

# Registered pharmacy inspection report

**Pharmacy Name:** G Horton Ltd, 7 Market Place, CIRENCESTER,  
Gloucestershire, GL7 2NX

**Pharmacy reference:** 1031533

**Type of pharmacy:** Community

**Date of inspection:** 19/09/2024

## Pharmacy context

This is a community pharmacy in the centre of Cirencester, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. The pharmacy's team members provide advice and sell over-the-counter medicines. The pharmacy offers a few services such as seasonal flu vaccinations, the New Medicine Service and local deliveries for people who require this. And some people's medicines are supplied inside multi-compartment compliance packs if they find it difficult to take them. This inspection was carried out following receipt of a concern about potential unauthorised access to prescription-only medicines (POMs).

## 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 largely manages its risks appropriately and members of the pharmacy team have access to written instructions to help them to work safely. They understand how to protect the welfare of vulnerable people and can safeguard people's confidential information appropriately. Team members deal with their mistakes responsibly. But they are not always documenting details when they review them. This could make it difficult for them to show that they regularly spot patterns and prevent similar mistakes happening in future. And the pharmacy could do more to make sure its records contain the right details.

### Inspector's evidence

The pharmacy was organised, clean and tidy. It had current standard operating procedures (SOPs) which provided guidance for the team on how to carry out tasks correctly. The staff had read and signed them. Members of the pharmacy team understood their roles well and the correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. This provided details of the pharmacist in charge of the pharmacy's operational activities.

The pharmacy had policies to protect people's confidential information and for safeguarding vulnerable people. Staff had been trained on both areas and could recognise signs of concern for the latter. They knew who to refer to in the event of a concern. The responsible pharmacist (RP) was trained to level three to safeguard the welfare of vulnerable people and contact details for local agencies were readily accessible. There were no sensitive details that could be seen from the retail space. Confidential material was stored and disposed of appropriately, including confidential waste. Computer systems were password protected. However, a member of staff's NHS smart card had been left within one computer terminal and was being used during the inspection. This person was not on the premises at the time and their password was known. This limited the pharmacy's ability to control access to people's confidential information.

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 for 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. Different members of staff were involved in processing prescriptions, selecting medicines, and assembling prescriptions. This helped identify any errors and enabled more than one accuracy check to take place. Dispensed medicines requiring refrigeration were also stored within clear bags which helped easily identify the contents upon hand-out.

The RP recorded the team's near miss mistakes and informed staff when they occurred. In response, certain medicines which looked similar or sounded similar were highlighted, and different forms of the same medicine (such as tablets and capsules or modified release preparations) were separated. Shelf-edge prompts were also placed in front of them to help identify these kinds of medicines. However, internal mistakes were reviewed informally and there were no documented details about the review recorded. This limited the pharmacy's ability to fully demonstrate the actions taken in response.

The pharmacy's records were mostly 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. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. Records verifying that fridge temperatures had remained within the required range had been appropriately completed. However, incorrect details about prescribers had been documented within the electronic private prescription register and there were occasional gaps within the RP record where pharmacists had not recorded the time that their responsibility ended. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have a range of skills and experience. The owner and pharmacist support them. 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

At the inspection, the pharmacy had an adequate number of team members to support the workload; some members of the team were on leave or not working and only the regular pharmacist was present, along with a pharmacy student and a trainee dispensing assistant who was due to complete the accredited course she was currently undertaking. The bulk of the pharmacy's workload came from dispensing medicines for people with compliance packs, a separate team consisting of two trained dispensers were responsible for managing this, one of whom included an accuracy checking dispenser. Team members confirmed that they could manage dispensing and routine tasks and the pharmacy was up to date with this. People were also observed to be served promptly.

Staff asked relevant questions before selling medicines and they referred appropriately. Staff in training confirmed that the pharmacy owners and RP supported them. They could also complete formal training at work. Team members learnt about new topics or refreshed existing knowledge through online training resources and had access to training material through pharmacy support organisations. Staff described informal performance reviews taking place but said that they could easily discuss concerns with the owners and felt confident to provide suggestions if needed to improve the pharmacy's internal processes.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable for it to provide its healthcare services from. Team members keep the pharmacy suitably clean. And the pharmacy has a separate space where confidential conversations and services can take place.

