General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: R. Glenton & Son Ltd., 49 Welland Vale Road, Evington, LEICESTER, Leicestershire, LE5 6PX

Pharmacy reference: 1034173

Type of pharmacy: Community

Date of inspection: 05/03/2024

Pharmacy context

This is a community pharmacy that is situated in a row of shops on a housing estate in a Leicester suburb. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides include delivering medicines to people's homes and the 'Pharmacy First' services.

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 identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. And the pharmacy manages people's electronic personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it does not routinely record all its mistakes, it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which had not been reviewed since March 2020. This could mean that some of the SOPs did not provide information to help staff or locum pharmacists follow current best practice. The pharmacist said he would ask for the SOPs to be reviewed. Staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and knew how to give advice during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. The pharmacy highlighted prescriptions containing CDs to remind the person handing them out of the shorter validity of these prescriptions.

The pharmacist had started providing the 'Pharmacy First' service. He had spoken to the local GP practice to make them aware the service was available. He had completed the required training and was training his team about the service.

The pharmacy had processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time, and the aim was to record them in the near miss log. When checked there had only been one entry in the near miss log since November 2023. The pharmacist said that not all near misses were being recorded. The pharmacist said that going forward he would make sure that near misses were recorded.

The Responsible Pharmacist (RP) notice was visible from the public counter but identified the previous pharmacist on duty. The pharmacist changed the notice to display the correct RP. The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the RP record, private prescription records, and the CD register. The entries for two CD items checked at random during the inspection agreed with the physical stock held. Monthly balance checks of all CDs were completed. Patient-returned CDs were recorded in a designated register. Patient-returned CDs had been destroyed.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential electronic information was stored securely, and confidential waste was destroyed appropriately. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacy team members were aware of the 'Safe Space Initiative,' and they knew what to do if someone 'asked for Ani.'

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload. Team members can raise concerns if needed.

Inspector's evidence

The pharmacy had a stable pharmacy team with a pharmacist who had worked there for a number of years. During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There was one pharmacist, one trainee dispenser and a qualified counter assistant. Team members were observed supporting each other and referring queries to the pharmacist when needed.

The trainee dispenser was a little behind in her formal training, the pharmacist said he would support her to complete it. When asked, members of the team said they would be comfortable discussing any issues they had at work with the pharmacist and knew how to raise a concern if they had to. They had an annual review where they were able to give and receive feedback. And they discussed any issues informally on a daily basis. Staff were given informal training by the pharmacist including recent training on the 'Pharmacy First' service.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private. The pharmacy makes changes to help keep people who use the pharmacy safer from the risk of catching infectious diseases.

Inspector's evidence

The pharmacy had undergone a refit both inside and out since the previous inspection which had given it a bright modern look. The public area had suitable seating and plenty of space for people using the pharmacy. There was a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. And there was hand sanitiser available. The dispensary was a good size for the services provided. There was suitable heating and lighting, and hot and cold running water was available. Two reasonable sized consultation rooms were available for people to have a private conversation with pharmacy staff. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's healthcare services are mainly suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people’s health and wellbeing.

Inspector's evidence

The pharmacy had a push-pull door with flat access which provided reasonable access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacy knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate and had implemented the latest advice. The pharmacist gave some advice to people using the pharmacy's services. This included advice when they had a new medicine, or their dose changed. The pharmacist did not routinely give advice to people who were taking medicines that required ongoing monitoring such as methotrexate, warfarin, or insulin. He said that he would review when and how he gave advice to people.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. The pharmacy spread the workload for preparing these packs across the month. Compliance packs seen did not included medicine descriptions on the packs which made it more difficult for people to identify individual medicines in their packs. Patient information leaflets (PILs) were provided to people when they started a new medicine but not routinely after that. The pharmacist said that he would start supplying PILs on a monthly basis.

Medicines were stored on shelves in their original containers. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable to use. The pharmacy team had a process for date checking medicines. A check of a small number of medicines did not find any that were out of date. CDs were stored appropriately. The pharmacist explained the process for managing drug alerts, but this did not include making a record of the action taken. The pharmacist said he was considering introducing an electronic record system.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. And the current temperature of the three fridge thermometers were within the required range. But the team did not reset the fridge thermometers which meant that all three thermometers showed a maximum temperature above the required range. The pharmacist said he would review the processes for checking fridge thermometers to make sure that correct procedures were followed. The pharmacy's portable electronic appliances had been last tested in September 2020. The pharmacist said he would arrange for a test. Equipment seen looked in a reasonable condition.

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.