharmacy are elderly. The pharmacy team members dispense prescriptions, sell over-the-counter medicines and give advice. They also supply several medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The inspection was carried out during the COVID-19 pandemic.

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's working practices are generally safe and effective. It has made changes to its written procedures as a result of COVID-19. And, physical measures are in place to reduce the risk of transmission of coronavirus. The pharmacy is appropriately insured to protect people if things go wrong. It keeps the required records. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people. But they don't always do enough to record and learn from their mistakes so they don't happen again.

Inspector's evidence

The pharmacy team members identified and managed most of the risks associated with providing its services. They had put several physical changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus (see under principle 5). The pharmacy had updated its standard operating procedures (SOPs) with changes relating to the pandemic. The pharmacy had also updated its business continuity plan to accommodate any potential issues relating to the current NHS 'test and trace' scheme. The team members knew that they needed to report any issues to their area manager and to the human resource department. But they were not sure of the details to ensure that there was no disruption in the supply of medicines to their patients if the pharmacy had to close. There was no close by pharmacy under the same ownership. The team members had completed occupational risk assessments relating to COVID-19. The assessment included any potentially vulnerable people in their households and also their mental health. A comprehensive risk assessment of the premises, relating to the disease, had also been done. The pharmacy team members were aware that they needed to report any COVID-19 positive test results.

The dispensary team members had not recorded near miss mistakes, that is, mistakes that were detected before they had left the premises, since August 2020. This coincided with the time that the regular pharmacist had left. Locum pharmacists had been employed from August 2020. A full-time NVQ2 qualified dispenser had completed an incident report about a recent strength error with memantine solution. But no specific actions had been put in place to reduce the risk of a similar error occurring again.

The dispensary was large, tidy and organised. There were two dedicated working areas. The front area was used mainly for acute prescriptions and regular repeats and the rear area, for multi-compartment compliance packs. The dispensary team members placed the prescriptions and their accompanying medicines into baskets. This reduced the risk of errors. They used different coloured baskets for different types of prescriptions. This allowed the checking pharmacist to prioritise his workload.

All the staff knew their roles and responsibilities. A medicine counter assistant trainee referred anything that he was uncertain of, to the pharmacist. The questions that the staff should ask people who requested to buy medicines were available on the till. All the team members knew that codeine-containing medicines should only be sold for three days use.

The pharmacy team were clear about their complaints procedure. They had received few complaints since the outbreak of the pandemic. Most people who used the pharmacy were supportive and grateful

for the hard work and dedication of the staff during this difficult time.

The pharmacy had current public liability and indemnity insurance. It kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. The pharmacy also had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

All the staff understood the importance of keeping people's private information safe. They stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The pharmacy's confidential wastepaper was collected for appropriate disposal. The pharmacy currently offered no face-to-face services but people could not be overheard or seen in the consultation room.

The pharmacy team understood safeguarding issues. The pharmacist, a locum, had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults. The pharmacy team members were not aware of the national 'safe space' initiative for victims of domestic violence. The inspector told them where to find this information.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy generally has enough staff to manage its workload safely. The pharmacy team members are flexible and do their best to cover holidays and sickness. And the company provides additional help when necessary. The team members are kept informed with updates and advice relating to COVID-19.

Inspector's evidence

The pharmacy's current staffing profile was: one pharmacist, one full-time NVQ2 qualified dispenser, one part-time NVQ2 qualified dispenser, one part-time medicine counter assistant (MCA), two part-time MCA trainees and one part-time delivery driver. The pharmacy had suffered with recent staff changes. The regular pharmacist left in July 2020 and since then, locum pharmacists had been employed. The pre-registration student had not been replaced. Several part-time dispensary staff had also recently left. Some additional help had been provided by the company, such as a NVQ3 technician who was working on the day of the visit. Locum dispensers were also sent to the branch. The full-time dispenser had asked for additional help every day but currently, the pharmacy had no dispensing locum help on Mondays. The part-time staff were flexible and tried to cover any unplanned absences. Planned leave was booked well in advance and only one member of the staff could be off at one time.

On 5 November 2020, the Superintendent Pharmacist gave assurances that adequate help would be given to the branch to ensure that it could deliver its services safely every day. Later that day, he sent an updated staffing rota. This showed that additional support would be sent to the branch every day starting on 6 November 2020. The additional members included both dispensers and pharmacists.

