

Registered pharmacy inspection report

Pharmacy Name: Global Pharmacy Ltd, 446a London Road, Sheffield, South Yorkshire, S2 4HP

Pharmacy reference: 9010840

Type of pharmacy: Internet / distance selling

Date of inspection: 20/03/2024

Pharmacy context

This is a distance selling community pharmacy in the city of Sheffield. The premises is not open to the public. Its main services include dispensing NHS prescriptions and delivering medicines to people to their homes. It supplies most people who use the pharmacy with their medicines in multi-compartment compliance packs.

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 suitably manages most of the risks with the services it provides to people. The pharmacy keeps people's sensitive information secure, and it is adequately equipped to safeguard vulnerable adults and children. Team members discuss details of mistakes made during the dispensing process and they implement changes to the way they work to help improve patient safety.

Inspector's evidence

The pharmacy had a set of digital standard operating procedures (SOPs). They covered tasks such as dispensing, responsible pharmacist (RP) requirements and controlled drug (CD) management. The SOPs were scheduled to be reviewed every two years. The next review was due to be completed in January 2025. There was a document for team members to sign to confirm when they had read and understood each SOP. All team members present during the inspection confirmed they had read each SOP that was relevant to their role. However, only one of the pharmacy's directors was able to access the SOPs. And so, they were not readily available to the team.

The RP spotted errors made and identified by team members during the dispensing process, known as near misses. They informed the dispenser of the error and asked them to rectify the mistake. The pharmacy had a near miss log for team members to use to record details of each near miss. The log had sections to record details such as the type of near miss and the reason it might have happened. However, team members did not make records of every near miss, and so they may have missed the opportunity to identify any trends or patterns. Team members made attempts to discuss near misses when they happened so they could all learn from each other's mistakes and consider ways to improve the way they worked and reduce the risk of similar mistakes happening again. Recently the team discussed some near misses involving the incorrect quantities of medicines being dispensed. The pharmacy had a process to report and record details of dispensing errors that had reached people. However, team members were not sure of how to complete the process as it was the responsibility of a pharmacy director who was not present for the duration of the inspection. No records of any such errors were available to inspect. The pharmacy had a concerns and complaints procedure displayed on the pharmacy's website. Any complaints were raised verbally with a team member via a telephone call. If a team member were unable to resolve the matter, it was escalated to the pharmacy's owners.

The pharmacy had current professional indemnity insurance. It was displaying an RP notice, which displayed the correct name and registration number of the RP on duty. Entries in the RP record mostly complied with legal requirements but there were some missing entries. The pharmacy kept complete records of private prescriptions. The pharmacy held CD registers which were completed correctly. Team members audited the registers at least once a month to ensure the balances recorded in the register matched physical stock. The physical stock of a randomly selected CD was checked during the inspection. The quantity of stock matched the balance recorded in the register. The pharmacy did not keep a record of CDs that had been returned to the pharmacy for destruction. So the pharmacy could not show when the CDs had been destroyed.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bag to avoid being mixed with general waste. The waste was periodically destroyed using a third-party contractor. Team

members understood the importance of keeping people's private information secure and they had all completed information governance training as part of their employment induction process. The RP had completed training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. Other team members had not completed any formal training but were aware of their responsibilities and when they would escalate any concerns. The pharmacy did not have a safeguarding procedure to support team members in raising a concern. Team members described several instances of when the pharmacy's delivery driver had brought some concerns to their attention. For example, the driver had informed the team that they had concerns a vulnerable person was not taking their medicines as prescribed by their doctor.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate qualifications and skills to manage its services. The pharmacy provides support to its team members to help them update their knowledge and skills. Team members are supported to implement changes to the way the pharmacy operates to help improve service delivery.

Inspector's evidence

At the time of the inspection the RP was the pharmacy's regular full-time pharmacist. The RP was being supported by two qualified pharmacy assistants. One of the pharmacy's owners, who was a registered pharmacist, joined the team during the inspection. Team members who were not present during the inspection included a trainee pharmacy assistant and a delivery driver. Team members explained they were normally able to efficiently manage the pharmacy's workload when a team member was absent, but they employed locum dispensers if needed. Throughout the inspection, team members were observed working well and dispensing medicines under no significant pressure. They supported each other in completing various tasks and requested the support of the RP when needed.

The pharmacy provided some training material for team members to use. The material was provided on an ad-hoc basis. Team members described how they were well supported by the pharmacy to help them complete their training. They were given protected time to complete training. Team members attended ad-hoc team meetings which were led by the RP or one of the pharmacy's owners. They discussed company-related news, workload, near misses and dispensing incidents, and were able to provide feedback to help improve the pharmacy's services. Recently, the team discussed improving communication with the care homes the pharmacy served. In response, the pharmacy had introduced a separate telephone line for the care homes use. This helped reduce the time taken for care homes to contact a pharmacy team member and helped resolve issues in a timely manner. There were some targets set for pharmacy services, but the team felt that these were appropriate and did not feel under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are adequate for the services it provides, and the premises are well maintained. However, people are unable to access details of the pharmacy, such as its contact details, while its website is undergoing maintenance.

