

Registered pharmacy inspection report

Pharmacy Name: Gosport Community Pharmacy, Jacana Court,
Mumby Road, GOSPORT, Hampshire, PO12 1AE

Pharmacy reference: 1091371

Type of pharmacy: Community

Date of inspection: 03/11/2021

Pharmacy context

The pharmacy is on a main road running through Gosport. It is next to a medical centre. And it has a range of housing close-by. The pharmacy provides a range of services including dispensing prescriptions for people at home and for the residents of residential and care homes. It has a small range of over-the counter medicines and other pharmacy related products for sale. And it provides a range of other services including a flu vaccination service. The pharmacy had been taken into new ownership approximately 15 months previously.

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	2.1	Standard not met	The pharmacy does not have enough team members with the right skills and training to deliver services safely and effectively.
		2.2	Standard not met	There are not enough team members with the right skills and training to ensure that team members in training are adequately supported to deliver services safely and effectively. And to ensure that they can deliver services according to the pharmacy's standardised procedures.
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 team has adapted its working practices suitably to minimise risks to people's safety during the COVID-19 pandemic. And it knows how to protect the safety of vulnerable people. The pharmacy protects people's private information. And it keeps the records it needs to. In general, the pharmacy has adequate procedures to identify the risks associated with its day-to-day services. But is not thorough enough in identifying what the team should do to learn and improve. And while the pharmacy has written procedures in place to help ensure that its team members work safely, not all team members have read those procedures relevant to their roles.

Inspector's evidence

The pharmacy's main service was dispensing prescriptions. And it delivered them to people who were unable to collect them. It also dispensed a significant number of medicines in multi-compartment compliance packs. In general, team members in the dispensary worked at separate workstations. But the workflow generally made it difficult for team members to remain socially distanced. The team had a regular cleaning routine and wore personal protective equipment in the form of gloves and masks. And the pharmacy had placed hand sanitiser at different locations in the pharmacy for people and the team to use.

The pharmacy recorded its mistakes and reviewed them monthly. But its records did not contain much detail. The responsible pharmacist (RP) agreed that records should identify what could be done differently next time to prevent mistakes and promote continued improvement. He agreed that it was important to learn as much as possible from mistakes to help prevent them from happening again. Particularly when the team as a whole was quite inexperienced with most team members in training. The pharmacy had a set of standard operating procedures (SOPs) to follow but not all team members had read them. Trainee staff on the counter had yet to read the SOPs. The pharmacy had two work experience students helping out in the pharmacy, serving on the counter and assisting in the dispensary, but they had not read any SOPs or completed any training. The RP supervised their activities in the dispensary. And had briefed them on the questions to ask when selling a medicine or handing out a prescription. But when there was no-one available to refer to, they did not always consult the pharmacist or an appropriately trained and qualified colleague before doing so. Regular support staff appeared to understand their roles and responsibilities and were seen consulting the RP when they needed his advice and expertise. The RP had placed his RP notice on display showing his name and registration number as required by law.

People could give feedback on the quality of the pharmacy's services. The pharmacy had a complaints procedure. In general, the team sought feedback from conversations with people. The pharmacy team could provide people with details of where they should register a complaint if they needed to. And if necessary, they could also obtain details of the local NHS complaints advocacy service and the Patient Advice and Liaison service (PALS) online. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers. It had professional indemnity and public liability insurance in place until 31 July 2022. It is understood that when this date is reached the pharmacy will renew its insurance arrangements for the following year. The pharmacy kept its essential records in the way it was meant to, including controlled drug registers, private prescription records and emergency supplies and the RP record.

The pharmacy's team members understood the need to protect people's confidentiality. Confidential paper waste was discarded into separate waste bins. And it was collected regularly for confidential destruction by a licensed waste contractor. People's personal information including their prescription details were kept out of public view. The RP had completed appropriate safeguarding training. Other team members had been briefed. And they knew to report any concerns to the RP. The team could access details for the relevant safeguarding authorities online..

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough trained and qualified team members to deliver its services effectively. There are not enough team members with the right skills and training to support their colleagues to deliver services safely. The pharmacy does not do enough to respond to feedback from all of its team members, so that it can improve the quality of the pharmacy's services.

Inspector's evidence

The pharmacy had experienced a significant change to its team since the pharmacy was taken into new ownership. Since August 2020 the pharmacy had employed eight new members of staff and two new delivery drivers. The RP was also the superintendent pharmacist (SP). The RP worked at the pharmacy regularly. And had regular locums to cover shifts at the weekend and when needed during the week. At the time of the inspection the RP was working alongside two trainee dispensing assistants and two trainee medicines counter assistants (MCAs) who were both relatively new to the team. A qualified dispenser arrived to begin her shift during the inspection.

One of the trainee MCAs had worked at the pharmacy for approximately six weeks. And the other had worked three shifts only so far. One of the trainee dispensing assistants had worked there for approximately one year and had completed his MCA training two months previously. He had not yet been enrolled on the dispensing assistant's course but was working in the dispensary. His colleague, the second trainee dispensing assistant retrieved her training records which showed that she had completed several of the initial training modules. The trainee's first language was not English. And while the RP and the trainee could communicate in their first language, the trainee was not able to communicate verbally or engage with the other team members routinely. But she could read and understand English and was learning to speak it. The RP agreed that communication was a key part of ensuring effective teamwork and the smooth running of the pharmacy and agreed that he would support the trainee to improve her knowledge of English. And gain effective communication skills.

