

Registered pharmacy inspection report

Pharmacy Name: Cooks Pharmacy, 6 Replingham Road, Southfields,
LONDON, SW18 5LS

Pharmacy reference: 1041225

Type of pharmacy: Community

Date of inspection: 11/07/2019

Pharmacy context

A community pharmacy set in a parade of shops near an underground station in Southfields. The pharmacy opens six days a week and it dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines and it provides multi-compartment compliance aids to help people take their medicines. And it delivers medicines to people who can't attend its premises in person.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.2	Standard not met	Some members of the pharmacy team carry out tasks they aren't appropriately trained to do.
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 monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. And it keeps all the records it needs to by law. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. And they keep people's private information safe. The pharmacy team logs, reviews and learns from the mistakes it makes. And it understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read and sign the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's staff discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they separated and highlighted look alike and sound alike drugs to help reduce the risks of them picking the wrong product from the dispensary shelves.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help; for example, a member of the pharmacy team explained that repeated requests for the same or similar products were referred to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of last year's patient satisfaction survey and some people's feedback were published online. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through Numark. The pharmacy's controlled drug (CD) register, its emergency supply records, its RP records and its 'specials' records were adequately maintained. The CD register's running balance was checked regularly as required by the pharmacy's SOPs. The details of the prescriber were sometimes incorrectly recorded within the pharmacy's private prescription records.

An information governance policy was in place which staff were required to read and sign. A notice was displayed next to the pharmacy's counter to tell people how their personal data was used and kept. Arrangements were in place for confidential waste to be collected and sent to a centralised point for secure destruction. The pharmacy stored its prescriptions in such a way to prevent people's names and addresses being visible to the public.

Safeguarding procedures were in place and key contacts for safeguarding concerns were available. The RP had completed level 2 safeguarding training. And staff could explain what to do or who they would

make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough staff to deliver its services safely. And it encourages its team to provide feedback and keep its knowledge up to date. But some team members carry out tasks they aren't appropriately trained to do. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 56½ hours a week and it dispensed about 5,000 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time pharmacy technician, a full-time medicines counter assistant (MCA), a part-time MCA, a part-time counter assistant and a part-time delivery driver. The pharmacy was reliant upon its team, locum pharmacists and staff from nearby branches to cover absences. The RP managed the pharmacy.

The counter assistant has worked at the pharmacy for over a year. And she undertook the duties of an MCA. But she hasn't completed nor was she undertaking accredited training in line with the GPhC's policy on minimum training requirements. The remainder of the pharmacy's team members have completed accredited training relevant to their roles.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. The MCA described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant, elderly people or people with long-term health conditions.

Staff performance and development needs were discussed informally throughout the year. Members of the pharmacy team could ask the pharmacist questions, familiarise themselves with new products and complete training from third-party companies to keep their knowledge up to date. They sometimes got time to train while they were at work when the pharmacy wasn't busy. But they tended to complete training in their own time.

Team meetings and one-to-one discussions were used to update staff and to share learning from mistakes and concerns. The pharmacy's team members felt comfortable in making suggestions about the pharmacy. And they knew how to raise a concern with the persons named in the pharmacy's whistleblowing policy if they had one. Staff feedback led to the company obtaining a 'wet floor' sign for the pharmacy.

The pharmacy's team members occasionally felt under pressure to cope with the workload and complete all the tasks they were expected to do. But they didn't feel their professional judgement or patient safety were affected by targets. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was bright, clean and adequately presented. It had the workbench and storage space it needed for its current workload. A few ceiling tiles in its dispensary needed to be replaced. These had been damaged by a leak from a property above. But the leak has been fixed. The pharmacy team was responsible for keeping the premises clean and tidy.

The pharmacy's air-conditioning system wasn't working at the time of the inspection. But it was scheduled to be fixed. The pharmacy team monitored the temperature of the pharmacy and took steps, such as opening doors, when the pharmacy became hot.

A consultation room was available if people needed to speak to a team member in private. And it was locked when not in use to make sure its contents were kept secure. The pharmacy's sinks were clean. And there was a supply of hot and cold water at the premises. Antibacterial hand wash was also available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It provides services that people can access easily. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. And it gets its medicines from reputable sources and it usually stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. They generally dispose of people's waste medicines safely too. But they could do more to make sure people have all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy had an automated door and its entrance was level with the outside pavement. The pharmacy's services were advertised in-store. And staff knew what services the pharmacy offered and where to signpost people to if a service couldn't be provided.

The pharmacy provided a delivery service to people who couldn't attend its premises in person. An audit trail was maintained for each delivery and people were asked to sign a delivery record to say they had received their medicines. The pharmacy offered a winter flu vaccination service. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy provided about 30 MURs and five NMS consultations a month. People provided their written consent when recruited for these.

The pharmacy had been commissioned to provide emergency hormonal contraception (EHC) via a patient group direction (PGD). The PGD was up to date and could be provided by a suitably qualified pharmacist. But the pharmacy team didn't have access to a copy of the signed PGD at the time of the inspection.

The pharmacy used disposable and tamper-evident multi-compartment compliance aids for its compliance aid dispensing service. The compliance aids were assembled off-site at the company's automated compliance aid hub pharmacy in Maidstone. People were told that their compliance aids may be assembled at a different pharmacy. And they were asked for their consent for this service to be provided. A dispensing audit trail was maintained for the person who checked the compliance aid at the hub pharmacy. A brief description of each medicine contained within the compliance aids was provided. But cautionary and advisory warnings about the medicines weren't printed on the labels or backing sheets. And the hub pharmacy didn't routinely provide patient information leaflets with the compliance aids it sent to the pharmacy. So, people didn't always have the information they needed to take their medicines safely.

Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare, B&S, Bestway Medhub,

Phoenix, Sigma and Strathclyde Pharmaceuticals Ltd., to obtain its medicines and medical devices. It stored its stock, which needed to be refrigerated, appropriately between 2 and 8 degrees Celsius. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. But a few split packs were found to contain stock from different batches and manufacturers. Pharmaceutical stock was subject to date checks, which were documented, and stock nearing its expiry date was appropriately marked.

The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock. But out-of-date CDs have been allowed to accumulate and needed to be destroyed in the presence of an authorised witness.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't verifying nor decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment and computer software to do so. The pharmacy's SOPs had been reviewed to reflect the changes FMD would bring to the pharmacy's processes. The pharmacy team didn't know when the pharmacy would become FMD compliant.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was emptied into a plastic tray and was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Suitable pharmaceutical waste receptacles were available and in use. But some hazardous waste, namely ciclosporin capsules, was found in a receptacle intended for non-hazardous waste.

A process was in place for dealing with recalls and concerns about medicines and medical devices. Drug and device alerts were retained and annotated with the actions taken following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to Numark's information department. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too.

The pharmacy provided blood pressure checks on request. And its blood pressure monitor was replaced annually. A medical refrigerator was used to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked regularly and recorded.

Access to the pharmacy's computers and its patient medication record system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.