General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Bliss Pharmacy, 107-109 Gloucester Road, LONDON, SW7 4SS

Pharmacy reference: 1093221

Type of pharmacy: Community

Date of inspection: 13/05/2024

Pharmacy context

This is a community pharmacy located on a busy local high street in West London. The pharmacy does not provide NHS services. It dispenses private prescriptions generated by external prescribers as well as a pharmacist independent prescriber (PIP). It also provides multi-compartment compliance packs to a few individuals who require help managing their medicines. This was a reinspection of the pharmacy following on from an inspection where it had failed some Standards and completed an action plan.

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

The pharmacy manages the risks associated with its services. The pharmacy keeps the records it needs to by law and has procedures in place to learn from mistakes. And the pharmacy team has received training to help protect the welfare of vulnerable people. Since the last inspection, the pharmacy has made sustained improvements. It has introduced a new system to help make sure that the appropriate information is documented for its prescribing service. And it completes risk assessments and audits to ensure that its services are provided safely.

Inspector's evidence

Standard operating procedures (SOPs) were available, and these included the necessary procedures covering controlled drugs and the Responsible Pharmacist regulation. These had been implemented in 2023 and were due to be reviewed in 2025. Current team members had signed the relevant SOPs to confirm that they had read and understood them.

The pharmacy mainly dispensed prescriptions which had been issued by external prescribers. The superintendent pharmacist (SI) was also a pharmacist independent prescriber (PIP) and issued some prescriptions. The number of prescriptions issued by the PIP was relatively low. Following the last inspection, the SI had refined the areas of prescribing and largely prescribed a small range of medicines for select conditions such as skin conditions, asthma, allergies, acute bronchitis, acute otitis media, sore throat and urinary tract infections. The SI was in the process of completing a clinical audit on prescribing for urinary tract infections. The previous clinical audit had been completed in 2023 and had compared prescribing patterns of the two prescribing pharmacists, one of whom no longer worked at the pharmacy. The audit had been conducted by the SI so there was no external oversight.

Risk assessments had been done for all the conditions that the PIP was prescribing for. The risk assessments included information on guidelines, red flags, referrals, consent, equipment, review process, and record keeping. The pharmacy had a formulary of the medicines that could be prescribed for each condition.

The pharmacy had introduced a new system to record clinical consultations since the last inspection. Clinical records were also exported to the individual’s dispensing medical record, so that all the relevant information was available to the pharmacists. A sample of clinical records were seen, and these contained the relevant information, including details of the person’s medical history, any allergies, reasons for prescribing, guidance used, and any diagnostics or tests done. Clinical records however did not always include specific safety netting, or differential diagnosis. This was discussed as an area of improvement during the inspection. The pharmacy obtained consent to share with the person’s prescriber. Examples of letters sent to prescribers were seen to be attached in a sample of clinical records checked.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were documented and discussed with the team. The SI said that they used the near miss record to inform other members of the team about any patterns or trends. No nears misses had been recorded since 2024 and the SI said that there had not been any due to the low volumes of prescriptions

dispensed. A dispenser did not always work alongside the pharmacist. The SI said that they took a short mental break when dispensing and checking the same prescription. A procedure was in place for dealing with dispensing mistakes which had reached a person, known as dispensing errors, which included documenting the mistake and reporting it when necessary. The SI said there had not been any for some time.

The pharmacy had current indemnity insurance cover. The correct responsible pharmacist (RP) notice was displayed. Samples of the RP record were seen to be well maintained. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for private prescriptions and emergency supplies, though emergency supplies were rarely provided. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stock of two CDs were checked and matched the recorded balance. CD balance checks were carried out regularly.

People were able to give feedback or raise concerns online or verbally. A complaints procedure was also in place and team members knew how to access the procedure.

Members of the team had read and signed the pharmacy's data protection policy. They had also completed brief training on the General Data Protection Regulation. Confidential waste was collected in a separate basket and shredded. Computers were password protected and screens faced away from people waiting near the dispensary. A sign had been placed on the dispensary counter asking people to keep their distance from the dispensing area to protect other people's confidentiality. Cordless telephones were available so that members of team could have private conversations away from people. A consultation room was available for private conversations and was not used to store any patient sensitive information.

All members of the team had completed varying levels of safeguarding training, according to their role. The trainee medicine counter assistant (MCA) said that they would speak to the pharmacist if they had any concerns about a person's wellbeing. They were aware of the safeguarding procedure and where it could be found. The contact details of the local safeguarding team could be found within the procedure. A chaperone policy was also in place.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members work in a supportive environment and are provided with some ongoing training. But they do not always have time set aside to do it. This may mean they do not always have opportunities to keep their skills and knowledge up to date

Inspector's evidence

The pharmacy team comprised of the SI, a qualified dispenser, a trainee dispenser, and three trainee MCAs. A regular locum pharmacist also covered the SI's days off. Staffing levels were sufficient for volume of work the pharmacy had. During the inspection, team members were observed to be working collaboratively with each other and with people visiting the pharmacy. The SI did the bulk of the dispensing but took short mental breaks between dispensing and checking. When a dispenser was present, they would dispense and a pharmacist would check prescriptions.

