

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: 17/10/2023

Pharmacy context

This pharmacy is in the same building as a medical centre in Cowplain, on the outskirts of Waterlooville, Hampshire. It offers an extended hours dispensing service. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also provides an emergency hormonal contraception service.

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 not all met	1.1	Standard not met	The pharmacy's standard operating procedures (SOPs) are not up to date and staff members have not signed them to say they will follow appropriate and agreed procedures for providing the pharmacy's services.
		1.2	Standard not met	The pharmacy does not adequately record near misses and errors to help the team to learn from their mistakes.
		1.8	Standard not met	Staff are unaware of safeguarding procedures.
2. Staff	Standards not all met	2.2	Standard not met	Staff are not adequately trained for the services they provide and the tasks they complete.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Staff are not able to always identify people taking high risk medicines and provide them with the appropriate information to ensure they take their medicines safely.
		4.4	Standard not met	The pharmacy does not action alerts in a timely manner risking the safety of the products it supplies.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has inadequate measures in place to manage the risks involved in providing its services. It does not record enough information about mistakes and errors to enable the team to learn from their mistakes. The operating procedures in the pharmacy are outdated. The pharmacy does not do enough to protect people's private information. The team members are unaware of how they can help safeguard vulnerable people.

Inspector's evidence

A near miss record was available in the dispensary, but it was not used regularly by the pharmacy team. In October, only four near misses had been recorded and prior to this, only two near misses had been recorded in August. The pharmacy's team members were unable to describe any changes they had implemented following a near miss or an error.

Standard Operating Procedures (SOPs) were in place for the dispensing tasks. However, they had not been updated since 2015. Staff in the pharmacy at the time of the inspection had not signed the SOPs to say they had read and understood them. The pharmacy had a 100-hour contract, and it offered a dispensing service round the clock from 8 o'clock on Monday morning until 8pm on Thursday night. It also had an extended hours service on Friday. The SOPs did not include a procedure for the out of hours dispensing service. There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. However, the work benches were cluttered, and it was not always clear at which stage of dispensing each prescription was.

There was a complaints procedure in place within the SOPs and the staff explained they would refer complaints to the manager. A certificate of public liability and professional indemnity insurance was displayed in the pharmacy, but this had expired at the end of November 2020. The superintendent later sent an updated valid insurance certificate.

The controlled drug register was maintained electronically, and a balance check was carried out regularly. The responsible pharmacist record was held electronically but not all the pharmacy hours were covered by a responsible pharmacist. When asked why there wasn't a pharmacist available after 8pm on Monday to Thursday, the team was unsure. On entry into the pharmacy, the incorrect responsible pharmacist notice was on display, but this was quickly rectified by the locum pharmacist. The maximum and minimum fridge temperatures were recorded electronically daily and were within the correct temperature range. However, on testing the fridge temperature, the highest recording was out of range. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to people using the pharmacy. There were cordless telephones available for use. The pharmacy had a shredder in place, but confidential wastepaper and prescription tokens were found in the regular waste bin and disposed of beside the shredder. When this was pointed out, a team member tidied the area up.

The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2

training programme on safeguarding vulnerable adults and children. However, when the team members were asked about safeguarding procedures, they were unsure what safeguarding was and explained they would ask the manager.

Principle 2 - Staffing Standards not all met

Summary findings

Staff are not appropriately trained or on suitably accredited training courses, as required for their roles and the tasks they are carrying out. But the pharmacy team generally manages the workload effectively and team members work together.

Inspector's evidence

During the inspection, there was one locum pharmacist and five other members of staff. One of the members of staff explained that two of them were overseas pharmacists from India, but the other staff members had not completed any accredited training and were not enrolled onto approved courses. They were observed to be dispensing despite not being on appropriate courses. However, the staff were seen to be working well together and supporting one another. One team member was observed printing off the consultation forms for emergency hormonal contraception for the pharmacist to use.

A member of staff explained that the superintendent keeps them updated with any information they need to know. There were no targets in place, but the team explained that they would never compromise their professional judgement for commercial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally clean and professional looking. They provide a safe, secure environment for people to receive healthcare services. However, the consultation room is not suitable for consultations due to its current use for storage. The dispensary organisation could be improved to ensure a clear workflow.

Inspector's evidence

The pharmacy was attached to a health centre. The pharmacy had its own external entrance. But internally, it had a shared connecting doorway with the medical centre, so people could pass between the two without going outside. The double doors between the medical centre and the pharmacy were kept open during normal business hours. But, when the medical centre was closed and the pharmacy open, or vice versa, the doors were closed and locked. The pharmacy also had a dispensing hatch which allowed the team to take in prescriptions and hand out medicines after 8pm when the rest of the pharmacy was closed.

