General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Glad Pharmacy Calverton, 3 - 5 St. Wilfrids Square, Calverton, Nottingham, Nottinghamshire, NG14 6FP

Pharmacy reference: 1089938

Type of pharmacy: Community

Date of inspection: 13/08/2024

Pharmacy context

This community pharmacy is in a parade of shops in the village of Calverton in Nottinghamshire. It has very recently changed ownership from a large organisation with a national portfolio of pharmacies to a small company with one other pharmacy. The pharmacy's main services are dispensing NHS and private prescriptions and selling over-the-counter medicines.

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	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

The pharmacy effectively identifies and manages the risks for its services. It uses some temporary working arrangements to help manage risk during periods of change. It keeps people's confidential information secure, and it uses the feedback it receives to inform how it provides its services. The pharmacy generally keeps all records required by law up to date. Its team members have the knowledge to recognise and report a concern to help keep a vulnerable person safe from harm. And they engage in conversations to share their learning following mistakes they make during the dispensing process.

Inspector's evidence

The pharmacy had changed ownership on 29 July 2024. It was last inspected under its previous ownership in January 2024. The previous inspection found the pharmacy did not meet all standards. There was specific attention required to improve the processes in place to support team members in learning from the mistakes they made during the dispensing process. This inspection was conducted as part of the GPhC's routine follow-up inspection schedule.

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on duty. They had been the RP every day since the pharmacy had changed ownership. They provided examples of some of the steps they had taken to manage the pharmacy services safely. They had immediately reviewed staffing levels and had recruited two temporary team members to support the change in ownership. Both of these team members were retired qualified dispensers. They were familiar with the pharmacy and demonstrated safe working practices when completing tasks. A team member from the company's other pharmacy had also immediately joined the team. They had been heavily involved in supporting team members in learning how to use the pharmacy's new patient medication record (PMR) system. This had effectively allowed the SI to focus on managing dispensing workload and respond to queries from people accessing the pharmacy's services.

The company had moved most of its medicine delivery service to its other pharmacy, around five miles away. It had also moved the supply of medicines in multi-compartment compliance packs to its other pharmacy. The SI discussed how they had considered the staffing levels and skill mix between the two pharmacies when doing this. The pharmacy had also introduced a daily RP checklist. A nominated team member completed the checklist each day with the RP overseeing this process. The list focussed on ensuring key tasks were completed to support the safe and effective running of the pharmacy. A team member felt the tasks supported them in becoming familiar with the way the new owner operated.

The pharmacy team had access to the company's standard operating procedures (SOPs) through a digital record management system. Most team members had yet to formally read and complete training records to confirm they had understood the SOPs. They were observed working safely and taking ownership of their work when completing dispensing tasks by applying their dispensing signatures to medicine labels. A new team member who was working their second shift in the pharmacy explained clearly what tasks they could not complete should the RP take absence from the pharmacy. The pharmacy had scaled back to focus on essential NHS services only in its first few weeks of ownership. This helped to ensure the necessary governance arrangements for its consultation services

were in place prior to these services being implemented.

The SI explained the pharmacy would be using the digital record management system to support it in reporting the mistakes it made and identified during the dispensing process, known as near misses. And to report the mistakes identified following a supply of a medicine, known as dispensing incidents. The SI stated they had not been notified of a dispensing incident to date but explained how they would report this. Team members provided examples of being given feedback following a near miss. They reviewed and corrected their mistakes and had shared learning about stock placement to help reduce the risk of a similar mistake occurring. But they had not recorded these mistakes yet. The SI explained they had been introducing change day by day and the PMR system had been the main focus in supporting team members in dispensing safely. They explained they would immediately start an interim reporting process to monitor near misses until the team had completed learning and had full access to reporting on the digital record management system. Two team members worked at the pharmacy prior to it changing ownership and were present at both recent inspections. One of these team members provided examples of how the culture in the pharmacy had changed following the inspection in January 2024. They reported being involved in near miss reporting over the last six months and engaging in weekly huddles and safety reviews to support shared learning and to help reduce risk.

