General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: My Own Chemist, Unit 4, Northolt Trading Estate, Belvue Road, NORTHOLT, Middlesex, UB5 5QS

Pharmacy reference: 1125765

Type of pharmacy: Internet / distance selling

Date of inspection: 12/07/2019

Pharmacy context

An independently-owned, family run, internet pharmacy, situated on an industrial estate on the outskirts of Northolt. The pharmacy is closed to the public, Pharmacy services are based on the dispensing of NHS and private prescriptions. Medicines are dispensed from UK and EU prescriptions and delivered or posted. The pharmacy offers Medicines Use Reviews (MURs) and a New Medicines Service (NMS) by phone and sells a small range of medicines. The pharmacy supplies medicines in multi-compartment compliance aids to a small number of people.

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's working practices are safe and effective. Its team members understand their roles and responsibilities. They listen to people's concerns and keep people's information safe. The pharmacist records any mistakes he makes and takes action to reduce the chance of making similar mistakes in future.

Inspector's evidence

Staff worked in accordance with a set of Standard operating procedures (SOPs) which were due for review. The pharmacy had procedures for dealing with near misses and errors. Near misses and errors were recorded to provide an opportunity to learn and improve and reduce the risk of a reoccurrence. But, mistakes were rare. There had been just three near misses recorded in four years. The pharmacist said this was because the pharmacy was relatively quiet and as a closed pharmacy, there were few interruptions or distractions. He generally worked in the dispensary on his own and was able to take a break between dispensing and accuracy checking and packaging. He said that he had introduced the break between dispensing and accuracy checking after an incident over a year earlier had caused him to reflect on his procedures.

Customers could leave feedback on the pharmacy website, via 'Trust Pilot'. The pharmacy had plans to obtain feedback from customers via survey questionnaires, although this had not happened yet. Feedback so far had been positive with customers appearing to be satisfied with the service. One customer had requested that her medicines be supplied in calendar packs, so the pharmacist had added notes to her patient medication record (PMR) to remind him to supply her with calendar packs only. He described how certain customers wanted their medicines to be delivered on a particular day or specified either a morning or afternoon delivery. He therefore chose the delivery service which could best provide what they wanted.

The pharmacy had professional Indemnity and public liability arrangements in place. The certificate on display showed that indemnity arrangements were covered by the NPA until 15 Jan 2020. On expiry, indemnity cover would be renewed for the following year. These arrangements are required to offer insurance protection to staff and customers. Pharmacy records included a responsible pharmacist log, a private prescription register and a controlled drug (CD) register. Responsible pharmacist (RP) records were generally in order although there were several omissions at the end of the day when responsibilities ceased for one RP and another RP was in the following day. Private prescription records were generally in order. The pharmacist said he used a language translation 'app' to translate German prescriptions into English. He gave assurances that he did this only for prescriptions with commonly prescribed items where he was certain of the drug and the dosage. The pharmacy's emergency supply records were in order. The CD register was generally in order, although the headers were missing at the top of the pages from several individual registers.

This was a closed pharmacy and hence the people from outside did not have access to any confidential information. And non- pharmacy staff had read and signed confidentiality agreements. Staff sometimes communicated with people by email instead of the pharmacy's web system. But had not yet considered the type of information exchanged over non-secure email sites. Medication was delivered in plain packaging via Royal Mail special delivery, UPS or DPD. The pharmacist understood his safeguarding

responsibilities for vulnerable adults and children. he had completed CPPE level 2 training. He had not had any safeguarding concerns to report.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team manages the workload well. Team members work well together. They are comfortable about providing feedback to each other and are involved in improving the pharmacy's services.

Inspector's evidence

The pharmacy was run by the superintendent who was also the regular RP. He had the support of two directors for general business management and an administration assistant. They had a small close-knit team and were able to discuss issues on a day-to-day basis. They also had regular meetings during which they could discuss any concerns and keep up to date with what was happening. The administration assistant had raised the issue of using different delivery companies to provide people with their preferred delivery days or time slots. Staff had also raised the idea of expanding the boundary of the registered area within its current unit. There were no targets and incentives other than to develop and grow the business and to ensure that people received their medicines correctly and on time.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are clean, tidy and organised. They provide a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy’s premises were bright and modern. They were located on a trading estate, within a purpose-built unit situated on the ground floor of a building occupied by a pharmaceutical wholesaling business. Access to the pharmacy could only be gained via the wholesaling business which belonged to a separate legal entity. Any inspections would have to occur by accessing the premises through the wholesaling business, however arrangements were in place to secure the understanding of employees within that business to ensure unhindered access for the regulator. Access to the pharmacy was authorised by the pharmacist. There was a window on the dividing wall between the pharmacy and the wholesaling business. Shutters had been fitted across all windows so that prescriptions and other private documentation could not be viewed by non-pharmacy staff.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services safely and effectively. In general, the pharmacy manages its medicines safely and effectively. The pharmacy generally stores its medicines safely. And it carries out checks to help make sure that its medicines are fit for purpose. But it doesn't carry out all of its checks as thoroughly as it could.

