

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: 10/05/2024

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 and the Pharmacy First 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 appropriately identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It also completes all the records it needs to by law, and it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

A near miss record was available in the dispensary and was seen to be used on a regular basis by the pharmacy team. The pharmacy team explained that most of their near misses came from medicines which looked alike and had similar sounding names. The team would report all errors on an electronic reporting system and they explained that they would inform all team members of any errors and they would discuss them to ensure any learning was identified. Standard Operating Procedures (SOPs) were in place for the dispensing tasks and had been updated recently. Staff in the pharmacy had signed to say they had read, understood and agreed to adopt the SOPs. The SOPs included procedures for all the pharmacy dispensing tasks and 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. There was a complaints procedure in place within the SOPs and the staff explained they would refer complaints to the manager or the superintendent pharmacist. A valid certificate of public liability and professional indemnity insurance was displayed in the pharmacy.

The controlled drug register was maintained electronically, and a balance check was carried out regularly. The responsible pharmacist record was held electronically, and all the pharmacy hours were covered by a responsible pharmacist. On entry into the pharmacy, the correct responsible pharmacist notice was on display for people to see. The maximum and minimum fridge temperatures were recorded electronically daily and were within the correct temperature range. On testing the fridges, the temperatures were within the correct 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, and confidential wastepaper was destroyed of appropriately.

The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members had completed a safeguarding module as part of their training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one locum pharmacist and six other members of staff. The staff members were all enrolled onto accredited training from the NPA. The staff were observed to be following the dispensing SOPs and working well together. The staff explained that they all worked well together and were supportive of one another. A member of staff explained that the superintendent keeps them updated with any information they need to know. There were no targets in place and the team explained that they would never compromise their professional judgement for commercial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable consultation room for private conversations.

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 that 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.

The pharmacy was busy, and this resulted in some stock and prescriptions being held in tote boxes on the floor. However, the team explained that this was usually cleared daily. Dispensed prescriptions were stored so that people's details could not be viewed by other people. The dispensary was generally clean and well maintained. Lighting had recently been replaced to provide a brighter environment in the pharmacy. The pharmacy was 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, was of a good size and included a computer, sink and storage. The consultation room provided a suitable professional environment for consultations to take place.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of the local community. And people can easily access these services. Team members make suitable checks to ensure people taking higher-risk medicines do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

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. 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 every month. 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 prescription and checked against the summary sheet to ensure medicines were placed appropriately in the packs.

The pharmacy provided the Pharmacy First service and staff had all been trained on the requirements of the service. However, they explained that people were unsure of the service specification and what conditions could or could not be treated under the service. They also explained that the local GPs were also unsure of the full scope and did not always refer patients appropriately.

When asked about the recent strengthened warnings for people who could become pregnant that were taking valproates and isotretinoin, team members were aware of the requirements for people in the at-risk group to be counselled on their use and for appropriate information to be provided to patients. The team members were aware of the requirement to ensure valproates were dispensed in their original packs and for the warning information to not be obscured. The pharmacy had a procedure for targeting and counselling everyone in the at-risk group taking sodium valproate or isotretinoin. The team also separated any antibiotics on hand out so that the pharmacist could counsel patients. The pharmacy had a process for dealing with MHRA alerts and explained that they would receive the alerts electronically and they would then print them out and annotate them to record any action they had taken.

Medicines and medical equipment were obtained from licensed wholesalers. Invoices were seen to verify this. Stock was stored in an organised fashion. A CD cabinet and a new fridge were available for storing medicines for safe custody, or cold chain storage as required. The team completed date checking on a three-month rolling basis and records were available to show they had completed the date checking and had taken off any medicines close to expiry.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

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 screens were suitably located and access to computers containing patient data was protected using individual password and password protected. Staff had their own NHS smart cards to access medication records.

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.

There were suitable pharmacy facilities including CD cupboards, fridges and freezers used for medicines storage. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

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.