

# Registered pharmacy inspection report

**Pharmacy Name:** Gohil Chemist, Clover House, Boston Road,  
SLEAFORD, Lincolnshire, NG34 7HD

**Pharmacy reference:** 1034331

**Type of pharmacy:** Community

**Date of inspection:** 15/01/2020

## Pharmacy context

This is a family owned independent pharmacy located close to the centre of Sleaford in Lincolnshire. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It offers advice on the management of minor illnesses and long-term conditions. It supplies some people with medicines in multi-compartment compliance packs, designed to help them remember to take their medicines. It also offers a delivery service to people's 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
<b>1. Governance</b>	Standards met	1.4	Good practice	The pharmacy proactively seeks feedback about its services. And it shows how feedback from the regulator is used to inform positive changes to practice. The pharmacy has also used feedback following changes to prescription ordering processes to help identify vulnerable people who may not remember to order their own prescriptions.
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy has continual learning and development strategies. These encourage pharmacy team members to expand their knowledge and the skills associated with their roles.
		2.5	Good practice	The pharmacy encourages feedback from its team members. And it demonstrates how it listens to and responds to feedback to inform its working processes.
<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 identifies and manages the risks associated with its services through regular review processes. It keeps people's private information secure. And it generally keeps all records it must by law up to date. The pharmacy proactively seeks feedback about its services. And it shows how it is good at using this feedback to inform positive changes to practice. Its team members show good insight into how to recognise safeguarding concerns. And they take appropriate action to report safeguarding concerns when required. Pharmacy team members act openly and honestly by sharing information when mistakes happen. And they demonstrate how they learn from their mistakes.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These included responsible pharmacist (RP) requirements, controlled drug (CD) management and pharmacy services. Review dates on the sample of SOPs examined were March and October 2020. The SOPs contained details of the roles and responsibilities of pharmacy team members. Each member of the team was provided with their own individual copy of the SOPs on a memory stick. And this memory stick was recalled and reissued to team members when SOPs were reviewed. A member of the team explained how this approach worked well as a team member could refer back to a SOP at work or at home if they needed to check something. All SOPs remained accessible to team members on the computer in the consultation room. Clinical governance processes in the pharmacy also included maintaining an up-to-date risk register. This was seen to include a focus on staffing levels and skill mix.

An ACT demonstrated how she checked prescriptions following a clinical check by a pharmacist. ACTs were sometimes verbally informed of these checks by a pharmacist passing along a prescription to them rather than recording the clinical check on the prescription. This meant it was not always possible to identify which pharmacist had completed the clinical check as there was often more than one on duty. The ACT provided examples of how she applied her professional judgement and referred to a pharmacist if she had any concerns about what she was asked to check. A medicine counter assistant discussed aspects of her role and had a clear understanding of the tasks she could not complete if the RP took absence from the pharmacy.

Workflow across the pharmacy was well organised. There was separate bench space in the main dispensary used for managing acute prescriptions. And the team focussed on this workflow during the busiest periods. Another work bench provided space for completing tasks associated with repeat prescriptions. And there was protected space in back rooms of the pharmacy for completing tasks associated with the delivery service and the multi-compartment compliance pack service. Additional desk space also provided room for completing administration tasks in a separate room to the dispensary.

Pharmacy team members were encouraged to record their own near misses following a mistake being identified and brought to their attention. Near-miss error logs were consistent and notes within entries provided an oversight of what had happened. The pharmacy team placed 'double check' stickers on shelf edges when 'look-alike' and 'sound-alike' (LASA) medicines were identified to be the cause. And brief notes in the near-miss error log confirmed the team undertook regular reviews and applied

actions to help reduce risk following these types of mistakes. Pharmacy team members explained the superintendent pharmacist would provide feedback to them each month about the types of trends in mistakes being seen. And they felt able to contribute ideas to help reduce risk in the pharmacy.

The pharmacy recorded dispensing incidents in accordance with its incident reporting procedure. These types of mistakes were fed back to the team immediately. Additional learning and actions taken to reduce risk were followed up after this initial discussion. The superintendent pharmacist demonstrated how gabapentin and pregabalin had been separated on the stock room shelves to reduce the risk of an incident occurring by picking the wrong medicine. And another member of the team explained how additional learning and different approaches to identity checks were used to help ensure the risk of a hand-out error was minimised.