The staff worked well together as a team and the full-time dispenser had taken on general managerial duties. The staff had had annual appraisals up until recently. Having no manager, the staff currently had no formal staff meetings. The trainee MCAs had started work at the beginning of the year. But, because the pharmacy had no manager to mentor them, they received little help and support with their studies. Up until the regular pharmacist left at the end of July 2020, the staff had done regular on-going learning. However, since the outbreak of the pandemic, most of their learning was related to updates regarding coronavirus. These were provided by the company. The locum pharmacist seen documented all learning on his continuing professional development (CPD) record.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises looks professional and is suitable for the services it offers. It is clean, tidy and organised. The pharmacy is thoroughly cleaned to reduce the likelihood of transmission of coronavirus. It signposts its consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The premises presented a professional image. The dispensary was spacious, tidy and organised. There was a separate spacious area where the staff assembled and checked the multi-compartment compliance packs. The dispensing benches were uncluttered and the floors were clear. The premises were clean. As a result of COVID, the premises were cleaned three times a day. The hard surfaces were seen to be wiped over more frequently than this. The staff used alcohol gel or washed their hands after each interaction with people.

The consultation room was signposted. People could not be seen or overheard in the consultation room. The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius and it was well lit.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the services the pharmacy offers. It manages its services effectively to make sure that they are delivered safely. The team members make sure that people have the information they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources. It stores and disposes of them safely. The pharmacy makes sure that people only get medicines or devices that are safe.

Inspector's evidence

People could access the pharmacy and the consultation room. But the pharmacy was currently not offering any services in addition to the essential NHS services. The pharmacy team members could access an electronic translation application for any non-English speakers. They could print large labels for sight-impaired people.

The pharmacy was located in the market town of Dursley, equidistant between the cities of Gloucester and Bristol. Most of its prescriptions were electronically transferred from local surgeries and most were for local residents. The dispensary staff initialled the 'dispensed by' and 'checked by' boxes on the labels, so providing a clear audit trail of the dispensing process.

The pharmacy had no substance misuse clients. It did have several domiciliary people who had their medicines in compliance packs. These were assembled and checked in a spacious separate area. The dispensary team members placed all relevant information about these people in clearly named magazine racks. They recorded all changes in dose, new medicines and other information on dedicated sheets. The pharmacist referred to these when doing the final accuracy check. The assembled packs were stored tidily in the named magazine racks.

The dispensary team highlighted any prescriptions containing potential drug interactions, changes in dose or new drugs to the pharmacist. The pharmacist seen, a locum, routinely counselled people prescribed high-risk drugs such as warfarin and lithium and also those prescribed antibiotics or any changes. All pharmacy team members were aware of the pregnancy protection programme regarding sodium valproate. The pharmacy currently had no 'at risk' patients who were prescribed sodium valproate.

The pharmacy delivered several medicines to people. Because of the pandemic, the delivery driver did not currently ask people to sign for their medicines to indicate that they had received them safely. He knocked or rang the doorbell and left the medicines on the doorstep. The driver retreated and waited until the medicines had been taken safely inside. The driver annotated the delivery sheets accordingly.

The pharmacy got its medicines from reputable suppliers. Invoices for all these suppliers were available. The pharmacy had a scanner to check for falsified medicines as required by the Falsified Medicines Directive (FMD). It stored its CDs tidily in accordance with the regulations and access to the cabinet was appropriate. The pharmacy had several patient-returned CDs. These were clearly labelled and separated from usable stock. Appropriate CD destruction kits were on the premises. The pharmacy stored its fridge lines correctly and it had date checking procedures. The pharmacy team members were

accepting patient-returned medicines. These were placed in a bag by the person returning them. The bag was then quarantined before being placed in the dedicated waste bag. The staff member who accepted the returned medicines wore gloves and washed their hands after placing the bag in the quarantine area. The team members placed any medicines, considered hazardous for waste purposes, into a separate dedicated waste bin.

The pharmacy had procedures for dealing with concerns about medicines and medical devices. The pharmacy received drug alerts electronically. The team members had not printed off some recent alerts but they did record their actions electronically. The pharmacy had received an alert on 14 October 2020. It had none of the affected batches in stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose. The pharmacy has taken action to reduce the spread of coronavirus with changes to its flow of customers, a protective screen and protective equipment.

Inspector's evidence

As a result of the pandemic, the pharmacy had created a clearly marked one-way flow of people. It also had foot marks on the floor indicating where people should stand. And only two people were allowed into the pharmacy at one time. The pharmacy team members had erected a Perspex screen on the medicine counter. But this only covered half of the area. All the staff were wearing Type 2R fluid resistant face masks.

The pharmacy used British Standard crown-stamped conical measures. There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. The staff could access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and the staff took any sensitive calls out of earshot. The pharmacy had its confidential waste information collected for appropriate disposal.

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.