

Registered pharmacy inspection report

Pharmacy Name: Cosham Community Pharmacy, Cosham Park

House Surgery, Cosham Park Avenue, PORTSMOUTH, Hampshire,
PO6 3BG

Pharmacy reference: 1092405

Type of pharmacy: Community

Date of inspection: 23/11/2021

Pharmacy context

This is a locally owned independent pharmacy next to a doctor's surgery in Cosham on the outskirts of Portsmouth. It dispenses people's prescriptions, sells over-the-counter medicines and offers healthcare advice. It supplies some medicines in multi-compartment compliance aids for people who find it difficult to manage their medicines. It also offers a delivery service to those who can't visit the pharmacy in person. Most people using the pharmacy's services live in the local area.

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 up-to-date written instructions which tell its team members how to complete their tasks safely. It has made some suitable adjustments to those instructions to help prevent the spread of COVID-19. The pharmacy keeps satisfactory records of any mistakes made during the dispensing process. It also makes sure the whole team learns from those mistakes. It has appropriate insurance in place to help protect people if things do go wrong. Members of its team are clear about their roles and responsibilities. They work to professional standards, identifying and generally managing risks effectively. The pharmacy satisfactorily manages and protects people's confidential information, and it tells them how their information will be used. Team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) in place which had been established when the pharmacy changed ownership approximately five months before the inspection. There was a signature page for each individual SOP which had been signed and dated by each member of the team. This showed that they had read and understood the SOPs, and that they would follow them. The manager explained that she would review the SOPs periodically to make sure they remained up to date. A workplace risk assessment had been carried out prior to the pharmacy changing ownership, and a number of changes had been made to help protect people from the coronavirus. Team members were no longer wearing face masks having discussed the risks involved. They still maintained a safe distance from each other and were frequently cleaning down all work surfaces. There was a business continuity plan in place to ensure people could still access the pharmacy's services if it had to close for any reason.

There were files containing completed consent forms which the pharmacy asked people to sign to say that they were happy to nominate the pharmacy to receive their electronic prescription tokens. The manager explained that they always obtained consent before completing any nominations. The only exceptions arose when 'phase four' prescription tokens might be sent directly to them by a practice nurse or other prescriber, rather than being drawn down by the pharmacy.

There was a file for staff to record their near misses and errors showing the nature of the incident, who had made it and what had been learned as a result. The manager explained how they had regular team 'huddles' where she would review recent near misses and errors so that everyone was able to learn from them. There was a space at the foot of each page within the record for these reviews to be recorded. This had not been completed so the manager agreed to make use of it in future.

There was a chart on the dispensary wall setting out some of the key tasks for each member of staff to complete. They were all clear about their own responsibilities and knew when to ask for help. There was a notice on display to show people the name and registration number of the responsible pharmacist (RP) who was on duty. There was also a daily RP record kept on the pharmacy computer system. Prescription labels were initialled to show who had assembled and checked the prescriptions.

There was a complaints procedure in place with a notice on display for people to see. Complimentary letters were put on a staff notice board so that all members of the team could read them. There was a current certificate on display showing that the pharmacy had valid professional indemnity insurance in

place.

Private prescription records were maintained using the pharmacy's patient medication record (PMR) system. Those records examined were generally complete although some didn't have all the required prescriber details present. Once this had been pointed out, the manager agreed to ensure that the correct prescriber details would be recorded in future. The controlled drugs (CD) register was easily accessible, and those records examined were in order. Alterations were made using an asterisk together with a footnote outlining the nature of the amendment and the signature or initials of the person making the entry. Adding the person's GPhC registration number was discussed as a means of making it easier to identify who had made the amendment. The entries in the CD register were balanced against the items held in stock once every month, and the technician explained how she would resolve any discrepancies that may arise. There was a record of CDs returned by people who no longer needed them. The pharmacy had several kits for denaturing and disposing of the unwanted CDs.

