

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: 16/03/2022

Pharmacy context

This is a community pharmacy located next to a medical centre on a main road in Gosport, Hampshire. The pharmacy dispenses NHS and private prescriptions, sells a small range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for care homes and those who may have difficulty managing their medicines at home. They also provide flu vaccines and a local delivery 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 adequately identifies and manages its risks. The pharmacy has written procedures in place to help ensure that its team members work safely. Team members record incidents in a satisfactory manner and make the necessary changes to try and stop them from happening again. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. It mostly keeps people's private information safe and team members know how to protect the safety of vulnerable people.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensing tasks. The team members had signed to say they had read the SOPs relevant to their roles. However, the staff signatures were not dated to show when the SOP had been read. Staff roles and responsibilities were described in the SOPs and they were reviewed every two years with the next review due in 2023. The members of staff appeared to understand their roles and responsibilities.

A near miss record was available in the dispensary and was seen to be used by the team. The dispenser explained that the near misses would be discussed verbally with each team member, highlighting their own errors and changes they could make. However, not much detail was documented about each mistake in the near miss record. The team would review all the mistakes at the end of each month and create an action plan of things they were going to change to try and prevent similar incidents from occurring again. To prevent mistakes between items which looked similar and had similar sounding names, the team places 'LASA' (Look Alike, Sound Alike) labels on the shelves where these items were kept.

There was a workflow in the pharmacy where labelling, dispensing, checking was carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in a dedicated room in the pharmacy to reduce distractions. The team had a regular cleaning routine, and most team members wore personal protective equipment in the form of masks. The pharmacy had placed hand sanitiser at different locations in the pharmacy for people to use.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint, and they knew where to direct people if they wanted to make a formal complaint. The team kept records of all the complaints they received and any follow up action they had taken. Team members explained that patient demand had increased a lot recently and they were working hard to ensure that they could meet expectations despite the problems caused by the COVID-19 pandemic. A certificate of public liability and indemnity insurance from the NPA was available.

A sample of some controlled drugs (CDs) was checked for balance accuracy against the CD register and was seen to be correct. The balance check was carried out weekly and records of this were complete. The responsible pharmacist (RP) had placed his RP notice on display showing his name and registration number as required by law. The RP record was held electronically. The maximum and minimum fridge temperatures were recorded electronically daily and were within in the correct range. The electronic

private prescription records were completed appropriately. The specials records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and later shredded. However, during the inspection, some patient information from patient returned medicines was visible and easily accessible from the medicines counter. Those risks were highlighted during the inspection and the team made appropriate changes. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the dispensers had completed a safeguarding training module from their training provider. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had the contact and signposting information in the dispensary should the team suspect a safeguarding incident. The information also included a flow chart to help the team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. And its team members complete appropriate training to allow them to deliver the services safely. They have the confidence to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback.

Inspector's evidence

During the inspection, there was one pharmacist who was the superintendent, two NVQ Level 2 dispensers, one of whom had recently qualified, one work experience member of staff who worked part time and a delivery driver. The staff were seen to be working well together and supporting one another.

One of the dispensers was due to start the NVQ Level 3 course with the expectation to become a registered technician. The member of staff who was doing work experience was studying at college part time and spent 3 hours a week in the pharmacy learning how to complete different dispensary tasks. The dispenser explained that she was assisting him with his learning. However, he was not on a formal training programme. The necessity of an accredited training program was highlighted during the inspection

There was a whistleblowing policy in place which all the members of staff had signed to say they read and understood. There were no targets in place, and the team explained they would never compromise their professional judgement for financial gain.

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. But the pharmacy team could do more to keep the medicines stored in a tidier manner. This may help ensure they don't pick the wrong medicines by mistake.

Inspector's evidence

The pharmacy was next door to a medical centre and there were a few public car parks close by. It was on a raised level and it had a ramp for access. Access into the pharmacy was step free. The team members explained that they would open the door if they noticed someone who required help getting into the pharmacy. The retail area was set out with a one-way system to assist with social distancing and there were two chairs inside for people who were 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. However, there were tote boxes of pharmacy only (P) medicines and patient-returned medicines with labels still on them on the side of the medicines counter which could be easily seen by the public. When asked about the medicines, the dispenser explained that they were working with the doctor's surgery next door and collecting them to ship to the Ukraine in light of the current war. The inspector advised the pharmacy team to consider the guidance published in March 2022 by the Guild of Healthcare Pharmacists about sending medicines abroad.

The pharmacy had a consultation room to the side of the counter which was used for some services. It also had two small rooms next to the dispensary where multi-compartment compliance aids were prepared and stored. This meant that the team could work there with reduced distractions. The other room was used for storage and staff tea-room.

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 shelving around the dispensary walls and storage underneath its dispensing surfaces. The team cleaned the pharmacy regularly, but stock on the shelves was not always stored in a tidy manner and some work surfaces were cluttered.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and makes them accessible. 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.

Inspector's evidence

The pharmacy advertised its opening times and its range of services on its door and windows. The pharmacy had a 100-hour contract and was open 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 and to people in care homes. There was also seating available should a patient require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy which the team were observed using regularly.

The pharmacy provided multi-compartment compliance aids for people who needed them while living at home and for some of their care home patients. The team members organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines inside, including the shape and colour, and they were signed by the person who dispensed and checked them. The dispenser explained that every month, the relevant Patient Information Leaflets (PILs) were supplied.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates. The team explained that they use valproate information cards and leaflets every time they dispense valproates. The team had various warning cards for high-risk medicines including steroids, warfarin and lithium.

The pharmacy obtained medicinal stock from licensed suppliers. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste and a list of hazardous waste medicines was available. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team via email, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and the recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations inside the consultation could not be overheard.

Electrical equipment appeared to be in good working order and was PAT tested annually and the team regularly calibrated their blood pressure machine and maintained records of this.

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.