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: 06/06/2024

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 (OTC) medicines to people through its website. It supplies unlicensed medicines to patients of a specialised clinic that's registered and regulated by the Care Quality Commission (CQC). 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 manages its risks appropriately. It has written instructions to help its team members work safely. It largely keeps the records it needs to by law. And it has the insurance it needs to protect people if things do go wrong. People who work in the pharmacy log and review the mistakes they make to try to stop the same sort of things happening again. They can explain what they do, what they are responsible for and when they might seek help. They keep people's private information safe. And they understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had risk assessments to enable its team to understand and manage the risks associated with the services it provided. And it had guidance to help its pharmacists screen UK prescriptions against overseas patient medical notes and prescriptions to make sure supplies were appropriate and safe. Members of the pharmacy team had access to up-to-date clinical reference sources to mitigate potential variations in dosages between overseas and UK medicines. And they highlighted these variations with their overseas and UK partners to seek approval from the patient's regular clinician as well as the UK prescribers who were General Medical Council registered doctors and worked within GP practices across England. The pharmacy reviewed the risks with types of medicines it supplied. As a consequence, it stopped dispensing 'off-label' weight loss treatments for a third-party CQC-registered prescribing service following a review of a National Patient Safety Alert that was issued last year. And it was reviewing dispensing prescription-only medicines for other third-party CQC-registered prescribing services too with a view to stopping this type of prescription fulfilment service altogether. The pharmacy reviewed the risks associated with the sale of OTC medicines. And it decided not to supply pet medicines, medicines that required refrigeration and products liable to abuse, overuse or misuse, such as opiate containing medicines, through its website or those of its partners. The pharmacy worked with the CQC-registered specialised clinic (the clinic) and its prescribers to review the quality and safety of the service and make sure supplies to people were appropriate and safe. And, for example, consideration was being given to what additional information, such as the prescribing formulary, the pharmacists needed from the clinic to help improve the service further.

The pharmacy had a notice that told people who the responsible pharmacist (RP) was at that time. It had up-to-date standard operating procedures (SOPs) for the services it provided. And these were reviewed by a team at the pharmacy's head office. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and agreed to follow them. They knew what they could and couldn't do, what they were responsible for and when they might seek help. And, for example, they knew that the pharmacy couldn't dispense NHS prescriptions. The pharmacy had processes to deal with the dispensing mistakes that were found before reaching a person (near misses) and those which weren't (dispensing errors). The pharmacy team discussed, reviewed and recorded the mistakes it made to learn from them, and help stop the same sort of things happening again. And, for example, it strengthened its packaging and dispatch process following an incident when a patient received another person's unlicensed medicine as well as their own.

The pharmacy had a complaints procedure. And its website told people how they could provide feedback about the pharmacy or its services. People could provide feedback about the overall service to the clinic or the CQC-registered third-party provider. Feedback from overseas patients was handled by

the pharmacy's partners. And, for example, the pharmacy team notified its partners when a medicine wasn't available so alternative arrangements could be made for patients to obtain their medicines. The pharmacy had insurance arrangements in place, including professional indemnity, for the services it provided. It had an appropriately maintained controlled drug (CD) register. And the stock levels recorded in the register were checked regularly. The pharmacy largely kept adequate records to show which pharmacist was the RP and when. It kept records for the supplies of the unlicensed medicinal products it made. But the date it received one of these products wasn't always recorded. The pharmacy team recorded the private prescriptions it supplied on the computer. But the name and address of the prescriber as well as the date of prescribing were sometimes incorrectly recorded. The pharmacy team gave an assurance that these records would be maintained as they should be.

The company that owned the pharmacy was registered with the Information Commissioner's Office. The pharmacy had policies on information governance and safeguarding. Its website told people how their personal information was gathered, used and shared by the pharmacy and its team. And it had arrangements to make sure confidential information was stored and disposed of securely. Members of the pharmacy team were required to complete training on data protection as well as safeguarding. And they knew what to do or who they would make aware if they had a concern about the safety of a child or a vulnerable person. And the pharmacy's consulting room could be used by someone if they felt they were in danger.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough people in its team to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They work well together and use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. And they know how to raise a concern if they have one.

Inspector's evidence

The pharmacy team consisted of the superintendent (SI) pharmacist, support pharmacists, a general manager, an operations manager, several trained and trainee dispensing assistants and a few administrative support staff. The pharmacy depended upon its team, relief or locum pharmacists and colleagues from one of the parent company's other pharmacies to cover absences. The people working at the pharmacy during the inspection included the SI, two pharmacists, a senior representative from the parent company that managed the pharmacy, the general manager and several dispensing assistants. The general manager and operations manager were responsible for leading the pharmacy team and managing the business. And the SI supervised and oversaw the supply of medicines from the pharmacy and they had autonomy over the professional decisions made and any advice given.

The pharmacists assessed the clinical appropriateness of each prescription and, when necessary, took appropriate steps to determine if a supply should be made. Members of the pharmacy team didn't feel the targets set for the pharmacy stopped them from making decisions that kept people safe. They worked well together. They helped each other make sure people's prescriptions were dispensed safely. And they were up to date with their workload.

Team members needed to complete mandatory training during their employment. They were also required to do accredited training relevant to their roles after completing a probationary period. They discussed their performance and development needs with their manager when the pharmacy wasn't busy as well as at colleague reviews. They shared learning from the mistakes they made when they could and at team meetings. And they were encouraged to complete training while they were at work. But they could choose to train in their own time. The pharmacy had a whistleblowing policy. Members of the pharmacy team knew who they should raise a concern with if they had one. They were comfortable about making suggestions on how to improve the pharmacy and its services. And, for example, the layout of the pharmacy changed following their feedback.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides an adequate environment to deliver it services from. Its website meets GPhC guidance. And its premises are clean and secure.