A team member provided examples of how they managed feedback from people visiting the pharmacy who had questions about the change in ownership. They knew to refer concerns to the SI directly. Team members that had worked in the pharmacy prior to the change of ownership had shared common themes in feedback with the SI. This had helped the newly-formed team to focus its efforts on providing positive experiences for people by serving them in a timely manner and making efforts to reduce waiting times. To support the management of risk whilst reducing waiting times, team members had been introduced to new ways of working. For example, the team had adopted a new priority dispensing process to help manage workload.

The pharmacy displayed clear information to people about the transfer of their records to the new pharmacy owner. And the SI was available to people to answer any questions they had about this. The pharmacy kept personal identifiable information in staff-only areas of the premises. And it disposed of its confidential waste securely. The pharmacy had current professional indemnity insurance arrangements. The RP notice on display contained the correct details of the RP on duty. And the RP register was completed in full. The pharmacy held its controlled drug (CD) register in accordance with legal requirements. It had completed physical checks of CDs against running balances in the register upon transferring ownership. Prior to this frequent balance checks of physical stock against the balances in the CD register were completed. The pharmacy kept a record of patient-returned medicines and it kept this up to date. The pharmacy held records of the private prescriptions it dispensed in an electronic register. But team members did not always accurately record the details of the prescriber in the register.

The pharmacy advertised its consultation rooms as safe spaces and team members were aware of what to do if a person came into the pharmacy and asked to access a safe space. Most team members had completed learning to support them in recognising and reporting a safeguarding concern. A team member provided examples of scenarios which would lead them to report a potential safeguarding issue to the SI. The SI was familiar with safeguarding reporting requirements and contact details for local safeguarding teams were displayed in the dispensary.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy employs skilled and knowledgeable people who work together well to provide its services safely and effectively. Pharmacy team members are appropriately supervised when working and they engage in regular conversations to help manage workload and remain vigilant about potential risks. They know how to provide feedback and raise a concern at work should they need to.

Inspector's evidence

The SI was supported by four qualified dispensers, an apprentice, and a new team member. Another dispenser and the delivery driver from the company's other pharmacy were also present and supporting the team for part of the inspection. Two other team members worked at the pharmacy, one was a new team member and the other was a qualified dispenser. As well as employing some temporary team members, the SI had arranged for a locum pharmacist to work alongside them when they had identified workload increasing.

Team members were supported in their roles, and they were working well together and sharing information to help them work efficiently. The new team member on duty was supervised appropriately and was observed referring queries to an experienced team member. Current learning was focussed on the PMR system and new processes brought about by the change in ownership. A dispenser that had recently returned to work for the company discussed the conversation they had with the SI to support their continual learning and career growth.

The company had processes to support team members in providing feedback and raising concerns at work. Team members transferring to the new company had taken the opportunity to attend its other pharmacy prior to the change of ownership. This visit had been helpful in meeting new colleagues and in looking at some of the processes and systems the pharmacy used when providing its services. Team members had regular discussions throughout the working day, and they had engaged in an introduction briefing on the day the pharmacy had changed ownership. Team members explained they would feel confident in reporting any concerns they had directly to the SI. The pharmacy did not have any current targets for its team members to meet.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure, and appropriately maintained. 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 maintained adequately with local tradespeople used to complete maintenance tasks. The pharmacy was clean and organised. Lighting was appropriate throughout the premises and air conditioning controlled the temperature in the public area and dispensary. Its dispensary sink was to reconstitute liquid medicine. Pharmacy team members had access to sinks equipped with hand washing equipment.

The pharmacy had two signposted consultation rooms available. One of the rooms was in current use with the second room used to store some items following the change in ownership. The pharmacy was not yet delivering any consultation services which would require the use of both rooms. The public area was fitted with wide-spaced aisles. Some of the shelves were empty following the removal of stock such as toiletries by the previous owners. The dispensary was separated by a part-height partition wall. Shelves containing retail goods lined the public-facing section of the wall. This prevented people from being able to see information in the dispensary. The dispensary was a good size and provided enough space for completing dispensing tasks. The team undertook some higher risk dispensing tasks in a separate area that was protected from the risk of distractions. Steps leading from the back of the dispensary led to staff facilities and storerooms.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people. It obtains its medicines from recognised sources. It stores and manages it medicines safely and securely. And overall, it makes appropriate checks of its medicines to help ensure they are safe to supply to people. Pharmacy team members provide information to people about the medicines they are taking to help people take their medicines safely.