The two work experience students helped to serve on the counter and assist with some dispensary tasks. One of the students had been asked to remove patient labels from previously dispensed medicines which had not been collected. The RP had explained to her what she should do and had checked the medicines taken off the shelves. She had not had any training on patient confidentiality, but she appeared to understand that she should not discuss people's private information outside of the pharmacy. The second work experience student was working on the counter and while she too appeared to understand the basics of patient confidentiality, she had not had any formal training.

The trainee MCA of six weeks had begun to read the SOPs. And had read some of those relevant to the tasks she was undertaking on the counter. She knew to ask for support when she needed it, and one of the trainee dispensers, was seen helping from time to time. The newest trainee MCA was also serving on the counter. She knew which questions to ask people when they were buying medicines, but she had not yet read any SOPs or started any formal training. All the other team members on the counter had very little experience. And dispensing staff were very busy attending to their own tasks and were not always available to support staff on the counter. And so, until the qualified dispenser arrived, the RP had six members of staff in training or on work experience to supervise. The inspector and RP discussed the importance of ensuring that team members only undertook tasks they were trained for. The RP

accepted that the whole team would benefit from having time at work to complete some essential training. And to ensure a sound understanding of the pharmacy's procedures.

The pharmacy was busy at the time of the inspection. And while team members felt they could discuss their concerns with the RP it wasn't clear that their concerns were taken into consideration and responded to satisfactorily.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. They are generally organised. And they are sufficiently clean and secure.

Inspector's evidence

The pharmacy was next door to a medical centre and had parking outside. It was on a raised level and it had a ramp for access. Access into the pharmacy was step free. And the pharmacy would open the door open to make it easier for wheelchair users to get into the pharmacy and manoeuvre the right turn into the retail space. The pharmacy's retail area was big enough to accommodate the two chairs it had set out for people waiting. The retail area was generally free from clutter. And it had space to accommodate the limited range of medicines and pharmacy related products it had for sale. The pharmacy had a consultation room to the side of the counter which the pharmacist was seen using for the flu vaccination service. And it had two small rooms next to the dispensary where compliance packs were dispensed and stored. This meant that team members could work there relatively undisturbed. One of the rooms was also used as a staff tea-room and it had staff toilet facilities close-by.

The pharmacy had pull-out tape barrier which it could use to prevent unauthorised access into the dispensary. The dispensary had separate areas for dispensing and accuracy checking. And it had full-height middle island with a dispensing surface and shelves for stock. The pharmacy also had further shelving around the dispensary walls and storage underneath its dispensing surfaces. The team cleaned the pharmacy regularly to ensure that contact surfaces were clean. And stock on shelves was stored tidily. But floors and some work surfaces were cluttered. The RP agreed that the pharmacy as a whole should be kept tidy and free of clutter. At the time of the inspection room temperatures were appropriate to keep staff comfortable and were suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides generally provides its services safely. And makes them adequately accessible for people. The pharmacy team gets its medicines and medical devices from appropriate sources. Team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. The pharmacy generally stores its medicines properly. But it does not do enough to ensure that all medicines are supplied with the information which will help them take their medicines properly.

Inspector's evidence

The pharmacy advertised its opening times and its range of services on its door and windows. And its website also gave its times of opening and a description of its services. The pharmacy had an extended hours service, opening from 8am until 10pm Monday to Friday and 8am to 11pm on Saturday and Sunday. And it had a delivery service for people who found it difficult to visit the pharmacy. It could also order people's repeat prescriptions for them. It delivered prescriptions to people in the local area and to people in care homes. The pharmacy team generally used baskets to hold individual prescriptions and medicines during dispensing. It did this to keep prescriptions and their corresponding medicines together.

The pharmacy provided multi-compartment compliance packs for people living at home who needed them. And for people living in care home and nursing home environments. Compliance packs were supplied with patient information leaflets (PILs) for new medicines and generally with regular repeat medicines. But the labelling directions on compliance packs did not give the required advisory information to help people take their medicines properly. And although they had been labelled with a description of each medicine, including colour and shape, to help people to identify them, several packs gave an incorrect description of the contents.

The RP gave people advice on a range of matters. And the pharmacy had additional leaflets and information booklets on a range of medicines including sodium valproate. But it was not clear if valproate warning cards were always issued to people as the pharmacist was unsure if the pharmacy had any people in the at-risk groups taking them. Team members were also unsure if every member of the dispensing team was aware of the need to supply them or the need to supply other warning cards such as for anticoagulants, insulin and steroids. The pharmacy had a small number of people taking sodium valproate medicines.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team generally stored its medicines, appropriately and in their original containers. Stock on the shelves was generally tidy and organised. The pharmacy team date-checked the pharmacy's stocks regularly. And they kept records to help them manage the process effectively. A random sample of stock checked by the inspector was in date. In general, short-dated stock was identified and highlighted. And the team put its out-of-date and patient returned medicines into dedicated waste containers. The team stored items in a CD cabinet and fridge as appropriate. But a CD cabinet was not properly bolted into place, so the RP agreed to have this rectified. The pharmacy monitored its fridge temperatures to ensure that the medication inside was kept within the correct temperature range. The pharmacy responded promptly to drug recalls and safety alerts. The team had not had any stock

affected by recent recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. Team members had access to a range of up-to-date reference sources. And they had access to PPE, in the form of sanitiser, face masks and gloves, which were appropriate for use in pharmacies. The pharmacy had several computer terminals which had been placed at individual work- stations around the pharmacy. Computers were password protected. And team members understood that they had to use their own smart cards when working on PMRs, so that they could maintain an accurate audit trail and ensure that access to patient records was appropriate and secure.

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.