Inspector's evidence

The pharmacy advertised its services on its website. Customers were able to contact the pharmacist to seek advice either by phone, email or by an on-line chat facility. The pharmacist said that he was able to provide an MUR or NMS service to people by phone if necessary. Private prescriptions were obtained directly from patients and the pharmacy requested that the prescription be sent to them before a supply could be made. For patients who did not have a doctor the pharmacy could refer them to the services of two independent GP prescribers based in the UK.

Customers and patients were required to provide an email address and a contact number to allow the pharmacist to follow up on any prescription supplies and assess whether a supply was appropriate. The pharmacist was also able to follow up on supplies to monitor the effectiveness of the treatment and offer further advice or guidance. He described a situation where they had called a patient who had been prescribed a six-month supply of their medication, to learn that he was going on holiday. Deliveries were made by DPD, UPS or Royal mail depending on customer preferences for delivery times or dates. Each pack could be tracked from dispatch to delivery and each delivery was signed for.

Services were provided in accordance with a set of standard operating procedures (SOPs). In general SOPs were followed, however the date checking SOP stated that a date check should be carried out every three months but in practice this was done every six months. Two expired products were found on pharmacy shelves (Omeprazole 20mg and Intuniv 1mg) indicating that a six-monthly check was not enough.

Multi-compartment compliance aids were provided for 20 residents of a local nursing home. Patient information leaflets (PILs) were provided with new medicines and on request. There was separate pack for each medicine for each patient. The labelling directions on trays gave the required BNF advisory information to help nursing staff to give residents their medicines effectively.

The pharmacy had procedures for counselling anyone taking sodium valproate who could become pregnant but did not have anyone in the at-risk group taking the drug. The pharmacist could locate warning cards, booklets and the MHRA guidance sheet. Packs of sodium valproate in stock had the updated warning label and the pharmacist had extra updated warning labels to apply to packs if needed. The pharmacy was scanning products in accordance with the European Falsified Medicines Directive (FMD).

Medicines and medical equipment were obtained from: AAH, Alliance, Colorama, Elite Pharma, Chemi lines, and NSL. Unlicensed ‘specials’ were obtained from IPS. All suppliers held the appropriate licences. Stock was generally stored in a tidy, organised manner and items requiring refrigeration were stored in a fridge. Fridge temperatures were read and recorded periodically, and records of maximum and

minimum temperatures indicated that fridge stock was being stored within the required temperature range of between two to eight degrees Celsius. A CD cabinet was available for storing medicines for safe custody.

Waste medicines were disposed of in the appropriate containers and collected by a licensed waste contractor. Drug recalls and safety alerts were generally responded to promptly although records weren't kept. None of the affected stock had been identified in the June recall for Incruse inhalers, Dovobet gel and Clexane injections.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have the equipment and facilities they need to provide services safely. They use facilities and equipment in a way that keeps people's information safe and secure.

Inspector's evidence

The pharmacy had all the equipment and facilities necessary for the services on offer. The equipment was in good working order, clean and appropriately maintained. It had one computer in the dispensary with a PMR system. Admin staff and directors had access to separate computers for management purposes only.

The pharmacist had access to a range of reference sources including the BNF, BNF for children and a drug tariff. He also used the NPA advice services. There was a CD cabinet for the safe storage of CDs. The cabinet was secured into place in accordance with regulatory requirements. CD denaturing kits were used for the safe disposal of CDs. The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures were of the appropriate BS standard and clean. Triangles were generally clean. The pharmacist said he would always clean equipment before use. Amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris.

The pharmacy had two computer terminals available for use. One in the dispensary and a laptop on the counter. Both computers had a PMR facility, were password protected and were out of the view of anyone not working in the pharmacy. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was shredded. It was noted that the pharmacist was using his own smart card when working on PMRs. Staff use their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was appropriate and 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.