

Registered pharmacy inspection report

Pharmacy Name: Copes Pharmacy, 570 Streatham High Road,
LONDON, SW16 3QQ

Pharmacy reference: 1041184

Type of pharmacy: Community

Date of inspection: 27/03/2024

Pharmacy context

This pharmacy is located within a parade of shops and serves a mixed local population. It dispenses NHS prescriptions and provides several services including Pharmacy First and the flu and Covid-19 vaccine services. It also provides medication in multi-compartment compliance packs to people who live in care homes and in their own homes.

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 adequately identifies and manages the risks associated with its services. It has written procedures that the pharmacy team generally follows, and it protects people's private information correctly. Team members respond appropriately when dispensing mistakes occur. The pharmacy generally keeps the records it needs to by law. But it does not always ensure that its keeps its responsible pharmacist record on the right record. This may make it harder to identify which pharmacist was responsible at a given time.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were last reviewed in 2022. But the SOPs had not been updated to reflect some changes which had happened at the pharmacy, for example, the introduction of a new dispensing system and error reporting process. Some members of the team had also not signed the relevant SOPs to confirm that they had read and understood them. The pharmacy manager, who was also a pharmacist, said that he would be reviewing all the SOPs and ensuring that all team members read the relevant procedures.

The pharmacy manager explained that risks associated with the dispensing service were reduced as a pharmacist always screened prescriptions before they were dispensed by another member of the team. The pharmacist then conducted a final check. The new dispensing software also helped reduce mistakes as medicines were scanned onto the system. Team members were alerted by the system if they had scanned the incorrect medicine. The pharmacy had recently started using an electronic log to record near misses, where a dispensing mistake was identified before the medicine was handed to a person. The pharmacy manager said that the record was reviewed every one to three months and any relevant information was verbally shared with the team. A procedure was in place for dealing with dispensing mistakes which had reached a person, or dispensing errors. The pharmacy had not had any dispensing mistakes recently.

The pharmacy had current indemnity insurance cover. An incorrect responsible pharmacist (RP) sign was displayed. It was changed during the inspection. The RP record was not maintained in line with legal requirements and was missing several entries, including 21 entries in January and 20 entries in February. It later appeared that the pharmacists had been signing into a HR system to clock in and out on the same software rather than the RP record section. The pharmacy manager said that he would ensure that the RP log was completed instead. Private prescription and emergency supply records were kept in order. Controlled drug (CD) registers were maintained in accordance with requirements. A random stock check of a CD did not agree with the recorded balance but this discrepancy was rectified during the inspection.

People were able to raise concerns or give feedback verbally. Some members of the team did not know if the pharmacy had a complaint procedure but said they would refer concerns to the pharmacist. The pharmacy manager said he would display the procedure clearly for the team and for members of the public.

Team members had been briefed about the importance of protecting people's confidentiality and had signed confidentiality agreements. Confidential waste was shredded. Computers were password

protected and smartcards were used to access the pharmacy's electronic records. Team members described signposting people to the consultation room for private conversations. A notice explaining how the pharmacy looked after and safeguarded people's information was displayed near the medicines counter.

Some members of the team had not completed the relevant safeguarding training and were not able describe the signs to look out for if they had a concern about a vulnerable person. The pharmacists had completed Level 3 training. The pharmacy manager said that he would be providing additional training on the subject to all members of the team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Pharmacy team members complete some limited training to keep their knowledge and skills up to date and this is outside of working hours. But the pharmacy does not always ensure that team members start relevant accredited training in a timely manner.

Inspector's evidence

During the inspection the pharmacy was staffed by a pharmacy manager, a regular locum pharmacist, a pharmacy student, two dispensers, and an assistant. The pharmacy was looking to employ new staff as two members of the team had recently left. Team members said they were able to manage their workload for the time being.

The assistant, who was covering the medicines counter had been working at the pharmacy for approximately two years. She was involved in selling Pharmacy-only medicines (P-medicines) but had not been enrolled onto the relevant training course. Following the inspection, the pharmacy manager sent confirmation of her enrolment onto a suitable course. She described asking several questions before selling P-medicines, and said she referred to the pharmacist if she was unsure. She knew products which were open to abuse and described how she would handle multiple requests for these.

Team members said they did some reading in their own time to help keep their skills and knowledge up to date. The assistant described researching about products online whilst one of the dispensers said she read Pharmacy Magazine. Performance was discussed informally. Team members said that they openly discussed any issues or concerns with the pharmacists. Targets were not set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And the pharmacy is kept secure from unauthorised access. The pharmacy could do more to keep all areas tidy and clear from unnecessary clutter.