The pharmacy advertised its complaints procedure in its practice leaflet. And it promoted feedback from members of the public using the pharmacy. For example, the pharmacy's 'Community Pharmacy Patient Questionnaire' was advertised well. And results from its latest questionnaire were published and showed a 100% satisfaction rating. The pharmacy had a website ([www.gohilsparmacy.com](http://www.gohilsparmacy.com)). This provided people with information about the pharmacy's services and allowed them to leave feedback. The website did not advertise medicines for sale. Pharmacy team members checked they had met the needs of people using the pharmacy routinely. And explained they focussed on providing a high-level of customer service. This was supported by comments published on the pharmacy's website and on [www.nhs.uk](http://www.nhs.uk). Pharmacy team members also demonstrated changes they had applied following feedback from the last GPhC inspection. And it had used feedback following a change of processes brought in by the local NHS Clinical Commissioning Group (CCG) to inform additional checks of people's ability to remember to order their own prescriptions.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed contained the correct details of the RP on duty. The RP record was kept in accordance with legal requirements. The pharmacy maintained running balances of CDs within its CD register. The register was generally kept in accordance with legal requirements. But addresses of wholesalers were not always entered when recording receipt of a CD. The pharmacy completed periodic full balance checks. The last full balance check was recorded in July 2019. It did check balances upon receipt and supply. A physical balance check of Matrifen 50 microgram patches complied with the balance recorded in the register. The pharmacy maintained a patient returned CD register. And pharmacy team members recorded returns into the register at the time of receipt. The pharmacy kept records associated with the supply of unlicensed medicines in accordance with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA). And it kept records of private prescriptions in the Prescription Only Medicine (POM) register in full. But it did not record details of emergency supplies of medication it issued through the Community Pharmacist Consultation Service (CPCS) within the register.

The pharmacy displayed a privacy notice. And it had published information available to people about how it looked after their private information. It had procedures relating to information governance and compliance with the requirements of the General Data Protection regulation (GDPR). The pharmacy had submitted its annual NHS Data Security and Protection (DSP) toolkit as required. Pharmacy team members demonstrated a sound knowledge of how to manage people's information in confidence. And they stored all patient data in staff only areas of the pharmacy. The pharmacy used a cross shredder to destroy its confidential waste.

The pharmacy had procedures and information relating to safeguarding vulnerable adults and children. And it had contact information for safeguarding agencies readily available. Pharmacy team members had completed some learning relating to safeguarding through reading procedures, attending events

and through team discussions. Pharmacists and pharmacy technicians had completed level two learning on the subject through the Centre for Pharmacy Postgraduate Education (CPPE). Pharmacy team members were confident in explaining how they would recognise and report a safeguarding concern. And provided several examples of how they had needed to share concerns with surgeries and where necessary escalate an issue to social care services.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services safely. And it has a good skill mix across its workforce. It has continual learning and development strategies. These encourage pharmacy team members to expand their knowledge and the skills associated with their roles. Pharmacy team members are enthusiastic about their roles. They demonstrate how they share learning to help ensure people visiting the pharmacy receive a positive experience. And they demonstrate respect for each other. They understand how to raise a concern and provide feedback if needed. The pharmacy encourages feedback from its team members. And it demonstrates how it listens to and responds to feedback to inform its working processes.

### Inspector's evidence

On duty during the inspection were three pharmacists, an ACT, a level three qualified dispenser, a level two qualified dispenser, a trainee dispenser and a medicine counter assistant. The pharmacy also employed another two ACTs and another medicine counter assistant. And a pharmacy technician provided regular assistance to the owners in respect of governance arrangements such as updating SOPs. One of the pharmacy's medicine counter assistants completed tasks associated with the medicine delivery service.

Pharmacy team members were committed to continual learning relating to their roles. This learning ranged from reading journals and attending scheduled training events to completing e-learning associated with national health campaigns. The pharmacy displayed certificates of its team members qualifications close to the medicine counter. And further evidence of team members recent learning associated with LASA medicines, safeguarding, managing difficult conversations and recognising the symptoms of sepsis were demonstrated. Pharmacy team members could take some time in work to complete their learning. And the trainee dispenser confirmed she was supported well in her role by all her colleagues. A newly qualified pharmacist expressed that he was being well supported whilst developing in his role. Pharmacy team members explained they received regular feedback about their performance. This took the form of verbal feedback. And a formal annual appraisal.

