

Registered pharmacy inspection report

Pharmacy Name: Cowplain Pharmacy, 26-30 London Road, Cowplain, WATERLOOVILLE, Hampshire, PO8 8DL

Pharmacy reference: 1115950

Type of pharmacy: Community

Date of inspection: 20/08/2020

Pharmacy context

This is an independently owned community pharmacy. It is one of two owned by the same company. The pharmacy is in the village of Cowplain, on the outskirts of Waterlooville. And is joined to a medical centre. As well as dispensing prescriptions the pharmacy provides medicines in multi-compartment compliance packs and a New Medicines Service (NMS). It also provides a delivery service for the elderly and housebound. The inspection was conducted during the COVID-19 pandemic. The pharmacy had limited its range of services and reduced its hours of opening due to the pandemic. But from September 2020 would return to providing an extended hours dispensing 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 satisfactorily identifies and manages the risks associated with the provision of its services. The pharmacy adequately manages people's personal information. And it has working practices which reduce risks to people's safety during the COVID-19 pandemic. But it does not review its procedures thoroughly enough to ensure it always protects people as well as it can. The pharmacy has adequate procedures to learn from its mistakes. But it could be missing opportunities to improve the safety and quality of its services because it doesn't routinely reflect on and review past near miss mistakes.

Inspector's evidence

In recent weeks the number of cases of COVID-19 in the area was lower than the national average. The pharmacy team had introduced procedures to help reduce the risk of transmitting the virus in the pharmacy. And it had placed a limit on the number of people coming in, allowing no more than two people in at a time. It had put builders' tape on the floor, marking out areas for people to stand to help them to socially distance from one another. Team members also went to the pharmacy entrance or directly to people waiting in their cars, to help those who preferred not to come in. People coming into the pharmacy and waiting just outside generally wore face coverings. Team members had access to PPE although chose not to wear it all the time. And, periodically, they washed or sanitised their hands and cleaned down surfaces and equipment. Team members usually took people's medication directly to them, so they could check people's identity, answer queries and provide counselling. But in doing so, they often stood relatively close to people. So, while they ensured that they communicated effectively with people about their medicines. And managed the risk of transmitting the virus adequately, they could do more to ensure that risks were minimised further. The inspector reminded the pharmacy manager of the pharmacy's responsibilities to report cases of Covid-19 transmission which happened in the workplace to the appropriate authorities.

The pharmacy had procedures for managing risks in the dispensing process. Team members discussed every incident, including their near miss mistakes, as soon as they were discovered. And they recorded them. They did this to help prevent the same or similar, mistakes from happening again. Team members made each other aware of similarly packaged items and look-alike-sound-alike drugs (LASAs) like bendroflumethiazide tablets and bisoprolol tablets which they had separated onto different shelves to help prevent staff from picking the wrong ones. They had also placed warning stickers on shelf edges in front of products at risk of error. But the pharmacy did not have a formal process for reflecting on and reviewing its mistakes. So, while it was clear that the team recognised and acknowledged any apparent risks to safety, including any mistakes it made. The lack of a regular process for review meant that it could be missing further opportunities to learn and improve.

Team members worked under the supervision of the responsible pharmacist (RP). The RP had a notice, showing her registration details, which she displayed for people to see. The team had access to a set of documented standard operating procedures (SOPs) to refer to. Team members had read the SOPs relevant to their roles. They were observed consulting the RP and the provisional pharmacist when appropriate.

The pharmacy team had a positive approach to customer feedback. Team members described how they had received many positive comments from people throughout the pandemic. Particularly when the surgery next door had been closed to the public, providing a skeleton service only. People had expressed their gratitude to the team for helping them to order their prescriptions and for providing them with advice and reassurance. The pharmacy had also taken on prescriptions from people wanting to change their pharmacy. Pressure had eased in more recent weeks with a gradual opening up of GP services.

The pharmacy had a complaints' handling procedure. And it generally kept records of any complaints or dispensing incidents. But it did not receive many complaints. And the team preferred to deal with any customer concerns at the time. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for people and its services. Insurance arrangements were in place until 30 November 2021 when they would be renewed for the following year. The pharmacy team could access details for the local NHS complaints advocacy service and the Patient Advice and Liaison service (PALS) if necessary.

The pharmacy kept all its essential records and, in general, kept them in the way it needed to. The pharmacy's team members understood the need to protect people's confidentiality. They discarded any unused labels and old prescription tokens into a confidential waste bag for collection and disposal by a licensed waste contractor. The pharmacy stored its completed prescriptions in the dispensary where they were out of people's view. All team members had completed appropriate safeguarding training. And they could access details for the relevant safeguarding authorities online. Staff had not had any specific safeguarding concerns to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively. And team members work well together. They are comfortable about providing feedback to their line managers, so that they protect one another and the public. And to maintain the quality of the pharmacy's services.

Inspector's evidence

This was a busy health centre pharmacy. It had two regular pharmacists and a pharmacist on the provisional register. The rest of the team consisted of a pharmacy manager who had a pharmacy degree from overseas, two dispensing assistants and a medicines counter assistant (MCA). The pharmacy manager had not yet begun a formal recognised UK pharmacy training programme but gave assurances that he would begin a formal training course as soon as possible. His role currently did not involve any dispensing activity although he was involved in helping to manage dispensing near miss mistakes and ordering stock. The pharmacist on the provisional register had completed her pre-registration training at the pharmacy. So, she was familiar with the pharmacy's working practices and the competencies of staff. She worked independently checking prescriptions and liaised with the RP and other staff members. She worked alongside the RP and the pharmacy manager each day and could contact the superintendent if she needed to. She felt confident and supported in her role.