Inspector's evidence

This was a spacious pharmacy which took up two shop floors. The retail area was clean and tidy and there was ample space for people waiting for services. There were three vaccine pods in the retail area, as well as a waiting area with several chairs separated by screens. The pharmacy also had two consultation rooms, one of which was being used to store vaccine supplies. Both rooms were relatively cluttered, and items were stored in a disorganised manner.

The dispensary was located at the back of the shop and was spacious with ample work and storage space. There were two additional storage rooms, one was used to assemble multicompartment compliance packs and the other was used to store excess stock. The dispensary, although spacious, was quite disorganised. There were several boxes on the floor and workbenches were cluttered.

There was a staff room with kitchenette and a toilet. Several bags of waste medicines were being stored inside the staff toilets. This may increase the risk of product diversion. The pharmacy manager said that he would review their storage arrangement. The pharmacy had adequate lighting, and the ambient temperature was suitable for storing medicines. The pharmacy was also reasonably clean and was secured from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages and delivers its services safely. And it helps people access them easily. It obtains its medicines from recognised suppliers. And it mostly stores and manages its medicines as it should. But it does not always action medicine alerts in a timely manner. Additionally, the pharmacy does not routinely highlight prescriptions for higher-risk medicines, so it may be missing out on opportunities to provide additional counselling information.

Inspector's evidence

Access into the pharmacy was step-free and via an automatic door. The retail area was spacious and open, and this assisted people with restricted mobility or using wheelchairs. Some team members were multilingual and translated for people when needed. They described signposting people to services, as well as other healthcare providers. The pharmacy had several posters promoting services and providing advice displayed throughout the premises.

Dispensing audit trails were maintained to help identify who was involved in dispensing and checking a prescription. Baskets were used throughout the dispensing process to help prevent the mixing of people's prescriptions.

Team members were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group and said they would dispense this medicine in its original pack. The pharmacy manager described making additional checks when dispensing other higher-risk medicines, such as methotrexate and warfarin, and providing additional advice about the signs of toxicity associated with these medicines. But the pharmacy was not routinely highlighting prescriptions for these medicines, which may mean that they are handed out without pharmacist intervention. Additional checks, for example, for INR levels, were not recorded for reference.

The multi-compartment compliance pack service was well managed. Prescriptions were ordered and managed by one of the dispensers. There were clear audit trails for the service to help keep track of when people were due their packs and when their prescriptions were ordered. Once prescriptions were received, they were screened by one of the pharmacists. Prepared packs observed were labelled with product descriptions and patient information leaflets were seen to be supplied.

The pharmacy had recently started the new NHS Pharmacy First service and was providing treatment for all seven pathways. The pharmacists had completed the relevant training and had access to the Patient Group Directions. The pharmacy manager explained that people who had accessed the service so far had not been eligible for antibiotics, but he had provided them with advice on over-the-counter remedies. He had also signposted some people back to their GPs. The pharmacy team had access to flowcharts which enabled them to follow the protocol without difficulty.

The pharmacy would be restarting the Covid-19 vaccine service in April 2024. People were able to book their slot online. The service was mainly managed by nurses who screened people and administered the vaccine. The vaccines were prepared in one of the three cubicles available in the retail area. Each cubicle was fitted with a workstation as well as curtains for privacy. There were disinfectant wipes and hand-sanitising gel available in each cubicle. People were asked to complete a medical questionnaire,

and those with a history of allergies were asked to wait at the pharmacy for longer. The pharmacy had one in-date adrenaline pen and another which had expired over one year ago. The pharmacy manager said that he would dispose of the expired pen and ensure that additional in-date pens were kept once the service restarted.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. Medicines were not always stored in an organised manner on the shelves which may increase the likelihood of picking errors. Medicines removed from their original packing and stored in amber medicine bottles were not always labelled with their batch number and expiry date. These were disposed of during the inspection. The pharmacy team said that they checked the expiry dates of medicines at regular intervals but did not keep a record. Fridge temperatures were checked and documented daily. The pharmacy received drug alerts and recalls electronically, but there were ten alerts which had not been actioned, some of which had been issued in January 2024. The pharmacy manager said that he would action these and ensure that future alerts were actioned in a timely manner. Waste medicine was stored in appropriate bags, but these were kept in the staff toilet.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had several glass measures, with some used to measure certain liquids only. There was liquid residue in some measures. Team members said they would clean the measures after every use. There were clean tablet counting triangles. There were four pharmaceutical fridges, and these were clean and suitable for the storage of medicines. Waste medicine bins, destruction kits, and sharps bins were used to dispose of waste medicines, CDs and needles respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.