The pharmacy did not have specific targets for delivering its services. But it tried to complete at least the number of Medicines Use Reviews (MURs) allowed by the NHS each year. And there was a proactive approach to identifying and completing New Medicine Service (NMS) consultations. One pharmacist explained how positive feedback from NMS consultations had led him to identify the benefits people got through somebody taking the time to see how they were getting on with their new medicine.

The pharmacy team had regular meetings to share learning and patient safety information. And hand over information at the beginning of the day took place to help ensure all team members were up to date with the latest information. One member of the team explained how a recent update to the clinical computer system had led to regular demonstrations between colleagues to share information related to process changes. Other examples of shared feedback included recognising LASA medicines and updating the team about medicine supply issues.

The pharmacy had a whistleblowing policy. Pharmacy team members were confident at explaining how

they would share concerns at work. And they knew where they could seek assistance with escalating a concern if required. Several team members explained that feedback to the owners was encouraged. And examples of how their feedback had been used to inform working practices were provided. For example, pharmacy team members had re-organised the way the pharmacy stored its Electronic Prescription Service (EPS) prescriptions. This had helped improve the efficiency of working through managed workload. And it meant that a prescription was easily retrievable should a person attend to collect their medication early.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure. And the pharmacy premises are well kept and suitable for providing pharmacy services. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

### Inspector's evidence

The pharmacy was secure and the premises were well maintained. Pharmacy team members explained they would report any maintenance concerns to the owners. And they were aware that local tradespeople provided routine maintenance support to the pharmacy. For example, the pharmacy used an electrician to carry out routine checks and repairs when required. The pharmacy was clean and floor spaces and work benches were generally free of clutter. Some assembled bags of medicines waiting for delivery and collection were stored at floor level in front of some shelving. But the bags did not pose trip hazards as they were held to the side of the designated walkway between the pharmacy's rooms. The pharmacy had appropriate heating arrangements in place. And lighting throughout the premises was sufficient.

The public area was fully accessible to people using wheelchairs and pushchairs. It stocked medicines and health related products. There was a clearly sign-posted consultation room. The room was a good size. And it was fully accessible to anybody visiting the pharmacy. It was professional in appearance and offered a suitable space to hold private conversations with people. The door to the room leading into the public area was kept securely locked to prevent any unauthorised access into the room.

The dispensary was accessed from behind the medicine counter. It was a sufficient size with extra space provided for storing medicines and completing tasks associated with the dispensing services in three additional rooms located to one side of the main dispensary. Off the other side of the dispensary was a small staff room and staff toilet facilities. The pharmacy also owned an office on the first-floor level of the building. Pharmacy team members explained they used this space from time to time to complete learning in a quiet atmosphere. This additional space was appropriately secured against unauthorised access.



## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy advertises its services and makes them accessible to people. It has up-to-date procedures to support the pharmacy team in delivering its services. And its team members follow these procedures well. People visiting the pharmacy receive advice and information to help them take their medicine safely. And the pharmacy identifies high-risk medicines to help make sure people taking these medicines have the support they need. The pharmacy obtains its medicines from reputable sources. And it keeps its medicines safe and secure.

### Inspector's evidence

The pharmacy was accessed through a power assisted door from the onsite carpark. Details of the pharmacy's opening times and services were clearly advertised. It displayed information relating to health campaigns and maintaining a healthy lifestyle in its public area. The display focussed on alcohol awareness on the date of inspection. A pharmacist explained how he encouraged people to live a healthy lifestyle. And he provided a recent example of how discussing alcohol intake with a person had led to the person reviewing and reducing their intake. During the inspection there was also positive feedback provided to a pharmacist by a member of the public who had previously been provided with some guidance about the side effects of their medication. Other examples of positive outcomes from services were discussed and included examples from MURs and NMS consultations.