### Inspector's evidence

The pharmacy was in the centre of the town and its retail area was in keeping with the history of the area. The pharmacy's premises were very well-presented, professional in appearance, bright, and appropriately ventilated. The ambient temperature was suitable for the storage of medicines and the pharmacy was secured against unauthorised access. The dispensary was small with an adequate amount of space for staff to carry out dispensing tasks safely. Dispensing benches were kept clear of clutter. There was a clean sink in the dispensary for preparing medicines which had hot and cold running water. The pharmacy was clean and tidy. A signposted consultation room was available for services and private conversations. The room was of a suitable size for its intended purpose. However, although it had a sign above it which indicated its presence, due to the location of the room, the sign was not visible to people using the pharmacy's services. The first floor, above the retail area and dispensary was vast. It had stock rooms, a second dispensing area for preparing and storing assembled compliance packs, staff areas and a section where deliveries for people were stored before the pharmacy's delivery drivers took them.

## Principle 4 - Services ✓ Standards met

### Summary findings

People can easily use the pharmacy's services. The pharmacy obtains its medicines from reputable sources and manages them appropriately. And team members routinely identify people who receive higher-risk medicines. But they don't always record details when relevant checks are made. This limits the pharmacy's ability to show that people are provided with appropriate advice when they supply these medicines.

### Inspector's evidence

People could enter the pharmacy from steps which made it difficult for people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. A doorbell at the front door, however, alerted staff and they assisted people at the door. Details about the pharmacy's opening times were clearly advertised. Staff described making reasonable adjustments for some people with different needs if this was required. This included providing people with written details, using representatives, physically assisting, and communicating verbally to people who were visually impaired. The team could also use Google Translate to help people whose first language was not English.

People's medicines were delivered to them, and the team kept specific records about this service. This helped verify and trace who had received their medicines in this way. CDs and fridge lines were highlighted. Failed deliveries were mostly brought back to the pharmacy and notes were left to inform people about the attempt made. Medicines were however, left unattended if this was required. Staff were aware of the risks associated with this, CDs and temperature-sensitive medicines were not left and appropriate records to help justify this practice had been maintained.

People who required compliance packs were initially assessed and had been identified as having difficulty in managing their medicines. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Queries were checked with the prescriber and records about this were updated accordingly. This included when the team received details about changes after being discharged from hospital. Descriptions of the medicines inside the packs were provided, all medicines were removed from their packaging before being placed inside the compliance packs and patient information leaflets (PILs) were routinely supplied. Compliance packs were however, potentially left unsealed overnight. The risks associated with this practice were discussed at the time.

Staff were aware of the risks associated with valproates. They ensured these medicines were dispensed in the original manufacturer's packs, that relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and had identified people in the at-risk group who had been supplied sodium valproate. Appropriate literature was also available to provide to people if needed. The team routinely identified people prescribed other higher-risk medicines, they asked about relevant parameters, such as blood test results, and counselled appropriately, but there were no records kept about this.

The pharmacy's stock was stored in a very organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were date-checked for expiry regularly; records were kept verifying when this had taken place and short-dated medicines were identified. Drug alerts were received by email and actioned appropriately. Medicines returned for disposal, were accepted by staff,

and stored within designated containers. This included sharps provided they were within suitable sealed containers.



## 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 the team ensures they are used appropriately to protect people's private information.

### Inspector's evidence

The pharmacy's equipment and facilities included access to current versions of reference sources, clean, standardised conical measures for liquid medicines, tablet counting triangles and capsule counters, a legally compliant CD cabinet and appropriately operating pharmacy fridges as well as a large shredder to dispose of confidential waste. Triangle tablet counters included a separate one marked for cytotoxic use only which helped avoid any cross-contamination. Computer terminals were positioned in a manner that prevented unauthorised access and the pharmacy had cordless telephones so that private conversations could take place if required.

### 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.