

# Registered pharmacy inspection report

**Pharmacy Name:** Garchays Chemist, 183 Edward Street, NUNEATON,  
Warwickshire, CV11 5QU

**Pharmacy reference:** 1037797

**Type of pharmacy:** Community

**Date of inspection:** 03/04/2024

## Pharmacy context

This is a traditional independent community pharmacy in a residential area of Nuneaton, Warwickshire. It is open extended hours and its main activity is dispensing prescriptions to people living in the local area. It supplies medicines in multi-compartment compliance packs to people who need assistance in managing their medication at home. The pharmacy also sells a small range of over-the-counter medicines, and it has signed up to offer the NHS 'Pharmacy First' service.

## 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

Overall, the pharmacy manages the risks associated with its services adequately. And it keeps all its records required by law. Team members understand how they can help to protect vulnerable people and they keep people's confidential information securely. However, the pharmacy's written procedures have not been reviewed recently so team members may not be following current best practice. And they do not always record the dispensing mistakes they spot and rectify, so they could be missing opportunities to learn and improve from these events.

### Inspector's evidence

Pharmacy services were supported by standard operating procedures (SOPs) which were last reviewed in 2019. Team members had read the SOPs that were relevant to their roles and responsibilities. The correct Responsible Pharmacist (RP) notice was on display and the dispenser could explain the tasks they could not undertake in the absence of a pharmacist. The superintendent pharmacist (SI) said that he could not recall any recent dispensing mistakes that had reached people (dispensing errors) but explained the process they would follow to record and report when these occurred. The pharmacy did not routinely record mistakes that were spotted and rectified before the medicines were handed out (near misses). But the SI said that very few near misses occurred and these were discussed with team members to identify learning points.

The pharmacy had current professional indemnity and public liability insurance. Records about RP were generally kept in line with requirements but the time the RP ceased their responsibilities was not recorded. Records about controlled drugs (CDs) and private prescriptions were generally well maintained. Records about CDs supplied were also summarised in a note book. The SI said this helped them to review and reconcile supplies that had been made when locums worked at the pharmacy. CD running balances were kept and audited at the point of supply. Full audits were conducted infrequently. A random balance check of several CDs reconciled with the recorded balances in the register. A separate register was used to record patient-returned CDs.

Team members used their own NHS smartcards to access electronic prescriptions. Confidential waste was shredded in the pharmacy and people's private information was stored securely. The pharmacy's computers were password protected. The pharmacy had a complaints procedure and any feedback, concerns or complaints were dealt with by the SI who worked as RP most days. The SI said that the pharmacy has been under the same ownership for many years and most people using the pharmacy were known to him.

The SI had completed Level 2 safeguarding training and contact details for local safeguarding agencies were available in the pharmacy. Team members said that there had not been any safeguarding concerns to report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to deliver its current workload safely. Team members are supportive of each other, and they can raise concerns with their superintendent pharmacist where appropriate.

### Inspector's evidence

At the time of the inspection, the SI who worked regularly as the RP was supported by two qualified dispensers and a trained medicine counter assistant. The pharmacy also employed a part-time dispenser who was not on duty at the time of the inspection. This person was mainly involved in the assembly of multi-compartment compliance packs. The team members were managing the workload efficiently and were observed working closely together. People visiting the pharmacy were served promptly. Team members had completed various mandatory training modules required under the NHS Pharmacy Quality Scheme and Pharmacy First service. The dispenser said that they worked closely with the SI and would have no hesitation in raising concerns or giving feedback to improve pharmacy services. There were no targets or incentives set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are kept secure and they are suitable for the services provided. And people visiting the pharmacy can have a conversation with a team member in private if required.

### Inspector's evidence

The pharmacy's entrance was stepped but people with mobility difficulties could seek assistance to access the premises. The retail area of the pharmacy was free of any trip or slip hazards and there was some seating available for people waiting for services. The dispensary had enough space to store medicines and undertake dispensing activities safely. A clean sink with hot and cold running water was available for preparing medicines. There was enough lighting throughout the premises and the ambient temperatures were suitable for storing medicines. A signposted consultation room was available for services and to enable people to have private conversations if required. The room was basic, but private and kept tidy. The pharmacy could be secured against unauthorised access when it was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy delivers its services safely and people with different needs can access its services. It obtains its medicines from reputable sources. And it addresses concerns about medicines to ensure people get medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy offered a range of services and information about these was displayed by the entrance to the pharmacy. There was also a range of healthcare leaflets displayed in the retail area of the pharmacy. Team members used their local knowledge to signpost people to other healthcare providers where appropriate. A prescription delivery service was offered to people who could not attend the pharmacy in person and delivery records were kept to show that medicines were delivered safely.

The workflow in the pharmacy was organised and baskets were used during the dispensing process to help prioritise workload and minimise the chances of medicines getting mixed up. Dispensing labels were initialled at the dispensing and checking stages to show team members involved during each stage of the process. The pharmacy's multi-compartment compliance pack service was organised and packs were assembled in a separate area to minimise risks from interruptions. Dispensed packs seen during the inspection were labelled appropriately and included descriptions of medications so that people and their carers could identify individual medicines. Records were kept for each person receiving compliance packs so any regime or medication changes could be recorded, monitored, and queried where appropriate.

The pharmacy had signed up to deliver the NHS 'Pharmacy First' service and the SI said that the service had been well-received and approximately six people had accessed the service to date. Team members had all completed the relevant training required to deliver the service safely. And relevant training records and accompanying patient group directions were available in the pharmacy.

Team members knew about the recent changes regarding supplying valproate-containing medicines in their original pack. And they knew about the information that needed to be provided to people about pregnancy prevention when supplying these medicines.

The pharmacy used licensed wholesalers to obtain its medicines. Pharmacy-only medicines were restricted from self-selection. All relevant CDs were stored securely and prescriptions for CDs not requiring storage in the cabinet had been marked to minimise the chances of these being handed out when no longer valid. Medicines returned for disposal were stored in designated bins.

Temperature-sensitive medicines were stored appropriately. Maximum and minimum temperatures were recorded and records showed that temperatures had remained within the required range of 2 and 8 degrees Celsius. Records for completed date checks were not kept. But team members said that stock medicines were date-checked when received from wholesalers and upon dispensing. Short-dated medicines were seen to be marked for removal from in-date stock at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found amongst in-date stock. The pharmacy had a process to deal with safety alerts and medicine recalls. Team members could explain how these were dealt with and records of actioned alerts were kept to

provide an audit trail.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely.

### Inspector's evidence

The pharmacy had appropriate equipment for counting loose tablets and had calibrated glass measures available for dispensing liquids. Medicine bottles were capped to prevent contamination. All electrical equipment appeared to be in good working order. Team members had access to current reference sources and the pharmacy had a cordless telephone which meant that conversations could take place in private if required. Patient medication records were password protected and confidential information was stored securely.

### 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.