General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cedarwood Pharmacy, 5 Peterwood Park, CROYDON, CR0 4UQ

Pharmacy reference: 1121830

Type of pharmacy: Internet / distance selling

Date of inspection: 26/11/2019

Pharmacy context

This is a busy pharmacy which provides its services to people at a distance. And people cannot visit its premises in person. The pharmacy is set in an industrial unit in Croydon. It doesn't provide any NHS services. It sells over-the-counter medicines to people through its websites. And it dispenses prescriptions to people who live overseas and in the United Kingdom (UK).

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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It keeps all the records it needs to by law. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. They record the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy provided three main types of services through different platforms. The sales of over-the-counter (OTC) medicines to people based in the UK through two of its own websites. A prescription fulfilment service for treatments for erectile dysfunction and hair loss through a third-party website aimed at men in the UK. And a prescription fulfilment service to people mainly living overseas in partnership with several different providers based in the UK and overseas.

The pharmacy had written standard operating procedures (SOPs) and risks assessments to enable its team to understand and manage the risks associated with the services it provided. It had guidance for its pharmacists to use when screening UK prescriptions against overseas patient medical notes and prescriptions. The pharmacy team provided examples of recorded interventions when quantities requested where outside limits set by this guidance as well as other examples of dosing discrepancies between UK and overseas prescriptions. The pharmacy's risk assessments identified the variation in clinical practice between the UK and overseas, and the management of the associated risks. For example, members of the pharmacy team mitigated the potential risk of different dosing instructions between UK and overseas medicines. They used up-to-date overseas clinical reference sources and communicated UK equivalent dosing instructions to their overseas partners to seek approval from both UK and overseas clinicians. An audit trail of these communications between the different parties was kept. The UK prescribers associated with this service were General Medical Council (GMC) registered doctors and they also worked within GP practices in England. The third-party website aimed at men in the UK used a Care Quality Commission (CQC) regulated prescribing service based in England. And the doctors associated with the prescribing service were also GMC registered.

The pharmacy's SOPs have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. And they could access other corporate procedures and policies online if they needed to. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. Members of the pharmacy team discussed individual learning points when they identified a mistake. They reviewed and discussed their mistakes periodically to help spot the cause of them. So, they could try to stop them happening again. The pharmacy reviewed the risks with types of prescription-medicines it supplied. And, for example, it recently stopped supplying antibiotics and valproates as its team felt these were no longer suitable to be supplied at a distance. A review of the risks associated with the sale of OTC medicines through the pharmacy's websites led to pet medicines and products liable to abuse, overuse or misuse, such as opiate containing medicines, being delisted.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. Members of

the pharmacy team explained what they could and couldn't do and when they might seek help. And their roles and responsibilities were described within the pharmacy's SOPs. A complaints procedure was in place. And the pharmacy's websites told people how they could provide feedback about the pharmacy or its services. Feedback from overseas patients was handled by the overseas providers. And improvements were made to ensure these providers were promptly notified when medicines weren't available. So, they could make alternative arrangements for patients to obtain their medicines. The pharmacy had appropriate insurance, including professional indemnity, for the activities it undertook. The pharmacy team demonstrated that the prescribing service used by the third-party website had its own insurance arrangements in place. The pharmacy also had insurance in place for the supply of medicines overseas. And its team demonstrated that it had received bespoke legal advice about the supply of medicines outside of the UK. The pharmacy's electronic private prescription records and its RP records were adequately maintained.

An information governance policy was in place. The pharmacy's privacy policy was published on its websites. Staff were required to read and sign a confidentiality agreement. Arrangements were in place for confidential waste to be destroyed securely. And the pharmacy was registered with the Information Commissioner's Office. People's details were routinely removed or obliterated from any unwanted medicines before being disposed of. And copies of the prescriptions dispensed were archived securely onsite. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Pharmacy professionals were required to complete level 2 safeguarding training. Members of the pharmacy team could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. Members of the pharmacy team are encouraged to keep their skills up to date. They are comfortable about giving feedback to improve the pharmacy's services. They use their judgement to make decisions about what is right for the people they care for. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 50 hours a week. The pharmacy team consisted of the superintendent pharmacist, three full-time pharmacists, a full-time general manager, a full-time operations manager, seven full-time dispensing assistants, a part-time dispensing assistant, three full-time administrative members of staff and three full-time members of staff who dispatched people's orders. The pharmacy relied upon its team and staff from one of the parent company's other branches to cover absences. Four pharmacists, the general manager, eight dispensing assistants, two administrative members of staff and three dispatchers were working at the time of the inspection.

The pharmacists were responsible for supervising and overseeing the supply of medicines from the pharmacy. They assessed the clinical appropriateness of each prescription and, when necessary, took appropriate steps to determine if a supply should be made. The pharmacy had an induction training programme for its team. Its team members, including its management team and administrative support staff, needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period. The pharmacy's team members discussed their performance and development needs with their line manager throughout the year and at colleague reviews. They were encouraged to ask questions, familiarise themselves with new products and read company's newsletters. They were also encouraged to complete online training to make sure their knowledge was up to date. Staff could train while they were at work when the pharmacy wasn't busy or during their own time. Team meetings were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. And they knew how to raise a concern if they had one. Their feedback led to improvements to the layout of the pharmacy and its lighting. Staff didn't feel their professional judgement or patient safety were affected by targets or incentives.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable environment to deliver its services. And it largely keeps its premises and its websites safe, secure and appropriately maintained.

