

Registered pharmacy inspection report

Pharmacy Name: Tia Oakley Pharmacy, Gemini House, 22c Oakley Lane, Oakley, BASINGSTOKE, Hampshire, RG23 7LB

Pharmacy reference: 1031664

Type of pharmacy: Community

Date of inspection: 01/09/2020

Pharmacy context

This is a community pharmacy situated along a small parade of shops in the village of Oakley, near Basingstoke in Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS) and delivers medicines. The pharmacy also provides some people with their medicines inside multi-compartment compliance packs if they find it difficult to manage them.

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 has satisfactory processes in place to identify and manage risks. This includes the risks associated with COVID-19. Members of the pharmacy team regularly monitor the safety of their services by recording their mistakes and learning from them. They have been trained to protect the welfare of vulnerable people. The pharmacy suitably protects people's private information. And, it maintains its records as required.

Inspector's evidence

The pharmacy had corrected the areas that required improving since the last inspection. It also had systems in place to identify and manage risks. This included adapting the premises to manage the spread of infection from COVID-19 (see Principle 3). Although team members were not wearing personal protective equipment (PPE) during the inspection, they explained that they mostly worked behind the screens in the retail space and dispensary. If they came into the retail space to speak to people, they wore visors and had access to masks as well as gowns. Staff also frequently used hand sanitisers. Plenty of PPE had been supplied by the pharmacy's head office for the team to use.

The pharmacy was cleaned, and surfaces were wiped down a few times a day. Counter staff described sanitising the card machine after every use. A limited number of people could be present in the retail space (three at any one time). This allowed people who used the pharmacy's services to socially distance inside the premises. There were no queues or issues seen with this. The necessary risk assessments for COVID-19 had been completed and documented standard operating procedures (SOPs) were in place to support the services provided. Staff were also aware of the need to report any COVID-related illness contracted in the workplace.

The inspection took place first thing in the morning and the responsible pharmacist (RP) displayed the correct notice showing his details. Staff had been routinely recording their near miss mistakes. They were reviewed every month, trends or patterns were identified, and the team took the appropriate action. This included separating different strengths of gliclazide to help prevent mistakes and mix-ups happening again. Staff had also identified look-alike and sound-alike (LASA) medicines. The RP handled incidents in line with the company's complaints procedure. This included recording details and reviewing the situation so that lessons could be learnt to help prevent the incident from recurring.

Team members had been trained to safeguard the welfare of vulnerable people and updated their learning and development regularly (see Principle 2). The pharmacy had systems in place to protect people's sensitive information. There was no confidential information left freely accessible. Confidential waste was shredded and sensitive details on dispensed prescriptions awaiting collection could not be seen by people using the pharmacy's services.

The team had been keeping the pharmacy's records in accordance with statutory and best practice requirements. This included registers for controlled drugs (CDs), records of unlicensed medicines, private prescriptions and the RP record in general. The latter was discussed at the time. On randomly selecting CDs held in the cabinet, their quantities matched the balance recorded in the corresponding register. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. Records verifying that fridge temperatures had remained within the required range had also

been maintained. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and this was due to be renewed after 31 March 2021.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload adequately. The pharmacy's team members are trained appropriately for their roles. The company provides its staff with plenty of resources to help them to learn. And this keeps their knowledge up to date.

Inspector's evidence

The pharmacy's staffing profile included two dispensing assistants one of whom was trained and the other was enrolled on an appropriate training course, three medicines counter assistants (MCAs), two delivery drivers and a Saturday assistant. A locum RP was present during the inspection. The team's certificates of qualifications obtained were seen. The pharmacy had enough staff to manage its workload and this was adequate for its volume of dispensing. Dispensing staff explained that the pharmacy had been much busier than usual during the early stages of the pandemic, but they had managed.