All trainee members of the team were enrolled on relevant training programmes. Protected training time was not provided for the team, but team meetings were held where upskilling, new products or any changes were discussed. The pharmacy had a communication book which was used to share relevant information between team members. A mobile telephone communication application was also used to communicate any relevant information or issues.

The trainee MCA could articulate what she would do if she had a safeguarding concern. Team members were able to explain what they would do in the absence of the RP, for example, they would refuse to sell Pharmacy-only medicines (P-medicines) or complete dispensing activity.

The SI's scope of practice for prescribing was in dermatology and medical aesthetics. They now restricted prescribing to dermatology conditions and minor ailments such as sore throat, chest infections and urinary tract infections. The SI explained that they were currently not prescribing for otitis media as they had not completed a course on using an otoscope. They described some ongoing training that they had completed, for example, on antimicrobial stewardship.

No formal appraisals were in place for the team, but team members said that they received regular feedback whilst working. They felt comfortable raising issues with SI or providing feedback, and they were aware of the whistleblowing policy and could explain who they would escalate any concerns to. There were no targets in place for prescribing but there were sales targets. The SI explained that these did not affect their professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the services offered and they are kept secure. There is a room where people can have private conversations with a team member.

Inspector's evidence

The pharmacy premises were clean and professional in appearance. The dispensary area, which was located towards the back of the shop, was neat and well organised. And the fixtures and fittings were suitable for storing medicines. P- medicines were stored behind the pharmacy counter. The temperature and lighting were adequately controlled. There was no sink in the dispensary, however the SI explained if medicines needed to be reconstituted, purified water was available. The pharmacy had a consultation room where there was a sink if needed, however the pharmacy rarely needed to reconstitute any medicines. The consultation room allowed for private conversations to take place and there was sufficient space to provide pharmacy services. There was a stock room in the basement where multi-compartment compliance packs were dispensed. The area was warm, but the temperature was monitored with a thermometer. And the staff facilities were located here too.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy has organised processes in place and people can access its services. It has introduced a new system to make sure that the appropriate information is documented for its prescribing service. It obtains its medicines from reputable sources and stores as well as manages its medicines appropriately.

Inspector's evidence

There was a small step into the pharmacy. The SI said that they had discussed fitting a ramp with the council but had not come to a resolution. They said that in the meantime, team members would help people with accessibility difficulties. A screen was fitted in the pharmacy's window, but it was turned off during the inspection. Some members of the team were multilingual and were observed translating for customers.

Prescriptions were placed in baskets as soon as they were received. The SI would then label the medication and leave the basket aside. The medicine would then be checked following a short mental break. Dispensing audit trails were maintained, and this helped identify who was involved in dispensing and checking a prescription, in case of a query. Medicines awaiting collection were stored inside drawers in the dispensary and were not visible to people. The associated prescriptions were filed in alphabetical order. The drawers were cleared every month to help reduce clutter.

The SI said that the pharmacy rarely dispensed prescriptions for higher risk medicines. They were aware of the MHRA guidance about valproate and said that all team members involved in dispensing prescriptions had read the guidance. The SI described the checks that they would make, including checking if person was on the Pregnancy Prevention Programme. Team members would also ensure that the medicine label did not cover the warning on box. The SI was aware of the requirement to dispense valproate in its original packaging. They said that they would check if people taking other higher-risk medicines, such as methotrexate, were being monitored but did not maintain records of these checks.

The pharmacy provided multi-compartment compliance packs to two people. The prescriptions were managed by the SI who ordered the repeats one week in advance. A 'record of care' had been created for both people and this included a list of their medicines, their timings, and any updates or changes. The packs were assembled by dispenser on a workbench in the basement and were checked by a pharmacist. Prepared packs observed were labelled with product descriptions and mandatory warnings. Patient information leaflets were not always supplied, following requests by the person's carer.

The PIP had prescribed a small number of medicines, such as levothyroxine and finasteride, for conditions outside of the usual list, but these were mainly for people travelling from abroad and who had run out of their medicine. The clinical records included prescribing justification, and evidence of the person's medical history was also attached.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. The pharmacy team checked the expiry dates of medicines at regular intervals and kept clear records of this. No expired medicines were found on the shelves in a random check in the dispensary. The fridge temperature was

monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received electronically and filed for reference once they were actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had several glass measures. There were several tablet counting triangles, including a separate triangle for cytotoxic medicines. This helped avoid cross-contamination. There was one fridge in the dispensary. The pharmacy had a new blood pressure monitor which the SI said would be replaced according to its warranty. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.