

# Registered pharmacy inspection report

**Pharmacy Name:** Copnor Pharmacy, 336 Copnor Road, Hilsea, PORTSMOUTH, Hampshire, PO3 5EL

**Pharmacy reference:** 1031789

**Type of pharmacy:** Community

**Date of inspection:** 25/05/2021

## Pharmacy context

This is an independently owned pharmacy on a main road between Hilsea and Copnor in Portsmouth. It dispenses people's prescriptions, sells over-the-counter medicines and gives healthcare advice. It dispenses some medicines in multi-compartment compliance packs for people who may have some difficulty managing their medicines. It also delivers them if people can't get to the pharmacy themselves. The pharmacy also offers the 'pharmacy collect' service where people can take a box of COVID-19 test kits away to use at home.

## 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 has up-to-date written instructions which tell its team members how to complete their tasks safely. It has also made suitable adjustments to those instructions to help prevent the spread of COVID-19. Members of its team are clear about their roles and responsibilities. They work to professional standards, identifying and generally managing risks effectively. The pharmacy has adequate insurance in place to help protect people if things do go wrong. The pharmacy manages and protects confidential information well, and it tells people how their private information will be used. Team members also understand how they can help to protect the welfare of vulnerable people. But the pharmacy does not adequately record some of its activities and the possible risks associated with them. This makes it harder for the pharmacy to show what it has done if a problem were to arise in the future.

### Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) in place to support all professional standards. They had been updated in April 2021, shortly before the inspection, and the next review was due in April 2023. The SOPs themselves were stored online but there was also a paper file with a signature sheet signed by all staff to show that they had read and understood the SOPs. The responsible pharmacist (RP) confirmed that individual risk assessments and a workplace risk assessment had been carried out, involving all members of staff. They had discussed their individual concerns and agreed upon a number of precautionary actions to help reduce the spread of the coronavirus. These risk assessments had not been documented but the RP was able to show what had been done. Most members of staff had received at least one dose of a COVID-19 vaccine. But they were not self-testing regularly, contrary to current advice for healthcare staff. All staff were wearing fluid resistant face masks to help minimise the risks associated with the virus. They changed their masks and washed their hands at frequent intervals. The RP was aware of his obligation to report any cases of COVID-19 suspected of having been contracted in the workplace to the appropriate authorities. There was a business continuity plan in place where the pharmacy had buddied up with another local pharmacy to maintain their services if either had to close due to the coronavirus or other unforeseen event. The RP and the owner of the other pharmacy had arranged to cover each other if either were unable to work.

There was a file for errors and near misses which were recorded as they occurred. The dispensing assistant explained how the RP or the accuracy checking technician (ACT) would discuss them with her and make sure everyone learned from them. But there were no records of any regular reviews of those near misses or errors which might help identify patterns or trends. Staff were aware of 'Look Alike Sound Alike' (LASA) drugs, which were highlighted by having a rubber band around the individual packs to draw attention to them.

Staff were able to describe what action they would take in the absence of the RP, and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The RP notice was correct but was partially hidden by a display stand. The electronic RP record showed a complete record of who had signed in at the beginning of each day. But on most days there was no record of what time the RP had signed out to show when their responsibilities had ended for the day. The RP explained that he stayed late most evenings to complete general administrative tasks and the electronic recording system would not allow

him to sign out after midnight. The pharmacy's workload had increased significantly during the pandemic, so the RP had prioritised tasks directly relating to patient care during the day, which meant that he could only complete his administration after the pharmacy had closed. The RP agreed that this was unsustainable in the longer term.

The pharmacy hadn't needed to complete a Community Pharmacy Patient Questionnaire (CPPQ) this year owing to the pandemic. The RP explained that he had been there many years and that people tended to let him know what they thought. There was a prominent notice detailing the pharmacy's complaints procedure, and practice leaflets were on display. There was also a valid certificate of professional indemnity and public liability insurance on display.

Private prescription records were kept electronically and those checked were seen to be complete and correct. The Controlled Drug (CD) registers were not available for inspection as the RP had taken them home in order to keep them up to date. He subsequently provided the inspector with photographs of sample pages (suitably anonymised) which were in order. Alterations were annotated with an asterisk and an explanation at the foot of the page. There was a folder for keeping records of unlicensed 'specials' which were complete and in order.