Staff were provided with and completed training modules online every month. This kept their knowledge and skills up to date. Team members were also provided with opportunities to progress and develop their skills further as one dispensing assistant had been enrolled onto the NVQ 3 course in dispensing. Occupational risk assessments and reviews had been carried out recently for team members. They felt supported and were provided with regular updates from the company's head office.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an adequate environment to deliver its services. The pharmacy is generally clean. And it has adapted its premises to help reduce the spread of infection during COVID-19.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area with a smaller sized dispensary at the rear. Some of the space constraints seen at the last inspection had been addressed although there were a few assembled bags of prescriptions still being stored on the floor. This could be a trip hazard and there was a risk that medicines could be damaged. This was discussed at the time and the team was advised to store these off the floor. The pharmacy was generally clean and appropriately lit. A consultation room was available to for private conversations. Members of the public could not see or easily access sensitive information that was stored within this section.

The premises had been adapted because of the pandemic. This helped ensure social distancing could take place. The floor had a section marked to indicate how far forward people could approach and where they could stand. Screens had been placed in front of the medicines counter as a barrier, posters were on display to provide information about coronavirus and reminders to highlight social distancing and keeping at safe distances.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in an appropriate way. And people can easily access them. The pharmacy's team members keep the records that they should. And they understand the actions to take if any medicines or devices are not safe to use. This protects people's health and wellbeing. The pharmacy obtains its medicines from reputable suppliers. And, it stores them properly.

Inspector's evidence

People could enter the pharmacy via a ramp and the retail area had wide aisles and clear, open space. This helped people with wheelchairs or restricted mobility to use the pharmacy's services. One seat was available for people if they wanted to wait for their prescriptions and a few free car parking spaces were present outside. The pharmacy's opening hours were on display and its services were being advertised.

Staff explained that they routinely identified people who could benefit from the NMS service and MURs. Consent for people to participate in the former was obtained in person and further consultations were then carried out by telephone. Although MURs were being offered, according to the team, there had been limited uptake for this because people did not like to enter and use the consultation room. This was due to the risks associated with spreading COVID-19 inside a small space. To help limit this, staff wore PPE during consultations and kept their distance from people by standing by the door.

The pharmacy supplied some people with their medicines inside compliance packs. They were initially set-up after the person's GP requested this service for them. Staff maintained comprehensive individual records for people with details of any changes documented. Descriptions of the medicines within them along with patient information leaflets were routinely provided. The pharmacy provided a delivery service and it maintained audit trails to verify this. CDs and fridge items were highlighted. The driver checked who was receiving the delivery and ticked or signed on their behalf during COVID-19. Failed deliveries were brought back to the pharmacy and medicines were not left unattended.

The team used baskets to keep prescriptions and medicines separate. To help identify members of staff who had been involved during the dispensing process, an audit trail from a facility on dispensing labels was used. Dispensed prescriptions awaiting collection were stored with prescriptions held within a retrieval system. Details about fridge items and CDs were highlighted to help staff to identify them.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, Sigma, AAH and Phoenix. Staff were complying with the decommissioning process for the European Falsified Medicines Directive (FMD) when they remembered to and where possible. Medicines were generally stored in the dispensary in an ordered manner. The team date-checked medicines for expiry every three months and short-dated medicines were highlighted. CDs were stored under safe custody. Drug alerts were received by email, staff checked for affected stock and acted as necessary. Medicines returned by people for disposal were stored within designated containers before being collected. People who brought sharps back for disposal were referred to the local GP surgery.

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 relatively clean. And is used in a way that protect people's privacy.

Inspector's evidence

The pharmacy had the appropriate range of equipment and facilities. This included clean, standardised, conical measures for liquid medicines, counting triangles and a relatively clean dispensary sink for reconstitute medicines. The plug hole in the latter could have been cleaner. Hot and cold running water with hand wash was available. The CD cabinet was secured in line with legal requirements. Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. Cordless phones were available to help conversations to take place in private. Staff held their own NHS smart cards to access electronic prescriptions.

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.