

Registered pharmacy inspection report

Pharmacy Name: Tuckers Pharmacy, 61 London Road, Cowplain,
WATERLOOVILLE, Hampshire, PO8 8UJ

Pharmacy reference: 1031940

Type of pharmacy: Community

Date of inspection: 20/10/2022

Pharmacy context

This is a community pharmacy situated on a parade of shops on a busy main road in the residential area of Cowplain, Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers a range of services such as seasonal flu vaccinations and can supply Emergency Hormonal Contraception (EHC). The pharmacy provides multi-compartment compliance aids to people if they find it difficult to manage their medicines. The pharmacy also supplies medicines to several local residential care homes.

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 | 3.1 | Good practice | The pharmacy premises have been recently refurbished and provide good facilities for the provision of the pharmacy services offered |
| 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 safe and effective working practices. Members of the pharmacy team monitor the safety of their services well. They routinely record their mistakes and review them to help improve the pharmacy's internal processes. Team members proactively protect the welfare of vulnerable people and they understand how to suitably protect people's private information. The pharmacy generally maintains its records appropriately in accordance with the law.

Inspector's evidence

The pharmacy had written procedures in place and these had been updated recently and were in the process of being read and signed by the team. There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported electronically to head office via the Pharmapod system. And the manager demonstrated that this had been reviewed regularly and errors discussed with staff members to ensure appropriate reflection and learning. Particularly in relation to look-alike and sound-alike (LASA) medicines. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used individual baskets to hold dispensed medicines to prevent them mixing up different prescriptions. Dispensing labels were also seen to have been completed indicating who had dispensed and who had checked a prescription.

The pharmacy's team members understood what their roles and responsibilities were when questioned. They had taken measures to mitigate the risk of transmission of COVID-19. A risk assessment had been carried out in relation to the impact of COVID-19 on the pharmacy and its services. Face masks and PPE were available for the team and hand sanitiser was readily available for people entering the pharmacy to use. There was a business continuity plan in place.

There was a complaints procedure in place and displayed for people to see. Staff were all clear on the processes they should follow if they received a complaint. The pharmacy had received positive online comments about the staff and the pharmacy services. The pharmacy team was able to contribute suggestions to improve services through a suggestions box and currently following a refit consideration was being given to reorganising the stock layout taking advantage of the improved dispensary space to improve efficiency and safety further.

A certificate of public liability and indemnity insurance was on display. Records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance was checked regularly. There were some out-of-date CDs that had been separated from regular CD stock and labelled appropriately. The responsible pharmacist (RP) record was correctly completed and the RP notice was displayed and could be clearly seen by the public. There were two fridges in the main dispensary in use and temperatures were recorded and monitored daily. However, two new fridges had been recently located in the consultation room and dispensary located on the first floor and prior to the inspection routine monitoring had not been routinely carried out. Date checking of medicine stock was in place and records were kept to demonstrate this. The private prescription, emergency supply and specials records were maintained appropriately.

The pharmacy's team members were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately.

On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. There was a safeguarding policy in place at the pharmacy. The pharmacists and two technicians working had completed CPPE level 2 safeguarding training. Contact details for local safeguarding advice, referral and support were available for the staff to use should the need arise.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient staff to manage its workload safely. Pharmacy team members are suitably trained and skilled for the tasks they undertake. They have a clear understanding of their responsibilities. And, team members keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

The pharmacy was well staffed by suitably skilled team members. This helped to manage the workload safely. Staff present during the inspection included two locum pharmacists and two technicians, two dispensers and two counter assistants. Many team members were long-standing staff who had worked at the pharmacy for a number of years. They wore name badges. The manager and pharmacist regularly held team briefings to discuss current issues and encouraged feedback from staff. The team were observed undertaking their tasks with very little direction required from the RP. Team members described the management team positively and they had the confidence to raise any concerns they might have had.

Team members understood their role and responsibilities, they asked appropriate questions before selling medicines over the counter, held a suitable level of knowledge to sell medicines safely and referred when required. To assist staff with their ongoing training needs, they were provided with training modules that could be completed online, they read SOPs and described completing ongoing training on a regular basis. This helped to improve and keep their knowledge up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a good environment to deliver its services. The pharmacy is clean, it is professional in its appearance. And, it has enough space to safely provide its services.

Inspector's evidence

The pharmacy had recently undergone a refit to improve the layout and facilities available for services. As part of this work attention had been paid to improving patient confidentiality, increasing work space and access to two consultation rooms

The pharmacy fixtures and fittings were appropriate for the service provided and the pharmacy was clean, well lit and was presented in a professional manner with good storage and work space areas. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. There were plastic screens separating the retail area from the dispensary. The consultation rooms were clean and could be kept secure when not in use. The ambient temperature was controlled by air-conditioning units and was appropriate for the delivery of pharmaceutical services.

Upstairs in the pharmacy there was a separate dispensary area specifically for the preparation of compliance aids and for dispensing supplies for residential homes, as well as additional storage space.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. The pharmacy team is helpful and ensures the pharmacy's services are easily accessible. The pharmacy obtains its medicines from reputable sources. It generally stores and manages them appropriately.

Inspector's evidence

The pharmacy's opening hours were listed on the front door and its services were being advertised to people entering the pharmacy. Entry into the pharmacy was from the street via a ramp and the premises consisted of wide aisles as well as some clear, open space. This assisted people with wheelchairs or restricted mobility to easily use the pharmacy's services.

The pharmacy team supplied multi-compartment compliance packs for around 60 people for use in their own homes and pharmacy services for local care home patients using original pack dispensing.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to people who may become pregnant. The staff explained that they would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy used recognised wholesalers to obtain medicines and medical devices. Specials were ordered via licensed specials manufacturers. The pharmacy team had access to destruction kits for the destruction of controlled drugs.

Designated bins were available and being used for the disposal of medicines returned by patients. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner.

MHRA drug alerts and recalls were received and actioned appropriately by the pharmacy team. Records and audit trails to demonstrate this were kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy keeps its equipment clean and uses its facilities appropriately to protect people's privacy.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included measures for liquid medicines and counting triangles.

At the time of the inspection the pharmacy team was unable to locate any records relating to the calibration of the blood pressure machine but committed to locating these and ensuring that these were maintained appropriately. Computer terminals were password protected and positioned in a manner that prevented unauthorised access.

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. |