There was an information governance (IG) file containing the pharmacy's IG policy together with confidentiality agreements signed by each member of staff. There was no privacy notice available, so the inspector signposted the manager to appropriate sources for her to obtain one. There was a notice on display telling people how their data would be used. Team members were able to describe how they would protect people's confidential information. There was a separate bin containing a large sack for confidential waste. There were a number of sealed sacks full of confidential waste awaiting collection and safe disposal by a suitably licensed contractor.

The manager was the pharmacy's safeguarding lead. There was a safeguarding folder containing local safeguarding policies and contact details of local safeguarding agencies. All registrants had been accredited to level 2 in safeguarding, and other team members had been briefed to raise any concerns either with the RP or the manager. Those asked were able to describe some of the warning signs which may indicate a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are appropriately trained and work well together, supporting each other. They have a satisfactory understanding of their role and how they can help people with their medicines. They are suitably aware of the risks involved in selling some medicines and know when to involve the pharmacist.

Inspector's evidence

At the time of the inspection there was one pharmacist (the RP), the manager (a dispensing assistant), two registered accuracy checking technicians (ACTs), two dispensing assistants and one trainee dispensing assistant on duty. This appeared to be sufficient for the workload and they were working well together. The manager explained that part-time staff could increase their hours if needed to cover staff shortages. She could also call upon their other local branches for help if required.

There was a file containing training records and certificates for each member of the team. The trainee described how he had recently completed his medicines counter assistant training and had now started the dispensing assistant course. He felt well supported as there were plenty of more experienced team members around him.

Staff were seen to be asking appropriate questions when selling medicines and were aware of which medicines may be liable to abuse. They knew when to refer to the pharmacist and which products they couldn't sell. There was a whistleblowing policy in place and staff knew who they could speak to if they had any concerns. There were no formal targets in place although the manager knew what she wanted to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a professional, safe and secure environment for people to receive its services. It has made suitable adjustments to its premises to help minimise the spread of COVID-19, helping to protect both its team members and people visiting the pharmacy.

Inspector's evidence

The premises were very clean, tidy and in good repair. There was sufficient space to work safely and effectively with what appeared to be a logical workflow. There was a separate area to the rear of the dispensary where multi-compartment compliance aids were assembled. Work areas and public areas were well organised and uncluttered.

There was a consulting room with access from the retail salesfloor. The door was closed but not locked when the room wasn't in use. The storage cupboards inside were locked and no confidential information was visible. There was a sink with hot and cold running water, sanitiser and hand towels.

The dispensary sink was clean and free of limescale. Hot and cold water, soap and drying facilities were present. All worksurfaces were frequently cleaned. There was a Perspex screen at the medicines counter to help reduce the spread of the coronavirus. Markings on the floor helped encourage people to stand back from the counter and maintain a safe distance.

Room temperatures were maintained to keep staff comfortable and were suitable for the storage of medicines. The layout was arranged to allow effective supervision of the retail sales area, which was professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services which it delivers in a safe and effective manner. And people with a range of needs can easily access them. The pharmacy keeps its records well organised so that information is easy to find. It sources, stores and manages its medicines safely. It has a well-organised compliance aid service with detailed records keeping track of each one. The pharmacy makes sure that all the medicines it supplies are fit for purpose, responding adequately to drug alerts or product recalls.

Inspector's evidence

There were wide automatic doors into the pharmacy from the surgery car park, making it easily accessible for people using wheelchairs or mobility scooters. There was a sign just inside the door highlighting the services on offer at the pharmacy.

There were controls in place to minimise errors such as separating those items which looked alike or whose names sounded alike (LASAs). For example, amitriptyline tablets were kept well away from amlodipine tablets. There was also a large notice drawing team members' attention to the need to take extra care with LASAs. Baskets were used to keep all the items for a prescription together while they were being assembled and then awaiting a final check. The baskets were stored tidily to help prevent any mix ups. There was a separate area for baskets containing prescriptions with missing items. There was a documented owings process for them.