Inspector's evidence

The pharmacy website provided the information it needed to in line with our guidance for registered pharmacies providing pharmacy services at a distance, including on the internet. And the pharmacy stopped providing a prescription fulfilment service for any third-party prescribing service whose website didn’t meet the requirements set out in our guidance.

The registered pharmacy premises were located on the first floor of an industrial unit. And they were secure from unauthorised access. The pharmacy was air-conditioned, bright, clean and adequately presented. It had plenty of storage and workspace available for its workload. It had a dispatch area which was separate to its dispensing workstations. And it had two offices that could be used if team members needed to have private conversations.

The pharmacy was cleaned regularly. And the pharmacy team was responsible for keeping the premises tidy. The pharmacy team had access to a clean sink and appropriate handwashing facilities. And the building had a supply of hot and cold water.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy has working practices that are generally safe and effective. And its team makes sure people have the information they need to take their medicines safely. The pharmacy gets its medicines from reputable sources. And it stores them appropriately and securely. Members of the pharmacy team carry out checks to make sure the pharmacy's medicines are safe and fit for purpose. And they dispose of unwanted medicines properly too.

Inspector's evidence

The pharmacy provided its services at a distance. And people weren't allowed to visit it in person. But they could contact it by email 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, the NHS Pharmacy First service. The pharmacy recorded the supply of each OTC medicine through its patient medication record (PMR) system. This helped its team identify frequent requests or people trying to obtain products by deception. A pharmacist reviewed each OTC request to make sure these were appropriate. And they contacted the person requesting the medicine to make further enquiries when necessary. The pharmacy worked closely with its partners to make sure adequate processes were in place to check that a person was who they claimed to be. And it only worked with third-party prescribing-services that were registered with CQC. But it dispensed very few prescription medicines for these providers. And it was considering stopping providing a prescription fulfilment service for these types of prescribing services altogether.

The pharmacy dispensed unlicensed medicinal products for the clinic. And these medicines were dispatched directly to the patient. People needed to complete an eligibility questionnaire and provide a copy of their medical records to the clinic. And, if eligible, they booked a consultation with a specialist clinician. The specialist clinician would agree what treatment plan was appropriate for that person. And, with the person's permission, their prescription was sent to the pharmacy. The pharmacy only supplied or dispatched these medicines once it received the original prescription from the clinic. The pharmacy relied upon the clinic's processes to verify a person's identity and notify their regular GP of the prescribing decision. But the teams at the clinic and the pharmacy worked together to review the service and help improve its quality and safety.

The pharmacy didn't dispense valproates. But members of its team knew that women or girls able to have children mustn't take a valproate unless there was a pregnancy prevention programme in place. They knew that people who were prescribed a valproate needed to be counselled on its contraindications. And they were aware of the rules on dispensing valproate-containing medicines in the manufacturer's original full pack.

The team members responsible for making up people's prescriptions kept the dispensing workstations tidy. They used plastic containers to separate each person's prescription. They referred to prescriptions when labelling and picking medicines. They initialled the label at each stage of the dispensing process. And they made sure patient information leaflets and additional information for some products supplied overseas were routinely supplied with licensed medicines. The pharmacy used a tracked postal service to deliver medicines prescribed through the company's website to people living overseas or within the UK. And a customs declaration was usually completed for deliveries made outside of the UK. The

handover of medicines to the delivery agent occurred at the pharmacy premises under the supervision of the RP. The pharmacy routinely used tamper-evident packaging. It kept an audit trail for each delivery. And this usually included a photograph of the delivered package and the recipient's signature. But the pharmacy no longer dispatched medicines that required refrigeration as it hadn't tested the packaging it used to make sure an appropriate temperature range (between 2°C and 8°C) was maintained during transit to the patient.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. And it kept its medicines and medical devices within their original manufacturer's packaging. Members of the pharmacy team checked the expiry dates of medicines as they dispensed them and at regular intervals which they recorded to show they had done so. And they marked products which were soon to expire. These things helped reduce the chances of them giving people out-of-date medicines by mistake. But the unlicensed medicines the clinic prescribed were usually short dated. And the pharmacy team had to be extra careful to make sure the shelf life of the product it supplied was sufficient to last the prescribed treatment period. The pharmacy stored its stock, which needed to be refrigerated, at an appropriate temperature. It stored its CDs, which weren't exempt from safe custody requirements, securely. And it kept its out-of-date CDs separate from in-date stock. The pharmacy had procedures for handling any unwanted medicines or orders that were returned to it. And these medicines weren't re-used. But were kept separate from the pharmacy's stock and were disposed of in an appropriate pharmaceutical waste bin. The pharmacy had a process for dealing with the alerts and recalls about medicines and medical devices issued by the Medicines and Healthcare products Regulatory Agency (MHRA). And a team member described the actions they took and what records they made when the pharmacy received an MHRA medicines recall.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. And its team makes sure the equipment it uses is suitable for what it's being used for.

Inspector's evidence

The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team checked and recorded the refrigerator's maximum and minimum temperatures on the days the pharmacy was open to make sure its temperature range was suitable. The pharmacy restricted access to its computers and PMR system. And only authorised team members could use them when they put in their password. The pharmacy website used a secure payment system. And the company took steps to keep people's data secure.

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.