Pharmacy team members were aware of how to signpost people to other pharmacies or healthcare providers if the pharmacy was unable to provide a service. For example, people making requests for their medicines to be supplied in multi-compartment compliance packs were either sign-posted to another pharmacy or entered onto a waiting list. This was due to the pharmacy setting a cap for the service to ensure it could manage it safely. A pharmacist conducted a needs assessment with a person prior to the supply of medicines in this way. And the pharmacy reviewed the supply of medicines in this way to help ensure it benefited the person involved. A team member provided an example of the outcome of a trial being shared with a GP. This had helped inform the persons care needs moving forward.

The pharmacy had reviewed the needs of the population it served. It stored an extended range of incontinence products and some devices designed to help people remember to take their medicines. A pharmacy team member explained how they used the consultation room with people requiring extra assistance or advice in selecting these types of products. The pharmacy stored Pharmacy (P) medicines behind the medicine counter. This meant a pharmacist had supervision of sales taking place and was able to intervene if necessary.

The pharmacy had some processes for identifying people on high-risk medicines. It was engaging in medication safety audits through the NHS Pharmacy Quality Scheme (QPS). These included audits on amiloride, valproate and lithium. And a pharmacist explained how an asthma audit had led to an increased awareness of checking people's medication records to ensure they had a preventer inhaler prescribed where indicated. And that children were using an appropriate spacer device with their inhaler. Pharmacists completed verbal counselling associated with medicines requiring additional monitoring. For example, warfarin and methotrexate. But the details of these checks were not recorded on medication records. The pharmacy had information associated with the Valproate Pregnancy

Prevention Programme (PPP) readily available. And a discussion took place about how team members should use the new style medicine packaging on some valproate products to ensure high-risk warning cards were supplied to people in the high-risk group each time dispensing took place.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members signed 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail during the dispensing process. The pharmacy kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. The pharmacy maintained an audit trail for the prescription delivery service and people signed to confirm they had received their medication.

Pharmacy team members used a diary to manage the multi-compartment compliance pack service. They reported a good working relationship with a clerk at the local surgery who supported the prescription ordering process. This meant the pharmacy was regularly informed of changes to people's medication regimens. And changes to medication regimens were documented in full. A sample of assembled packs contained full dispensing audit trails. The pharmacy provided detailed descriptions of the medicines inside the pack to help people identify them. And it supplied patient information leaflets at the beginning of each four-week cycle of packs.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. And it stored its medicines on shelves in an orderly manner. And within their original packaging. Pharmacy team members had an awareness of the Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed and it had scanner in place. Some SOPs had been redrafted to include FMD requirements. But pharmacy team members had not yet physically started to scan medicines during the dispensing process.

The pharmacy had a date checking rota. But some sections on the rota had not been completed since 2018. There was evidence to support more recent date checking had taken place. For example, the team kept a diary of short-dated medicines. And this was up to date. Pharmacy team members annotated the opening date on bottles of liquid medicines. A random check of dispensary stock found no out-of-date medicines. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy received drug alerts and recalls through email. And appropriate action was taken to check these alerts and respond to them when necessary.

The pharmacy held CDs in a secure cabinet. And medicines inside the cabinet were stored in a safe and orderly manner. For example, the pharmacy stored its out-of-date CDs separate from stock within the cabinet. And pharmacy team members highlighted CD prescriptions to help inform additional safety checks throughout the dispensing process. The pharmacy's medical fridge was a suitable size for the amount of medication stored inside. Temperature records confirmed the fridge was operating between two and eight degrees Celsius as required.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. It monitors its equipment to ensure it remains safe to use and fit for purpose. And pharmacy team members manage and use equipment in a way which protects people's confidentiality.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. Pharmacy team members also had access to the internet which provided them with further resources. The pharmacy's computers were password protected. And pharmacy team members used NHS smartcards to access people's healthcare records. Information on computer screens was protected from unauthorised view due to the layout of the premises. The pharmacy held assembled bags of medicines on shelves within staff only areas of the pharmacy. These areas were out of direct line of sight of the public area. It had cordless telephone handsets in place. And pharmacy team members moved to a back room of the pharmacy when speaking to people about their medicines over the telephone.

The pharmacy had clean, crown stamped measuring cylinders for measuring liquid medicines. And clean counting equipment for tablets and capsules. Its electrical equipment had been subject to safety checks in May 2019. The pharmacy stored some equipment for its services within the consultation room. For example, a blood pressure machine. This machine was several years old. A pharmacist confirmed this was used for screening purposes only.

### 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.