All staff were able to demonstrate an understanding of data protection and they had undertaken General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect people's confidentiality, for example not disclosing personal information over the phone. Completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite. Waste bins were positioned away from baskets of confidential waste in order to minimise the risk of it being accidentally placed or falling into them. There was no privacy notice on display for people to see but the RP agreed to contact one of the pharmacy support organisations to obtain a suitable template. The NHS Data Security and Protection (DSP) toolkit was not yet due for completion but the RP had everything prepared in readiness.

There were safeguarding procedures in place for both adults and children. And contact details of the local agencies were available in the dispensary. All registrants had been trained to level 2 in safeguarding, and other staff members had been trained to the equivalent of level 1 in accordance with Healthy Living Pharmacy (HLP) requirements.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its day-to-day workload safely. Most pharmacy team members are appropriately trained, and they all appear to work well together. They have a satisfactory understanding of their role and how they can help people with their medicines. They are suitably aware of the risks involved in selling some medicines and know when to involve the pharmacist. But the pharmacy does not currently have enough staff to effectively manage its general administration, although it has taken action to address this.

### Inspector's evidence

There were two dispensing assistants, one registered technician, one medicines counter assistant (MCA) and the RP on duty at the time of the inspection. The delivery driver also appeared briefly during the course of the inspection.

One of the dispensing assistants had completed an accredited NVQ2 training course and the other was not currently registered on any formal training course. When asked about this, the RP stated that she had joined in December 2020 and would be leaving in September to start an apprenticeship. He agreed to contact one of the pharmacy support organisations to identify some accredited training that would be appropriate for her current situation and covering the tasks she was undertaking. The MCA had completed her accredited training with a previous employer. The RP had also recruited a new member of staff who was due to start shortly. He confirmed that she would be registered on an accredited training course at the appropriate time. There were some certificates on display showing the training courses completed by staff members.

Staff were seen asking appropriate questions when responding to requests or selling medicines. The MCA was able to describe how she would minimise the risks involved when selling medicines liable to misuse. She confirmed that she would speak to the pharmacist if she had any concerns about individual requests. She also recognised when the same people made repeated requests and would refer them to the pharmacist.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and secure environment for people to receive its services. It has made suitable adjustments to its premises to help minimise the spread of COVID-19. And it has enough space for people to carry out their tasks safely and effectively.

### Inspector's evidence

The pharmacy's premises were modern and presented a professional image. The retail area appeared well organised with a clear layout. The dispensary had a number of separate workstations enabling the team to keep their distance from one another. But there were boxes of stock and other items cluttering up the floor which made it harder to maintain social distancing when moving around the dispensary. The dispensary sink was clean and equipped with hot and cold running water. There was a separate room to the rear of the dispensary for assembling multi-compartment compliance packs. The temperature in the pharmacy was maintained at a comfortable level by combined heaters and fans, and was suitable for the storage of medicines.

The pharmacy had put some measures in place to help minimise the risks associated with the virus. The pharmacy also limited the number of people in the pharmacy to six at a time. There was a perspex screen at the counter to help minimise the spread of the coronavirus, and the pharmacy's work surfaces were cleaned more frequently as a result of the pandemic. Red carpet tiles had been laid at two metre intervals and there was a sign at the entrance asking people to stand on the tiles to ensure they were a safe distance apart. Windows in the rooms at the rear were also left open whenever possible in order to improve ventilation. Sanitising hand gel was also available for people to use.

There was a consultation room available for confidential conversations, consultations and the provision of services. The door was kept closed when not in use, and there was no confidential material visible. The computer was password protected so that only authorised personnel could access it. There was a sink with hot and cold running water.

There was a second area to the rear of the dispensary, which was used as additional workspace, and was also where the delivery driver prepared his delivery round. There was also a small staffroom at the rear of the premises. Staff toilet facilities were clean and tidy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services which it generally delivers in a safe and effective manner. And people with a range of needs can easily access them. It sources, stores and manages its medicines safely. And it makes sure that all the medicines it supplies are fit for purpose, responding satisfactorily to drug alerts or product recalls. Its team members identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. But they don't keep adequate records of the advice they have given, or the safety checks they have made. This might make it harder for them to show what they had done if a problem arises later on. The pharmacy doesn't always give people enough of the written information they should have with their compliance packs. This may make it harder for them or their carers to understand everything they need to about their medicines.

### Inspector's evidence

The pharmacy offered a selection of services which were accessible to a wide range of people. There was step-free access through a single door directly from the street.

