

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: 23/01/2020

Pharmacy context

A community pharmacy set amongst some retail shops near an underground station in Southfields. The pharmacy opens six days a week. And most people who use it live, or work, close by. The pharmacy sells a range of over-the-counter medicines, and a small range of health and beauty products. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. It also offers winter influenza (flu) vaccinations and a substance misuse treatment service.

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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. They review the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they generally keep people's private information safe.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these were reviewed regularly. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. And they initialled each dispensing label. Assembled prescriptions weren't handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed individual learning points when they identified a mistake. And they reviewed their mistakes and took actions to try and stop them happening again. For example, they separated a few look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products 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 were available online. The pharmacy's practice leaflet and at notice at the counter told people how they could provide feedback about the pharmacy. The pharmacy team asked people for their views. People's feedback led to the pharmacy trying to keep people's preferred makes of prescription-medicines in stock.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through Numark. The controlled drug (CD) register, emergency supply records, RP records and the records for the supplies of unlicensed medicinal products were generally kept in order. And the CD register's running balance was checked regularly. The prescriber's details were sometimes incomplete in the private prescription records.

The pharmacy gave information governance assurances to the NHS each year using an online data security and protection toolkit. It had an information governance policy which its team needed to read and sign. It also



displayed a notice at its counter that told people how their personal information was used and kept. The pharmacy had arrangements for confidential waste to be collected and sent to a centralised point for secure destruction. Its team stored prescriptions in such a way to prevent people's details being visible to the public. But people's details weren't always removed or obliterated before patient-returned waste was disposed of. The pharmacy had safeguarding procedures in place. And a list of key contacts for safeguarding concerns were available too. Members of the pharmacy team 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 met

Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team keep their skills and knowledge up to date. So, they can deliver safe and effective care. But they don't always have time set aside so they can train while they're at work. They use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They 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. It dispensed about 4,500 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a part-time trainee dispensing assistant, a full-time medicines counter assistant, a full-time assistant and a part-time delivery driver. The RP, the assistant, the MCA and the trainee dispensing assistant were working at the time of the inspection. The pharmacy was managed by the RP. It relied upon its team or staff from nearby branches and, sometimes, locum pharmacists to cover absences. Members of the pharmacy team occasionally worked outside of their normal working hours to help manage the pharmacy's workload particularly when their colleagues were away. But they supported each other so prescriptions were processed safely. And people were served promptly. The assistant started at the pharmacy about a month ago. And she worked in the dispensary and at the counter. She had received some induction training. And was scheduled to be enrolled upon accredited training relevant to her role after completing a probationary period. The MCA had completed accredited training. And the trainee dispensing assistant was undertaking accredited training too. The team members were encouraged to ask questions and familiarise themselves with new products. They also tried to complete supplementary training to make sure their knowledge was up to date. But they tended to train in their own time as they were often busy managing the pharmacy's workload or helping people when at work.

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. A member of staff 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 or breastfeeding, elderly people or people with long-term health conditions. The pharmacy's team members needed to undertake accredited training relevant to their roles after completing a probationary period. The pharmacy's team members discussed their performance and development needs with their line manager throughout the year. One-to-one discussions or informal meetings were held to update them and share learning from mistakes or concerns.

Members of the pharmacy team occasionally felt under pressure to complete all the tasks they were expected to do. And they felt that the pharmacy's targets could be challenging at times. But they didn't feel their professional judgement or patient safety were affected by these. Medicines Use Reviews and New Medicine Service consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate



to do so and when the workload allowed. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. The pharmacy had a whistleblowing policy in place. And staff knew who they should raise a concern with if they had one. The team's feedback led to changes to the way empty crates and boxes were stored within the pharmacy.



Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy has a room where people can have private conversations with members of the pharmacy team. And it provides an adequate and clean 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. The pharmacy's air-conditioning system wasn't working at the time of the inspection. But the pharmacy team didn't know when this would be fixed. So, it monitored the temperature of the pharmacy. And it had obtained some portable heaters to make sure the premises were warm in the winter. The superintendent pharmacist gave an assurance that a portable air-conditioner would be provided to keep the premises cool when the weather was hot. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. The consultation room was locked when it wasn't being use. So, its contents were kept secure. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. The pharmacy 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. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team generally dispose of people's waste medicines properly. They mostly carry out the checks they need to. And they respond well to drug alerts or product recalls. So, people get medicines or devices which are safe.

Inspector's evidence

The pharmacy had an automated door. And its entrance was almost level with the outside pavement. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy's services were advertised in-store and were included in its practice leaflet. Staff knew where to signpost people to if a service wasn't provided. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines safely. The pharmacy was commissioned to supply the morning after pill for free. The patient group direction (PGD) for this service was up to date and could be provided by a suitably qualified pharmacist. But the pharmacy didn't have access to a signed copy of the PGD.

The pharmacy provided a winter flu vaccination service. It had valid, and up-to-date, PGDs and appropriate anaphylaxis resources in place for this service. It kept a record for each flu vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy team made sure the sharps bin was kept secure when not in use. 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's dispensing workflow was carefully managed to reduce the chances of staff making mistakes. The pharmacy team explained that compliance packs were assembled off-site at a centralised dispensary. But only when people agreed to this happening first. This had freed up members of the pharmacy team. So, they could spend more time talking to people about their medicines and prioritising the assembly of urgent prescriptions during peak times. The centralised dispensary used disposable and tamper-evident compliance packs. And it checked whether a medicine was suitable to be repackaged. A dispensing audit trail was maintained for the person who checked each compliance pack. A brief description of each medicine contained within the packs was provided. But cautionary and advisory warnings about the medicines contained within the compliance packs weren't included on the backing sheets. And patient information leaflets weren't routinely provided. So, people didn't always have all the information they needed to make sure they took their medicines safely. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. Prescriptions were highlighted to alert staff when these items needed to be added or if extra counselling was required. 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.



The pharmacy had some valproate educational materials available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. It also kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks, which were documented, and short-dated products were 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. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. But out-of-date CDs have been allowed to build up and needed to be destroyed in the presence of an authorised witness. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. And the pharmacy's SOPs had been revised to reflect the changes FMD would bring to the pharmacy's processes. But the team members weren't decommissioning stock at the time of the inspection. And they didn't know when the pharmacy would become FMD compliant. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had a pharmaceutical waste bin. But it didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure its equipment is kept clean.

Inspector's evidence

The pharmacy had a range of glass measures. It had equipment for counting loose tablets and capsules too. And staff made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact Numark to ask for information and guidance. The pharmacy provided blood pressure (BP) checks on request. And the BP monitor was replaced last year. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

What do the summary findings for each principle mean?

✓ 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.