

# Registered pharmacy inspection report

**Pharmacy Name:** Hucclecote Pharmacy, 7 Glenville Parade,  
Hucclecote Road, Hucclecote, GLOUCESTER, Gloucestershire, GL3  
3ES

**Pharmacy reference:** 1031557

**Type of pharmacy:** Community

**Date of inspection:** 27/08/2024

## Pharmacy context

This is a community pharmacy located in a parade of shops, in the suburb of Hucclecote, Gloucestershire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. It also offers Pharmacy First, the New Medicine Service (NMS) and local deliveries. The pharmacy also provides medicines inside multi-compartment compliance packs for some people who find it difficult to manage their medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy appropriately manages risks. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's confidential information suitably. And it maintains its records as it should. Team members deal with their mistakes responsibly and take appropriate action to help prevent them from reoccurring. But they are not always recording all the details when they review them. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

### Inspector's evidence

The pharmacy was inspected due to a complaint made to the GPhC. The inspector found the pharmacy to be clean and tidy with clear, organised processes in place. This included a range of current standard operating procedures (SOPs) which contained the pharmacy's complaints, safeguarding and incident management policies. The regular responsible pharmacist (RP) was present during the inspection and her process to manage incidents was suitable. Documented details verifying previous incidents and the action taken were also available to view.

The pharmacy had set areas where staff and pharmacists worked. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. They were also colour-coded to help identify different workstreams and prescriptions which needed to be prioritised. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used this as an audit trail. Staff described and were observed using prescriptions to dispense medicines against. One member of staff was responsible for ordering, checking receipt and relevant details, as well as processing repeat prescriptions for people who required multi-compartment compliance packs whilst another prepared them. This helped identify any errors and enabled more than one accuracy check to take place.

Staff routinely recorded their near miss mistakes; they were seen to be regularly reviewed by the RP, and relevant action taken. This included highlighting medicines which looked similar or sounded similar, separating, and placing various shelf-edge prompts in front to help identify these kinds of medicines. The RP also explained that when repeated mistakes were seen, she advised and provided the team with techniques that were tailored to them. This helped staff to minimise mistakes. However, there were no documented details about the review recorded. This limited the pharmacy's ability to fully demonstrate the actions taken in response.

The SOPs provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members knew their roles and responsibilities. They were observed to work tirelessly and independently of the RP in separate areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display and this provided details of the pharmacist responsible for the operational activities.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. There were appropriate policies in place to help underpin the team's knowledge. Staff could recognise signs of concern and knew who to refer to in the event of a

concern. Contact details for the various safeguarding agencies were readily available. The RP was trained to level three through the Centre for Pharmacy Postgraduate Education (CPPE). Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space and confidential information was protected. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. The pharmacy was also registered with the Information Commissioners Office (ICO) and displayed details about how the pharmacy safeguarded people's sensitive data.

The pharmacy's records were generally compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The pharmacy had suitable professional indemnity insurance arrangements in place. The RP record in the main, records about supplies made against private prescriptions, records of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had all been appropriately completed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Members of the pharmacy team are suitably qualified for their roles. They understand their roles and responsibilities. And the pharmacy provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

### Inspector's evidence

Staff at the inspection consisted of the RP, and three dispensing assistants, one of whom was undertaking accredited training for this role. The superintendent pharmacist was also present towards the latter half of the inspection. Members of the pharmacy team were trained through accredited routes. Some of their certificates of qualifications obtained were seen. Staff wore uniforms, they covered each other as contingency and were largely up to date with the workload. The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines and repeat requests were monitored. The staff said that they liked working at the pharmacy. A positive rapport was observed between the team and RP. Regular discussions and team huddles took place to provide updates about new services or guidance, the team's individual performance was monitored annually. The staff were provided with resources for ongoing training from pharmacy support organisations. This helped ensure they continually learnt and kept their knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are professional and provide a suitable environment to deliver healthcare services from. The pharmacy is clean, and secure. Its retail area is presented well. And the pharmacy has a separate space where confidential conversations or services can take place.

### Inspector's evidence

The pharmacy's premises consisted of an average size retail area and dispensary with staff areas at the rear. The premises were bright, well ventilated, and very professional in appearance. Fixtures and fittings were modern. The pharmacy was secure against unauthorised access and all areas were kept clean, tidy, and free from clutter. The dispensary had an adequate amount of space to carry out dispensing tasks safely and store medicines. A signposted consultation room was available, this was also sufficient for its intended purpose and accessible for people with wheelchairs.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy has organised working practices. People can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. And team members routinely identify people who receive higher-risk medicines. But they don't always record any relevant information. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

### Inspector's evidence

The pharmacy's opening hours were on display and a few seats were available if people wanted to wait for their prescriptions. A car park was available outside. People could enter the pharmacy through a wide, automatic door from the street. This assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Staff could also make suitable adjustments for people with different needs, they provided written communication, physically assisted people where possible, or used the consultation rooms when needed. Staff could signpost people to relevant or other services within the area from their own knowledge and from documented details.

The pharmacy provided multi-compartment compliance packs after this was considered necessary and an assessment had taken place. This helped people to manage their medicines more effectively. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied.

The pharmacy also offered a local delivery service and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about this, and subsequent attempts were made to redeliver. Medicines were sometimes left unattended. Staff were aware of the risks associated with this practice, they explained that the driver knew who had pets or children but there were no details recorded to help justify this situation.

Staff were aware of the risks associated with valproates and they had identified people at risk, who had been supplied this medicine. They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them. People were counselled accordingly, and educational material was available to provide upon supply. The team routinely identified people prescribed higher-risk medicines and the RP ensured relevant parameters such as blood test results, were regularly asked about, but there were no details recorded about this.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were regularly identified and there were no date-expired medicines seen. CDs were stored under safe custody. Dispensed medicines requiring refrigeration were stored within clear bags. This helped to easily identify the contents upon hand-out. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within sealed containers. Drug alerts were received electronically

and actioned appropriately. Records were kept verifying this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean and used appropriately to protect people's confidential information.

### Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included access to reference sources, clean, standardised conical measures for liquid medicines, counting triangles and capsule counters and appropriately operating pharmacy fridges. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a way that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

### 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.