General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: S.Singh (Nottingham) Limited, Unit 6, Tudor Square, West Bridgford, Nottingham, Nottinghamshire, NG2 6BT

Pharmacy reference: 1035744

Type of pharmacy: Community

Date of inspection: 19/09/2019

Pharmacy context

This is a family owned community pharmacy in a town on the outskirts of Nottingham. 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 medicines in multi-compartmental compliance packs, designed to help people remember to take their medicines. And it delivers medicines to people's homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.4	Good practice	The pharmacy proactively encourages feedback from people using its services. It displays this feedback for people to see. And it uses this feedback to inform the way it delivers its services.
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	4.1	Good practice	The pharmacy team reaches out to the community to promote people's health and wellbeing. And it engages well with other organisations to support the welfare of people in its local community.
5. Equipment and facilities	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. It keeps the records it must by law. And it protects people's personal information. The pharmacy proactively encourages feedback from people using its services. It displays this feedback for people to see. And it uses this feedback to inform the way it delivers its services. The pharmacy team members are clear about their roles and responsibilities. They discuss their mistakes and identify actions they can take to reduce risks in the future. But they do not always document their learning through signing procedures and maintaining records of the risk reviews they engage in.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). The SOPs had been reviewed by the superintendent pharmacist in April 2019. And the next documented review date was 2021. The SOPs included responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary procedures and services. Roles and responsibilities of pharmacy team members were included. But some members of the team had not yet signed the SOPs to confirm they had read and understood them following the latest review. Pharmacy team members were observed working in accordance with dispensing SOPs during the inspection. And a dispenser explained what tasks could and couldn't be completed if the RP took absence from the premises.

Space in the dispensary was limited due to baskets of part-assembled medicines on the dispensary workbenches. And some baskets of medicines waiting to be accuracy checked. The pharmacy received much of its workload through its managed repeat prescription service. This meant that pharmacy team members could manage their workload well. And it reduced the risk of mistakes caused by interruptions.

On the day of inspection, the pharmacy did not have any near-miss error records to demonstrate. A dispenser explained how she documented her mistakes in a book which she used as a personal learning record. And she discussed her reflection process following a mistake. Dispensers did not always keep these records onsite. And the dispenser explained how she would record a note on her phone and enter it at home. This meant there were limited opportunities to review trends in mistakes with the whole pharmacy team and share this learning. The pharmacy had previously maintained near-miss error records. And a discussion took place about the benefits of doing this as set out in the GPhC guidance to ensure a safe and effective pharmacy team. The pharmacy did have a formal incident reporting procedure. And the pharmacy retained incident reports. The RP reflected on the most recent dispensing error. This reflection included learning which had been shared across the whole team to help reduce the risk of a similar mistake occurring.

Pharmacy team members were able to demonstrate a number of risk reduction actions they had applied following discussions relating to patient safety. For example, physical dividers had been placed on the dispensary shelves between common 'look-alike and sound-alike' (LASA) medicines. And written prompts were also displayed to encourage additional checks during the dispensing process. For example, a prompt next to brinzolamide eye drops offered cautionary information about a combination product which was also available.

The pharmacy had a complaints procedure in place. And pharmacy team members explained how they would respond to a concern. The pharmacy had good processes for encouraging feedback about its services. A notice board at the medicine counter encouraged people to leave feedback about the pharmacy through attaching notes to the board. And a number of people had taken the opportunity to do this. Comments on the board were positive. Pharmacy team members explained how feedback had led to the pharmacy increasing its range of equipment designed to help people with mobility problems. For example, it offered a range of walking aids and everyday essentials such as specialist padded cutlery and incontinence supplies. The pharmacy also promoted feedback through their annual 'Community Pharmacy Patient Questionnaire'. It published the results of this questionnaire for people using the pharmacy to see. And the RP was keen to ask people for feedback on products they had used to help inform recommendations and advice offered to others.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. Entries in the responsible pharmacist record complied with requirements. The pharmacy maintained running balances in its CD register. And it completed balance checks as CDs were received and supplied. But it did not undertake full regular balance checks of all CDs in the register against physical stock. This meant that it could be more difficult for the pharmacy to manage a discrepancy should one occur. A physical balance check of Zomorph 10mg capsules complied with the balance recorded in the register. The register was maintained in accordance with legal requirements. The pharmacy had not supplied any private prescriptions within the last two years. Details of emergency supplies which were infrequently made were recorded electronically.