There was a separate area of shelving for those prescriptions awaiting delivery. The pharmacy used an online delivery app linked to the drivers' mobile phones so they could keep a record of each delivery. Some people were happy to sign for their deliveries using the phone touch screen now that some of the pandemic restrictions had been lifted. The driver would sign on behalf of those who were reluctant to sign themselves.

Compliance aid assembly was carried out in a dedicated area away from distractions. Compliance aids were supplied to people on either a once weekly basis or every four-weeks depending upon their needs. Any changes to people's medicines were recorded on the PMR system so that there was an audit trail. They were assembled on a four-week cycle and there was a checklist matrix to show when each stage of each person's compliance aid had been completed. Patient information leaflets (PILs) were supplied with the first delivery of each cycle. There were descriptions of the medicines included within the compliance aids and an indication of which medicines were supplied separately.

The pharmacy supplied specific medicines to a small number of people who were dependent upon them and who might otherwise experience withdrawal symptoms. Those medicines were prepared in advance and stored securely in accordance with the regulations. Liquid medicines were supplied in individual bottles each containing a single daily dose. Those supplies were recorded appropriately, and the local substance misuse team informed if a service user missed a dose.

There were prompt cards and an information pack for supplies of valproates to women or girls who could possibly become pregnant. Staff were able to describe how they would ensure that people knew the risks and that they were using long-term contraception in accordance with the pregnancy

prevention programme (PPP). The manager was unable to demonstrate records of any interventions as the only people they supplied a valproate to were outside of the at-risk group.

The pharmacy offered a private flu vaccination service using a valid patient group direction (PGD) as the legal mechanism for doing so. There was an online training record available, and certificate of competency for the pharmacist. There were adrenaline ampoules and an auto-injector in the consultation room for use in an emergency.

The pharmacy obtained its medicines from appropriately licensed wholesalers and stored them in the manufacturer's original containers. There was a file containing details of the date checks carried out each month, showing which items were approaching their expiry date. Those items were also highlighted with a coloured sticky dot so that staff would know to use them first. Fridge temperatures were monitored daily and recorded on the PMR system.

Prescriptions awaiting collection were stored out of sight of people waiting at the medicines counter. Any prescriptions for schedule 2 CDs were highlighted with a 'CD' sticker so that staff would know to look in the CD cabinet. Prescriptions for items that need to be stored in the fridge were highlighted in a similar way with a 'fridge' sticker. When questioned about schedule 3 and 4 CDs, the manager explained that all staff were aware of the 28-day validity of CDs and would know if they could hand it out or not. They also went through the prescription retrieval system every month and removed those which hadn't yet been collected. Uncollected items were moved to a separate storage area and text reminders sent to the people concerned. If they remained uncollected, the items were returned to stock and the prescription tokens returned to the NHS spine.

There was a tray kept under the medicines counter for medicines returned by people who no longer needed them. There was a laminated checklist in the bottom of the tray to help staff identify any hazardous medicines which would need to be disposed of separately. There were suitable containers for storing unwanted medicines, including a separate container for hazardous medicines. Controlled drugs were brought to the attention of the pharmacist and appropriately recorded before being denatured and safely disposed of.

There was a file containing copies of alerts received from the Medicines and Healthcare products Regulatory Authority (MHRA). Those alerts were annotated to show what action had been taken in response, when and who by. There was also a summary sheet at the front of the file so that anyone could quickly see which alerts had been received and the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is kept clean and suitably maintained. The pharmacy keeps people's private information safe.

Inspector's evidence

There was a set of standard conical measures available to use with liquid medicines. Some had been marked so that they would only be used for measuring methadone solution. Another was kept separate and used only for measuring out water for diluting antibiotics.

All computer screens were positioned so that they were not visible to the public and were password protected. NHS smartcards were in use, and individual passwords were not shared. The pharmacy had access to a range of online resources, and also kept several copies of the British National Formulary (BNF) for reference.

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.