The pharmacy manager had completed an informal, verbal risk assessment with individual team members. And had established that they felt safe working at the pharmacy. He had obtained formal risk assessments which he was due to carry out over the next few days. Team members worked effectively together. They worked at their assigned tasks and assisted each other when required. The team was up to date with the workload of prescriptions and it attended to its customers promptly. Pharmacists could make their own professional decisions in the interest of patients. They did not have any specific targets other than to manage the daily workload while keeping each other, and people using the pharmacy, safe.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally clean and well maintained. They provide a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy was attached to a health centre. It had closed its shared connecting doorway with the health centre, since the beginning of lockdown. But it had its own external entrance for people to use. When the weather permitted it, the pharmacy kept the external door open so that people did not have to touch it when going in and out.

The pharmacy had a bright modern appearance and customer areas were generally clean and tidy. It had a spacious shop floor and a consultation room for private consultations. The consultation room was not currently in general use due to the pandemic. The pharmacy had a staffroom and toilet which were accessed from the shop floor. Staff toilet facilities were clean with hand washing facilities. There was a clear workflow with clearly defined areas for dispensing and accuracy checking and for making up multi-compartment compliance packs.

The pharmacy had a long medicines counter. The team had placed a plastic screen at the section of counter where people usually handed in their prescriptions. But the rest of the counter was more open. The team had originally removed stands and stock from counter tops to make cleaning easier. But it had since put some of them back. This provided an extra barrier between themselves and the people they were serving. The pharmacy was generally clean tidy and organised. The team had improved the general organisation of the prescription storage area in recent months. But some prescriptions were still stored in tote boxes on the floor. The team hoped to improve the pharmacy's general storage arrangements. The dispensary was generally clean and tidy. Overall, the pharmacy was bright and well ventilated and had temperature control systems in place. It had a professional appearance and stocked a range of items for health and personal care.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. The pharmacy team gets its medicines and medical devices from appropriate sources. And it stores them appropriately. 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.

Inspector's evidence

The pharmacy's external entrance had an automatic door and step-free access suitable for wheelchair users. The shop floor area was uncluttered and wide enough for wheelchair users to move around. The consultation room was also suitable for wheelchair access. The pharmacy had a 100-hour contract, but it had reduced its hours of opening during the pandemic to 59, where it opened later in the morning and closed earlier in the evening. Reduced opening hours, were advertised at the front window for people to see. But the pharmacy was due to revert back to its extended hours service at the beginning of the following month. In general, the pharmacy delivered its services in accordance with its SOPs. The pharmacy worked closely with its other branch in Aldershot, on which it could rely on for team support and items of stock when needed. It also had contingency plans in place, where the two branches would be able to support one another to ensure people got their medicines, if either pharmacy had to close or was unable to manage the workload. The pharmacy had a prescription ordering service which had seen an increase during the pandemic when the surgery had asked people to order their prescriptions through the pharmacy. Throughout the pandemic the pharmacy team had worked closely with the surgery. And surgery staff had assisted the pharmacy by helping with deliveries.

The pharmacy provided multi-compartment compliance packs for people who needed them. Team members labelled compliance packs with a description of each medicine, including colour and shape, to help people to identify them. And they included patient information leaflets (PILs) with new medicines and on a regular basis. The labelling directions on compliance packs gave the required advisory information to help people take their medicines properly. Medicines summary sheets were created for each person and checked against their prescriptions each time. Pharmacists gave advice on a range of matters. They were aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate. And would give appropriate advice to anyone taking other high-risk medicines.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team stored its medicines, appropriately and in their original containers. And stock on the shelves was tidy. This helped the team's efficiency and made it easier for team members to find and select the correct item. Since the previous inspection the pharmacy team had improved the pharmacy's storage capacity through improved stock management and the removal of uncollected prescription items. The pharmacy team date-checked its stock regularly. It stored items in a CD cabinet and fridge as appropriate. And it monitored its fridge temperatures daily to ensure that the medication inside was kept within the correct temperature range. In general, short-dated stock was identified and highlighted using a dot sticker on its shelf edge. The pharmacy responded promptly to drug recalls and safety alerts and kept appropriate records. The team had not found any stock affected by the recent recall for Depo-Provera from July 2020.

The pharmacy team had not been scanning products with a unique barcode in accordance with the European Falsified Medicines Directive (FMD). It had the FMD hardware and software but was not using it as it didn't have the resources to manage the additional workload. And, in addition, most stock items could not yet be scanned and so its benefits were limited.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. And it had the appropriate equipment for counting tablets and capsules. Team members had access to a range of up-to-date reference sources. And they had access to appropriate PPE. Team members washed or sanitised their hands periodically throughout the day. The pharmacy had two computer terminals. Both were in the dispensary and had a facility for keeping patient medication records (PMRs). Computers were password protected and their screens could not be viewed by people. Team members used 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. |