Controls were seen to be in place to reduce the risk of errors, such as using baskets to keep individual prescriptions separate. Owings tickets were in use when medicines could not be supplied in their entirety. Completed prescriptions awaiting collection were marked with either a CD sticker or a fridge sticker to indicate if there were other items to be included. Paper notes were also attached to the bags indicating if any further intervention was required when handing them out, such as additional counselling by the pharmacist. The date was also highlighted on CD prescriptions so that they would only be dispensed or handed out within the 28-day validity of the prescription. The prescription retrieval shelves were checked every two months and any old uncollected prescriptions were removed and the electronic tokens returned to the NHS spine. They could then be easily retrieved if the person came back later to collect their prescription.

Compliance packs were assembled in a separate designated room at the rear of the dispensary, away from distractions. There was a forward planner detailing a re-ordering and delivery schedule for the compliance packs. There was a record sheet for each person, detailing the medicines they were taking together with the dosage times and quantities. The dispensing assistant described how she would check people's summary care record (SCR) if any prescriptions she received differed from the record sheet, before proceeding further. Once she had verified the changes, she would print an updated record sheet to reflect the new prescription and then assemble the compliance pack. The compliance packs were labelled with product descriptions, but Patient Information Leaflets (PILs) weren't routinely provided with them. The dispensing assistant explained that they were always provided with new medicines. The pharmacy was dispensing compliance packs for significantly more people than previously noted, mainly due to the recent and unexpected closure of another pharmacy nearby.

There were delivery sheets which the delivery driver used to plan his route. The driver didn't ask people to sign for their delivery, and simply ticked each name once he'd witnessed them accepting it. He explained that they had stopped asking for signatures during the pandemic. The registered technician added that all CDs were checked again by a different person before they were given to the driver for delivery.

Staff were aware of the risks involved in dispensing valproates to women who could become pregnant. The registered technician confirmed that they did remind people in the at-risk group of the importance of using long-term contraception. She also explained how they ensured that their own dispensing labels didn't obscure the pre-printed warning labels on the manufacturers packaging. But they didn't record those interventions on the pharmacy's patient medication record (PMR) system. Both registrants present were reminded of the importance of routinely recording these interventions.

The pharmacy provided a substance misuse service where people took their medicine under the supervision of the pharmacist. The RP explained how the service operated and the records that were kept. Medicines were obtained from recognised licensed wholesalers including unlicensed specials. Fridge temperatures were recorded daily and seen to be within the correct temperature range. Pharmacy medicines were displayed behind the medicines counter to avoid unauthorised access or self-selection.

Unwanted medicines returned by people were screened to ensure that any CDs were appropriately recorded by the pharmacist, and that there were no sharps present. The MCA explained how she would signpost people to the local council if they had any sharps for disposal. There was a record of all returned CDs that had been destroyed within the pharmacy. The pharmacy received drug alerts and recalls, which were all kept online. The RP explained how they acted upon those relevant to them, and placed those in a separate folder on the computer showing the action(s) taken, together with the date and initials of the person completing it.

The pharmacy supplied people with lateral flow devices through the recently introduced 'Pharmacy Collect' service. This had proved to be very popular. There was also a locally commissioned minor ailment scheme and a pharmacy urgent repeat medicines (PURM) service. Although they had both been superseded by the national community pharmacy consultation service (CPCS), the locally commissioned services were still in use. Demand for these services tended to be highest on a Saturday or bank holiday weekend. The pharmacy had not yet received any referrals for the recently introduced discharge medication service (DMS).



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is generally kept suitably clean and properly maintained. It has also made some sensible additions to its equipment during the pandemic to help the team protect themselves and maintain their services to people. The pharmacy keeps people's private information safe.

### Inspector's evidence

The pharmacy's equipment and facilities were seen to be appropriate for the services provided. The pharmacy had a set of clean crown-stamped conical measures, and separate measures for methadone. There was also a separate counting triangle for cytotoxics such as methotrexate.

All computer screens were positioned so that they were not visible to the public and were password protected. NHS smartcards were in use, and individual passwords were not shared. There were up-to-date reference books available and the pharmacy had internet access.

The equipment used for checking people's cholesterol levels as part of the NHS health check service hadn't been recalibrated since the service was suspended at the beginning of the pandemic. The RP explained that if the service was restarted, then they would re-subscribe to the recalibration service. The blood pressure monitor was usually replaced every year, but upon questioning the RP couldn't say when it had last been replaced. Upon reflection the RP agreed to write the date on the underside when he replaced it.

Additional phone handsets had been purchased during the pandemic to help minimise the risks of cross-contamination with the coronavirus. The pharmacy had also installed a second line solely for use in contacting the local surgeries. This was because they had seen a significant increase in the number of people phoning the pharmacy during the pandemic.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.