

Registered pharmacy inspection report

Pharmacy Name: Galexa Pharmacy, 61 Annesley Road, Hucknall, Nottingham, Nottinghamshire, NG15 7DR

Pharmacy reference: 9010911

Type of pharmacy: Internet / distance selling

Date of inspection: 27/06/2022

Pharmacy context

This is a distance selling pharmacy which offers services to people through its website, galexapharmacy.co.uk. The pharmacy specialises in the supply of medicines to people residing in care homes. Members of the public can also nominate the pharmacy to receive and dispense their NHS prescriptions. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people to take their medicines. The pharmacy premises are not generally accessible to members of the public due to its NHS distance selling model. This means the pharmacy supplies all medicines through its delivery service.

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 adequately identifies and manages the risks associated with providing its services. It keeps the records it needs to by law up to date. And it protects people's private information appropriately. The pharmacy seeks feedback from people accessing its services. And it uses the feedback it receives to inform how it provides these services. Its team members have the knowledge and ability to recognise and raise concerns to safeguard vulnerable people. And they act openly and honestly by discussing mistakes made during the dispensing process. This helps to reduce the risk of similar mistakes occurring.

Inspector's evidence

The pharmacy was spacious with team members working at separate workstations throughout the dispensary. This supported them in concentrating on specific tasks. And it provided enough space for the safe completion of different stages of the dispensing process. The pharmacy had standard operating procedures (SOPs) to support its team members in working safely and effectively. These had been reviewed by the superintendent pharmacist (SI), and re-read by most members of the pharmacy team in September 2021. But the pharmacy's delivery driver had not signed procedures related to their roles and responsibilities. The SOPs covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. And pharmacy team members had read and signed the procedures as part of their induction process. The SOPs referred to a separate risk assessment feeding into their content. But this was not available and team members on duty during the inspection could not recall seeing this document. They did demonstrate how they worked to manage some of the risks associated with the services provided at a distance. For example, by recording queries received over the telephone in a communication diary. This allowed all team members to act to resolve queries in a timely manner.

The pharmacy had a formal near miss record. Pharmacy team members had clearly taken onboard feedback from the last GPhC inspection in September 2021 when near misses were not seen to be recorded. The team now used the record to document details of the mistakes they made during the dispensing process. They regularly discussed contributory factors. And the RP demonstrated how the team acted to reduce risk following these conversations. For example, by separating similar looking and sounding medicines on the dispensary shelves. Another team member reflected on recent learning about the importance of double checking the accuracy of their own work when assembling medicines. The pharmacy had an incident reporting procedure available. Neither team member on duty could recall a need to manage a dispensing incident to date. The RP confirmed they would follow the written procedure and would seek support from the SI when managing a dispensing incident.

The pharmacy had a complaints procedure. And this was advertised on its website and within its practice leaflet. But details of the SI provided within the complaints section of the pharmacy's website related to a previous SI. This could be potentially confusing for people seeking to provide feedback. Pharmacy team members discussed how they responded to feedback. For example, they kept records associated with each care home to support them in supplying medicines in accordance with the specific requirements of each home. All dispensary team members had completed training associated with protecting vulnerable adults and children. And team members had access to contact information for

safeguarding agencies. A team member provided a hypothetical example of how they would act to report a safeguarding concern if needed. The pharmacy held personal identifiable information within the premises. And it adequately protected this information from unauthorised access. Pharmacy team members acted with care to verify a callers identity when discussing confidential information. The pharmacy had a cross-shredder for disposing of confidential waste. And there was no build-up of confidential waste waiting to be destroyed.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. And the RP register was completed as required. The pharmacy maintained running balances in the CD register. A sample of records made in the register over the last six months were checked, these complied with legal requirements. Balances were routinely checked and signed upon receipt and supply of a CD. And a pharmacist recorded full balance checks of physical stock against the register monthly. Physical balance checks conducted during the inspection complied with the balances recorded in the register. The pharmacy had a patient returned CD destruction register. And this was kept up to date by the pharmacy team. It held records related to unlicensed medicines in accordance with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a small and dedicated team to provide its services. Pharmacy team members have the confidence to provide feedback or raise concerns at work. They communicate well with each other and share learning through regular conversations. But the pharmacy doesn't always act in a timely manner to enrol its team members on required training courses to support them in developing in their roles.

