

Registered pharmacy inspection report

Pharmacy Name: Copsewood Alliance Chemist, Studio 2, Fargo Studios, Grafton Street, COVENTRY, CV1 2HW

Pharmacy reference: 1126506

Type of pharmacy: Community

Date of inspection: 15/11/2023

Pharmacy context

This is a pharmacy which provides its services at a distance. It is situated in Fargo studios in the centre of Coventry. Its main activity is dispensing NHS prescriptions which it delivers to people's own homes. It also supplies medicines in multi-compartment compliance packs to some people who need assistance in taking their medicines at the right time. The pharmacy offers over-the-counter medicines through its website but these are supplied to people by a third-party pharmacy.

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

Overall, the pharmacy manages its services adequately. It keeps the records it needs to to provide assurances that its medicines are delivered safely and legally to people. Team members keep people's private information securely. And they understand how they can help protect vulnerable people. However, the pharmacy team does not always have ready access to current written procedures about how to work safely. And they could do more to use mistakes as opportunities to learn and improve its services.

Inspector's evidence

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on duty on the day of the inspection. The correct RP notice was on display and the dispenser could explain the tasks she could not undertake in the absence of a pharmacist. The pharmacy had a range of standard operating procedures (SOPs) that were due to be reviewed in 2020. The SI said that the new SOPs had been implemented but these were not available at the time of the visit.

The SI explained the process team members would follow to record mistakes made during the dispensing process. Dispensing mistakes that had reached people (dispensing errors) were reported to the National Reporting and Learning system (NRLS). A template to record mistakes that were detected before medicines left the pharmacy (near misses) was available but no records had been made recently. There was very little evidence to show that team members routinely recorded or reviewed their mistakes to identify learnings or any emerging trends in the pharmacy. The SI said that near misses were discussed with team members and corrected. But due to time constraints these were not routinely recorded. The SI gave assurances that in future the team would endeavour to record these diligently.

The pharmacy had current professional liability and public insurance. Records about RP and controlled drugs (CDs) were kept in line with requirements. CD running balances were kept and audited intermittently. A separate register was kept to record patient-returned CDs. The stock of several randomly selected CDs matched the recorded balance in the register. The pharmacy had not dispensed any private prescriptions or unlicensed medicines.

The pharmacy was registered with the Information Commissioner's Office. Confidential information was stored securely, and confidential waste was collected by a waste contractor for secure disposal. Team members used their own NHS smart cards to access electronic prescriptions. The pharmacy's contact details and a link to report complaints were available on its website. The SI had completed Level 2 training about safeguarding. And contact details for safeguarding agencies were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its current workload. Team members work well together, and they have access to some training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the visit, the SI, a qualified full-time dispenser and two work-experience students were on duty. The SI was also supported by a part-time pharmacist on weekends when required. The work-experience students left the pharmacy shortly after the inspector's arrival. The team was managing the workload adequately and team members were working well together. The SI admitted that it had been particularly stressful recently due to severe shortages of medicines and having to spend time contacting GPs to agree supplies of alternative medicines where appropriate.

Team members received some informal training, such as updates on new medicines and journal articles to help keep their skills and knowledge up to date. The SI completed her annual mandatory continuous professional development (CPD) to help keep her own knowledge and skills up to date. There were no targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure, and they are adequate for the services it provides. But the pharmacy could do more to improve the dispensary's overall organisation and tidiness.

Inspector's evidence

The dispensary was fitted to an adequate standard. It had enough space to store medicines safely and undertake the pharmacy's current dispensing workload efficiently. However, medicines were not stored tidily and bench spaces were somewhat cluttered. This could increase the chances of mistakes happening. The carpet in the dispensary needed a good clean. A sink with hot and cold running water was available for preparing liquid medicines. There was adequate lighting throughout the room and the ambient temperatures were suitable for storing medicines. The pharmacy could be secured against unauthorised access when it was closed. The pharmacy's website included the SI's name and registration number. And it also included the address of where the medicines were supplied from.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services adequately and people with different needs can use its services. It obtains its medicines from reputable sources, and it manages them appropriately. The pharmacy has a process to manage safety alerts and medicine recalls, so that people are supplied with medicines that are fit for purpose. However, its records about these could better show the action the pharmacy has taken in practice.

Inspector's evidence

The pharmacy provided its services at a distance, and members of the public could access its services remotely via the internet or telephone. Its current activity was predominantly dispensing NHS prescriptions. The pharmacy was not linked with any on-line prescribers. The SI used her professional judgement to signpost people to their GP or other local service providers where appropriate. The pharmacy offered a delivery service, and an audit trail was kept for all deliveries to ensure medicines were delivered safely.

The workflow in the pharmacy was organised adequately. Team members used baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

The pharmacy supplied some medicines in multi-compartment compliance packs, and these were labelled with a description of the medicines in the pack so that people or their carers could identify their medicines correctly. Patient information leaflets were routinely supplied. The SI was aware of recent MHRA guidance about original pack dispensing of valproate-containing medicines. The pharmacy had one person who was not in the at-risk group being supplied sodium valproate in a multi-compartment compliance pack. The SI said that she had reviewed the person's circumstances and it was agreed with other health care professionals that it was in the person's best interest. However, the SI said that she did not realise that a formal risk assessment now had to be completed to address the need for the person to be supplied with valproate-containing medicines in different packaging from its manufacturer's original packaging. And she gave assurances that this would be addressed imminently.

The pharmacy obtained its medicines from licensed suppliers. Short-dated medicines were highlighted and when checked, there were no date-expired medicines found amongst in-date stock. Temperature-sensitive medicines were stored in the medicine's fridge. Maximum and minimum fridge temperatures were monitored and recorded and the records seen showed that these had remained within the required range of 2 and 8 degrees Celsius. All CDs were stored securely and in line with requirements. Access to the CD cabinet was managed appropriately. Obsolete CD stock was well separated from in-date stock. The pharmacy received safety alerts and recalls about medicines via email. The SI could explain correctly how these were dealt with but commented that the pharmacy had stopped printing the alerts and did not keep any audit trails of action taken. This could make it harder for the pharmacy to show that concerns about medicines not fit for purpose have been addressed appropriately and in a timely manner.

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 maintains its facilities and equipment adequately.

Inspector's evidence

The pharmacy had an internet connection and its computers were password protected. Team members had access to current reference sources on-line. All electrical equipment appeared to be in good working order. The pharmacy had calibrated glass measures available for measuring liquid medicines. The equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent contamination.

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. |