The pharmacy stored people's personal information in staff only areas of the pharmacy. And pharmacy team members demonstrated how their working processes kept people's information safe and secure. All team members had completed some learning relating to confidentiality requirements. The pharmacy had submitted its annual NHS Data Security and Protection toolkit as required. It disposed of confidential waste by using a cross shredder.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Contact information for safeguarding teams was readily available for its team members to refer to. The RP had completed level two safeguarding training. And other members of the team had completed some learning on the subject. Pharmacy team members demonstrated a good commitment to looking after the welfare of vulnerable people. For example, they encouraged people to come in and take a seat and have a chat whilst out shopping. A dispenser explained how she would manage a concern relating to an inappropriate request for a Pharmacy (P) medicine by referring it on to the pharmacist.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified and knowledgeable people working to provide its services safely. It has some good systems for supporting the learning needs of its team members. And pharmacy team members show how their learning makes a difference to people. Pharmacy team members can raise concerns and provide feedback about the pharmacy. And they understand how to escalate any concern they have. They engage in regular conversations and learning opportunities to help manage risk.

Inspector's evidence

On duty at the time of the inspection was the RP (full-time regular pharmacist), a pharmacy director (qualified dispenser), another qualified dispenser and the delivery driver. The company had another pharmacy close by. And pharmacy team members would provide support to either pharmacy. For example, to cover annual leave. The pharmacy did not set targets for its team members. There was a strong focus on building and maintaining good relationships with people visiting the pharmacy.

The pharmacy displayed certificates relating to the qualifications of its team members. It encouraged its team members to attend learning events in the local area. The last learning event had focussed on changes to the GPhC inspection model. And it had provided the pharmacy team with tools to help prepare for the change to unannounced inspections. Pharmacy team members also completed regular learning relating to public health campaigns. And they accessed online modules relating to seasonal ailments. They were confident when discussing how they applied their learning when engaging with members of the public. And they shared several examples of people returning to the pharmacy to provide positive feedback about the information provided to them. Pharmacy team members had the opportunity to discuss their learning and development with their manager during an appraisal.

Day-to-day feedback mechanisms were mainly informal. Pharmacy team members discussed workload and patient safety issues as they arose. But the pharmacy did not regularly record details of these conversations. This meant there was limited opportunities to go back and review the information. Or share the information with staff who were not on duty. The pharmacy had a whistleblowing policy in place. And pharmacy team members confirmed they were confident to feedback any concerns or ideas. And they knew how to escalate concerns if necessary. A dispenser demonstrated how her feedback had been used to implement different coloured baskets for the delivery service.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure and maintained to the standards required. Pharmacy team members take care to protect people's private information when using the consultation facilities.

Inspector's evidence

The pharmacy was secure. Pharmacy team members reported maintenance concerns to a pharmacist or director. And a directory of local tradespeople was maintained. The pharmacy was clean. Antibacterial soap and towels were available at designated hand washing sinks. The pharmacy's heating arrangements were adequate. And it used fans in summer months to help improve ventilation. Lighting throughout the pharmacy was sufficient.

At the beginning of the inspection most available space on two of the dispensary work benches was being used to hold baskets of assembled medicines. Pharmacy team members did have some space on another work bench which they used to label and assemble medicines. And the RP had space to complete accuracy checks. Off the back of the dispensary was staff facilities.

The public area of the pharmacy was open plan. The pharmacy's consultation booth was accessed to the side of this area. The booth was a sufficient size to hold private consultations with people. But it did not have a roof. This meant that pharmacy team members had to speak in a low voice if other people were present in the pharmacy when a private consultation was taking place. The RP was observed applying vigilance when speaking to people about their medicines. The door to the room remained locked by a combination key pad when it was not in use.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people. The pharmacy team reaches out to the community to promote health and wellbeing. And it engages well with other organisations to support the welfare of people in its local community. The pharmacy has procedures to support its team members in delivering its services effectively. And the pharmacist takes time to speak to people about their medicines. The pharmacy obtains its medicines from reputable sources. And it manages them appropriately to help make sure they are safe to supply.

Inspector's evidence

The pharmacy was accessible through a push/pull door, up a small step from street level. Pharmacy team members were available to assist people with access if required. There was designated seating provided for people waiting for a prescription or service. And pharmacy team members explained how some people would come into the pharmacy to rest and chat with the team during shopping trips. The pharmacy displayed its opening times. And it advertised the services it provided. Pharmacy team members understood the requirement to signpost people on to another healthcare provider or pharmacy, should the pharmacy not be able to provide a service or a medicine.

The pharmacy had a wealth of information available to support people wanting to improve their health and wellbeing. It engaged well with national health campaigns by displaying hand-made posters promoting key messages and facts. A range of these displays were demonstrated. For example, the pharmacy had used an interactive display as part of an alcohol awareness campaign. On the date of inspection, the pharmacy was promoting cancer awareness through a thought-provoking display. And it was also engaging with people about living with diabetes. There was a good range of information available for people to take. This included a guide to improving the health and wellbeing of people with type two diabetes. And recipe cards to support people in reducing the amount of sugar and salt in their diet.