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 pharmacy had a staffroom and toilet which were accessed from the shop floor. Staff toilet facilities had a sink available for hand washing. The pharmacy had an elongated layout. The dispensary was situated alongside the counter and staff could access it easily from the counter. The pharmacy had a spacious dispensary. It had an L-shaped dispensing bench on two sides with open shelves, for storing stock, above and below. There was a clear workflow with clearly defined areas for dispensing and accuracy checking, and for making up multi-compartment compliance packs. The main dispensary work surface was close to the counter and shop floor, allowing the pharmacist to counsel people and help them at the counter when necessary.

However, the pharmacy was cluttered with a lot of stock, some of which was in boxes on the pharmacy floor. Prescription baskets containing incomplete prescriptions had also been placed on the floor, where they could easily be knocked or kicked by accident, which could cause the contents to become mixed up with others. In general, the dispensary floors and workspaces were cluttered.

Dispensed prescriptions were stored so that people's details could not be viewed by other people. The dispensary was generally clean and appropriately maintained although not as tidy as it could be. Overall, the pharmacy was bright and well-ventilated with temperature control systems in place. It had a professional appearance and stocked a range of items for health and personal care.

The consultation room, although of a good size and included a computer, sink and storage, it was very cluttered and only had one chair. Staff coats were stored inside along with boxes of stock and other items such as a fan. As it was, the consultation room did not provide a suitable professional environment for consultations to take place.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not do enough to ensure that appropriate procedures are followed. And, team members are not always able to identify people in at-risk groups, to provide them with the advice and information they need to help them use their medicines safely and properly. The pharmacy does not always properly label stocks of medicines which are not in their original packs. And it doesn't carry out all of its checks as thoroughly as it could. However, the pharmacy makes its services available to people and staff try to make sure services are generally provided safely.

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 pharmacy had a prescription ordering service for a small number of people who needed help with managing their prescriptions. Services were advertised at the front window for people to see, although this wasn't up to date. And there was a variety of information leaflets available for customer selection. Information leaflets were placed in a rack near the waiting area and in the consultation room.

Multi-compartment compliance packs were provided for people who needed them. Patient information leaflets (PILs) were offered with new medicines but not on a regular basis thereafter. The medication in compliance packs examined was given a description, including colour and shape, to help people to identify them. Medicines summary sheets were created for each person and checked against prescriptions each time. Compliance packs were dispensed against the summary sheet and prescription.

When asked about the recent strengthened warnings for people in the at-risk group that were taking valproates and isotretinoin, the pharmacy team seemed unsure. They explained that valproates had warnings on the box. The pharmacy did not seem to have a clear procedure for targeting and counselling everyone in the at-risk group taking sodium valproate or isotretinoin. The team explained that they would separate all antibiotics on hand out so that the pharmacist could counsel patients. They appeared to be unsure on the counselling and heightened warnings required for people who were taking high-risk medicines such as warfarin.

The pharmacy did not have a clear process for dealing with MHRA alerts. When asked about it, the team produced a folder which contained some printed-out alerts, but the latest one was from March 2022. The team explained they received the alert on PharmSmart, but on accessing the PharmSmart system, there was a notice which showed that there were 15 unactioned national alerts. The inspector highlighted the importance of actioning alerts and how they could also receive them via email directly from the MHRA.

Medicines and Medical equipment were obtained from licensed wholesalers. Invoices were seen to verify this. Stock was generally stored in an organised fashion. A CD cabinet and fridge were available for storing medicines for safe custody, or cold chain storage as required. The pharmacy had several loose strips of medication on its shelves and loose tablets in bottles, including loose strips of mebeverine 135mg tablets and loose isosorbide mononitrate 10mg tablets in a brown bottle which wasn't fully labelled. This means they could be missed if subject to a product recall or safety alert, or

handed out when expired as there was no expiry date. The team was asked for date checking records to demonstrate how often they checked the quality of their medicinal stock, but they could not find them.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. In general, the pharmacy uses its facilities and equipment appropriately.

Inspector's evidence

The pharmacy team had access to paper-based reference materials such as the BNF but also knew how to access them online if needed. Computers were in good working order and password protected.

The pharmacy had several conical measures available, all of which were clean and bore a crown stamp. Counting triangles were available and there was a separate one available which was clearly marked for cytotoxic medicines. Medicines awaiting collection were not accessible to people. Patient information was not visible from the counter.

In general staff were sharing smart cards when accessing medication records. Staff should use their own smart cards to maintain an accurate audit trail and to ensure that access to patient records is 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.