Inspector's evidence

The registered pharmacy premises were located on the first floor of an industrial unit. They were secure from unauthorised access. The pharmacy was air-conditioned, bright, clean and adequately presented. It had ample storage and workspace available for its current workload. Its packing and dispatch areas were separate to its defined workstations. And there was flexibility with its layout. So, its storage capacity and dispensing workspace could be increased easily if needed. There wasn't a dedicated office or consulting room within the registered pharmacy premises. But, members of the pharmacy team could use an office located on the first floor of the building if they needed to have private conversations. The pharmacy was cleaned regularly. And the pharmacy team was responsible for keeping the premises tidy. The pharmacy's sink was clean. And the building had a supply of hot and cold water. It also had appropriate handwashing facilities for the pharmacy team.

The pharmacy's websites generally complied with published GPhC guidance, for example, they displayed the pharmacy's name, address and registration details. They also displayed the compulsory 'Distance Selling Logo' and the voluntary GPhC logo. And the pharmacy team explained that the websites and people's data were kept secure. The pharmacy worked closely with the owners of the third-party's website to make sure the website complied with published guidance. And, following the inspection, some further revisions were being made to the website, for example, so, people couldn't choose a prescription-medicine and its quantity before there had been an appropriate consultation.

Principle 4 - Services ✔ Standards met

Summary findings

In general, the pharmacy's working practices are safe and effective. The pharmacy makes sure people have the information they need to take their medicines safely. It gets its medicines from reputable suppliers. And it stores them appropriately and securely. Members of the pharmacy team carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. And they dispose of waste medicines safely too.

Inspector's evidence

The pharmacy provided it services at a distance. And the public had no physical access to the pharmacy, but could contact it by email, an internet portal, post or telephone. The pharmacy team knew what services were offered from the pharmacy and where to signpost people to if a service couldn't be provided, for example, an NHS dispensing service.

The pharmacy recorded the supply of each OTC medicine through its patient medication record (PMR) system. This helped staff identify frequent requests or people trying to obtain products by deception. The pharmacists reviewed OTC requests for pharmacy-medicines to make sure these were appropriate. And they could contact the person requesting the medicine to make further enquiries when necessary. The pharmacy team gave examples of when it declined to sell OTC medicines. The pharmacy relied upon its card payment processing company to help prevent fraudulent transactions. The pharmacy team worked closely with its partners to evaluate what additional measures could be taken to verify a person's identity. The third-party company's website hosted a questionnaire that people wanting to purchase treatments for erectile dysfunction or hair loss needed to complete. The questionnaire asked about the person's symptoms and medical history. And there were specific questions linked to the medicine they were requesting. The clinicians at the CQC regulated prescribing service reviewed the questionnaires before deciding whether to prescribe a treatment. And people needed to create an account before they could subscribe to the service. Payments were only processed after these steps. The pharmacy only supplied two types of medicines, namely finasteride and sildenafil, through the third-party website. And the medicines were removed from their original packaging and placed into discrete branded packaging before they were dispensed.

The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label and the prescription at each stage of the dispensing process. Patient information leaflets and additional information about some medicines, such as high-risk drugs, were routinely supplied. Assembled prescriptions weren't dispatched until they were checked by one of the pharmacists who also initialled the dispensing label and the prescription. The pharmacy team completed a customs declaration and used the Royal Mail's 'International Tracked' postal service when sending medicines overseas. The pharmacy used a courier service for the delivery of medicines to UK patients. And medicines sent through these services could be tracked. The handover of pharmacy-medicines and assembled prescriptions to the delivery agent needed to occur on the registered pharmacy premises under the supervision of a pharmacist. The pharmacy no longer supplied valproates. But, members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to

be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare and Day Lewis Medical Ltd., to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks, which were documented, and short-dated products were marked. The pharmacy didn't have any stock which needed to be refrigerated. And it didn't stock any controlled drugs. Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. And they were decommissioning stock at the time of the inspection as the pharmacy had the appropriate equipment and computer software to do so. The pharmacy's SOPs had been revised to reflect the changes FMD brought to the pharmacy's processes. Procedures were in place for the handling of patient-returned medicines and medical devices. The pharmacy team quarantined any undelivered orders returned to the pharmacy. And, if attempts to contact the patients concerned were unsuccessful, the medication was destroyed. The pharmacy had suitable waste receptacles for the disposal of hazardous and non-hazardous waste medicines. A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were received electronically and actioned by the pharmacy team. And they were annotated with the actions the team took following their receipt.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment to provide its services safely. It makes sure its equipment is stored securely.

Inspector's evidence

The pharmacy had access to up-to-date reference sources. And these were relevant to the services it provided. The pharmacy team could contact the National Pharmacy Association and the pharmacy's legal advisors to ask for information and guidance. The pharmacy needed very little equipment for the services it provided. The pharmacy's computers and PMR system were password protected. And access to them was restricted to authorised team members. The pharmacy kept its equipment secure when it wasn't being used.

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.