Inspector's evidence

People accessed the pharmacy through automatic doors at street level. The pharmacy's signage was currently blank due to the recent change in ownership. The SI advised that the new signage was being fitted the day following the inspection. Pharmacy team members knew how to signpost a person to another pharmacy or healthcare provider if they required a service which the pharmacy could not provide.

The pharmacy held its Pharmacy (P) medicines behind the medicine counter. This protected them from self-selection and pharmacists were able to supervise activity in the public area. A temporary team member shared their understanding of the counselling and monitoring checks to be carried out when supplying higher-risk medicines. Several team members discussed the risks of taking valproate whilst pregnant. And they knew that valproate needed to be supplied in the manufacturer's original packaging. The SI was familiar with the requirements of medicines with pregnancy prevention programmes (PPPs). And they explained how they provided advice and checked people received appropriate reviews when supplying these medicines.

The team used baskets throughout the dispensing process to help keep each prescription separate. Pharmacy team members took ownership of their work by applying their dispensing signatures in the 'dispensed by' and 'checked by' box on medicine labels. A team member explained how they were taking additional care when picking and assembling medicines as previously the pharmacy had used its PMR system to complete some safety checks to support team members. And they demonstrated how they provided safety information to people when dispensing medicines. For example, providing patient information leaflets for each medicine and recording the batch number and expiry date of medicines supplied in white boxes outside of the manufacturer's original packaging. The pharmacy kept original prescriptions for medicines owing to people. Team members used the prescription throughout the dispensing process when the medicine was later supplied.

The pharmacy sourced medicines from recognised wholesalers. It had transferred some stock of medicines from the company's other pharmacy to ensure it had adequate stock levels at the beginning of the new ownership. It stored medicines in an orderly manner, within their original packaging, on shelves. The pharmacy stored CDs within secure cabinets. Medicines inside were stored in an orderly manner. The pharmacy stored medicines requiring refrigeration in a large medical fridge. It monitored fridge temperatures, and the temperature record showed the fridge was operating within the correct temperature range of two and eight degrees Celsius.

The team had completed stock checks prior to the pharmacy changing ownership, these checks had included checking the expiry date of stock medicines. Random checks of dispensary stock found no out-

of-date medicines. The checks found an open bottle of a liquid medicine which had a shortened expiry date after opening. Team members had not recorded the date of opening on the bottle to assist them in ensuring the medicine remained safe to supply. This was removed from stock and the SI acknowledged this learning point. The pharmacy had appropriate medicine waste receptacles and CD denaturing kits available. It received alerts about medicines through email and the digital record management system. And the SI discussed the checks that were made in response to these alerts to ensure medicines were safe to supply.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. And its team members use the equipment in a way which protects people's confidential information.

Inspector's evidence

Pharmacy team members had access to a range of digital reference sources. They used passwords when accessing people's medication records. The pharmacy was in the process of obtaining and updating smartcard access and obtaining NHS secure email addresses for all team members to support team members. The SI had a working NHS smart card and could communicate through NHS secure email if required. The team stored bags of assembled medicines safely within the dispensary. This prevented people's personal information on bag labels and prescriptions from unauthorised view. The pharmacy had cordless telephone handsets. This allowed its team members to move out of earshot of the public area when speaking to people about a private matter over the phone.

The pharmacy team used a range of appropriate equipment to support it in delivering the pharmacy's services. For example, standardised measuring cylinders for measuring liquid medicine with separate measures identified for use only with a higher-risk liquid medicine and counting equipment for tablets and capsules. The pharmacy had begun to source equipment ahead of beginning its consultation services, this was from recognised suppliers. Some equipment left by the previous owners was stored safely. The SI had sought assurances of electrical safety checks from the previous owners as part of the transfer of ownership.

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.