The pharmacy was committed to engaging with the local community. The RP explained that the pharmacy's mission was to ensure people saw its team members in person and not just working in the dispensary. The RP regularly spoke at events including promoting health and wellbeing at a men's Christian fellowship, the local Sikh temple and at a local Women's Institute meeting. The pharmacy had also engaged with a local safeguarding charity. And had invited a person from the charity in to the pharmacy to speak with both staff and people using the pharmacy about their role. A dispenser explained how useful the event had been for all involved. Pharmacy team members recognised most people as they came into the pharmacy. The RP personally served on the medicine counter when he was able to. And followed up on conversations he had previously had with people. He discussed recent outcomes from the advice and services provided by the pharmacy. This included providing information to help a person making an informed decision when wishing to purchase natural remedies and food supplements, such as magnesium.

The RP had a thorough approach to counselling people who presented acute prescriptions. He did this by completing his final accuracy check and then taking the medicine and prescription form out to the person to speak with them. He then bagged the medication with the person present. When more than

one person was waiting in the pharmacy the RP was observed moving to one side with the person when holding these discussions. This protected the persons confidentiality. The RP had good oversight of managed workload and would highlight any prescriptions which required further counselling upon collection. The pharmacy used this system to highlight prescriptions for high-risk medicines. This ensured the person received appropriate counselling and established that regular monitoring checks for these medicines were taking place. A dispenser discussed the importance of referring prescriptions for valproate to the pharmacist. And the pharmacy had the necessary resources available to meet the requirements of the valproate Pregnancy Prevention Programme (PPP).

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 the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. And it used the prescription throughout the dispensing process when the medicine was later supplied. The pharmacy retained an audit trail for its prescription collection service. People telephoned or called into the pharmacy to order their repeat prescriptions. It kept an audit trail for the prescription delivery service. But people were only asked to sign for deliveries of controlled drugs. This meant it could be difficult for the pharmacy to resolve a query about the delivery service if one arose.

The pharmacy had a schedule for managing the supply of medicines in multi-compartmental compliance packs. Each person on the service had their own individual profile. And a dispenser demonstrated robust checks against the prescription and current medication regimen to establish any changes. Pharmacy team members confirmed any changes with surgery teams. And they then recorded the details onto people's medication records. The pharmacy kept hospital discharge sheets and communication from surgery teams within individual profiles. A prominent note was attached to the third pack of each cycle. This prompted people to ring the pharmacy and re-order their prescriptions for the following month. A discussion took place about how this allowed people to remain in control of their medication requirements at much as possible. The pharmacy had information relating to the stability of medicines when removed from their original packaging. And it used this to help assess the suitability of what medicines to supply in the packs. A sample of assembled packs contained full dispensing audit trails and descriptions of the medicines to help people identify them. But the pharmacy did not routinely provide patient information leaflets with the packs. A discussion took place about the requirement to supply a patient information leaflet each time a medicine was dispensed.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members discussed changes to medicine packaging introduced due to the Falsified Medicine Directive (FMD). The pharmacy was registered with SecurMed. But it had yet to adopt processes to comply with FMD. The pharmacy team received safety alerts and drug recalls via email. It acted upon these alerts in a timely manner.

The pharmacy stored P medicines behind the medicine counter. This meant the RP had supervision of sales taking place. And the RP managed many of the sales personally. The pharmacy generally stored medicines in the dispensary in an organised manner. But some loose blister strips of medication were stored next to their original packaging. A discussion took place about the risks of storing medicines in this way. The pharmacy team members completed scheduled date checking tasks during quieter periods and they highlighted medicines which were short dated. No out-of-date medicines were found during random checks of dispensary stock. Medical waste bins and CD denaturing kits were available to support the team in managing pharmaceutical waste.

The pharmacy held CDs in a secure cabinet. Medicine storage inside the cabinet was orderly. Pharmacy

team members could explain the validity requirements of a CD prescription and demonstrated how CD prescriptions were managed to help prompt additional checks during the dispensing process. The pharmacy had a medical fridge for storing cold chain medicines. It was clean and stock inside was stored in an organised manner. A sample of 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. 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. Pharmacy team members used NHS smart cards to access people's medication records. The RP explained how access to NHS Summary Care Records had helped him to support people who had questions about their medication regimens. The pharmacy's computers were password protected and information on computer monitors was protected from unauthorised view due to the layout of the pharmacy. The pharmacy stored assembled bags of medicines within the dispensary. This protected people's private information on prescriptions and bag labels from unauthorised view. Pharmacy team members used cordless handsets when speaking to people over the telephone.

The pharmacy used clean, crown stamped measuring cylinders for measuring liquid medicines. And its counting equipment for tablets and capsules was clean. It had a separate counting triangle for use when counting cytotoxic medicines. The pharmacy had the necessary equipment readily available to support the supply of medicines in multi-compartmental compliance packs. The pharmacy's electrical equipment had last been safety tested in 2015. Equipment was visibly free from wear and tear.

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.