Inspector's evidence

The pharmacy premises were clean and well maintained. The main dispensary area was relatively small for the volume of medicines the pharmacy dispensed. Several areas were cluttered with paperwork and other miscellaneous items. Some of the floor space was cluttered with boxes which created the risk of a trip or fall. There was a staff area and room used to dispense and store multi-compartment compliance packs.

The pharmacy operated via the website www.globalpharmacy.co.uk. At the time of the inspection, the website was offline for maintenance. The website was inspected after maintenance work was completed a few days later. It advertised the services offered and the pharmacy's contact details including its email address and telephone number. It displayed the pharmacy's GPhC registration number and the name and registration number of the SI.

The pharmacy had a clean sink in the dispensary that was used for the preparation of medicines. There were sinks in both the toilet and staff area which provided hot and cold water and other hand washing facilities. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are made accessible and generally managed appropriately. Team members respond appropriately when the pharmacy receives alerts about the safety of medicines. The pharmacy manages and stores most of its medicines correctly, but it keeps some medicines outside of their original packaging and cannot ensure they have not expired or have been subjected to a drug recall.

Inspector's evidence

As this was a distance selling pharmacy, it was closed to the public. People could contact the pharmacy via its telephone line. The pharmacy had three separate telephone lines which reduced the time taken for people to contact a team member. The pharmacy had a separate telephone number for local doctors' surgeries to use and another number for care homes to use. Team members described how they spoke loudly to support some people who had difficulty hearing. Large-print labels were provided on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. Team members described the advice they would provide people who were dispensed valproate. This included ensuring the person taking the medicine was aware of the risks of taking the medicine while being pregnant.

The team used baskets to store medicines and prescriptions during the dispensing process. This helped reduce the risk of medicines and prescriptions being mixed up and subsequent errors occurring. The baskets were of different colours to help the team manage the dispensing workload. For example, red baskets were used for high priority prescriptions and green baskets were used for care home patients. Team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels. This helped keep a robust audit trail of the dispensing process. Team members used various alert stickers to attach to bags of dispensed medicines. The stickers reminded team members to complete an action before they handed these medicines to people. For example, to highlight the presence of a medicine that required cold storage, or a CD that needed handing out at the same time. The team used clear bags to store all dispensed medicines that required cold storage. This was to support team members to complete another final check before supply to people.

The pharmacy supplied a significant number of people with medicines in multi-compartment compliance packs. Most of these people lived in around ten local care homes. The packs were designed to help people take their medicines correctly. The workload was spread over a four-week cycle. This helped keep the workload manageable. Team members kept master sheets which detailed the person's current medicines and administration time. They used these as a reference source along with the prescription to help them dispense the packs accurately. The original packs of medicines were stored with the compliance packs so the RP could check them with prescriptions to ensure the correct medicines had been picked. The packs were supplied with written descriptions of the medicines inside which helped people easily identify them. But they were not supplied with patient information leaflets for each medicine. And so, people were not provided with the full information about their medicines. Team members used progress charts to sign when each part of the dispensing process had been completed. These included when a prescription was ordered for a person, when the prescription had been labelled, when the medicines had been dispensed and when the packs had been delivered. This process helped the team maintain a robust audit trail of the dispensing process. Any changes to people's treatment regimens were recorded on the person's patient medication record (PMR). For

example, if the person's GP had changed the strength of a medicine or stopped a treatment. Team members recorded the date of the change and the identity of the person authorising the change. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person, and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people, but they did not ask people to sign to confirm receipt of their medicines. This may make it difficult for the team to resolve queries relating to medicine deliveries.

Prescription only medicines were kept securely within the premises. However, they were not stored tidily in all areas. For example, some eye and ear drops were stored in baskets on top of each other. They were not stored alphabetically or separated by strength. This introduced the risk of errors being made in the dispensing process. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The CD cabinets were well organised and out-of-date and patient-returned CDs were appropriately segregated. The pharmacy had a medical grade fridge. It was used to store medicines in that required cold storage. The contents of the fridge were well organised, and the team monitored and recorded the minimum and maximum temperature ranges of the fridge each day. The records seen were within acceptable ranges.

The pharmacy had a process to check the expiry dates of its medicines. Team members explained they were up to date with the process, but the pharmacy kept no records to confirm this. No out-of-date medicines were found after a check of around 20 randomly selected medicines. The RP was observed checking the expiry dates of medicines during the dispensing process. The date of opening was recorded for medicines that had a short shelf life once they had been opened. The pharmacy held some medicines that had been removed from their original packs and stored in amber bottles. The bottles were not marked with expiry dates or batch numbers of the medicines stored inside. And so, the team could not confirm if the medicines were not out of date or had been subjected to a recall. These medicines were immediately removed when brought to the attention of the RP. The pharmacy received drug alerts and recalls. The team quarantined any affected stock but did not keep a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including access to electronic copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of measuring cylinders, but they were not crown stamped. The computers were password protected to prevent any unauthorised access.

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.