Inspector's evidence

The pharmacy team consisted of the SI, another pharmacist (RP on the day of inspection), a dispensary assistant and a delivery driver. The pharmacy did not have a structured appraisal process to help monitor its team members learning and development. The inspection process identified that neither the dispensary assistant nor driver had yet completed GPhC accredited training required for their role. Following the inspection the SI provided assurance that immediate steps had been taken to enrol these team members on an appropriate course. And the team confirmed there would be ongoing support to complete this training. There was some evidence of continual learning at work. For example, the SI had discussed learning from the last GPhC inspection report with the team. And both team members on duty demonstrated how these conversations had informed improvement.

The team planned its workload efficiently. This included scheduling work around absences. And allowing enough time to dispense any acute prescriptions required for delivery the same day. On the day of inspection the pharmacy team was up to date with its workload. Pharmacy team members engaged in regular discussions related to the delivery of services and patient safety. And it was evident from speaking to team members on duty that they felt comfortable in feeding back and referring any concerns to the SI. One member of the team provided an example of how they would seek external support if they needed to escalate a work concern. The pharmacy did not set specific targets for its team members to meet.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the provision of healthcare services. They are clean, secure and include a private space to provide consultation services. But the pharmacy doesn't regularly update its website. This could potentially confuse and mislead members of the public wanting to use the pharmacy's services.

Inspector's evidence

The pharmacy was appropriately secure and clean. Lighting was sufficient throughout the pharmacy and air conditioning helped to maintain an ambient temperature. Team members had access to hand sanitiser whilst working. And hand washing facilities included antibacterial handwash and hot and cold running water. The premises consisted of a foyer, a large consultation room/office and the dispensary. The dispensary was a good size for the level of activity carried out. A room just off the dispensary provided storage for dispensary sundries and stationery. There was also access to a staff kitchen and toilet facilities provided onsite.

The pharmacy website included the name, address, and contact information for the pharmacy. The website provided a link to the GPhC register for checking the pharmacy registration status, and to check the registration status of the SI. But some information on the website was not kept up to date. For example, details of the company that owned the pharmacy corresponded to the previous owner. And this ownership had changed in January 2021. The pharmacy had not applied to display the GPhC voluntary internet logo to date.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services as it should and supplies medicines safely. Its team members use audit trails effectively to help manage dispensing services. And they provide appropriate information to people when supplying medicines. The pharmacy obtains its medicines from reputable suppliers. And it stores its medicines securely and at the right temperature. The pharmacy's services are accessible to people.

Inspector's evidence

People accessed the pharmacy's services through either the website, by email or by telephone. The website referred to some face-to-face consultation services including blood pressure checks and diabetes screening. The RP confirmed the pharmacy no longer provided this service. Information relating to the NHS fee for prescriptions on the website had not been updated since 2018. The website included an A-Z health information guide. It also offered General Sales List (GSL) and Pharmacy (P) medicines for sale. This service was provided by a third-party pharmacy registered with the GPhC. The pharmacy did not advertise details of this third-party provider prominently on its website. But information was available upon check-out of baskets when people purchased medicines.

Members of the public either ordered their own prescriptions or contacted the pharmacy to order on their behalf. The pharmacy maintained an audit trail of the prescriptions it ordered. Care home staff generally ordered their own prescriptions and these were transferred to the pharmacy through the Electronic Prescription Service (EPS). The pharmacy was provided with a copy of a re-ordering Medicine Administration Record (MAR) sheet. And this was checked against prescriptions received to help identify any missing items or queries. The pharmacy managed these queries through liaison with GP surgeries and care homes. And it kept a record of these queries.

Team members took ownership of their work by signing the 'dispensed by' and 'checked by' boxes on medicine labels when dispensing medicines. The team used coloured baskets throughout the dispensing process. This helped to organise workload and kept medicines with the correct prescription. The team took care to ensure it used different coloured baskets to help identify which care home/unit within a care home the supply of medicine was going to. The pharmacy was provided with a copy of a re-ordering Medicine Administration Record (MAR) sheet. And this was checked against prescriptions received to help identify any missing items or queries. The pharmacy required people to sign for the delivery of CDs. It could identify medicines sent out for delivery each day if a query was received. But it did not keep a specific delivery record to support it in doing this. The pharmacy had procedures to support the supply of medicines through postal services. All deliveries to date had been made through the local delivery service.

The pharmacy supplied medicines to care homes in multi-compartment compliance packs. The system used was a 28-day single medicine pack for each medicine the person was taking. The pharmacy placed these packs on coloured racking to help care home staff identify which time of the day the medicine was to be administered. It maintained records associated with the way it supplied these medicines. And it supplied MARs for each person's medicine. This supported the team in responding to any queries it received. The pharmacy supplied patient information leaflets (PILs) to the care homes regularly.

Wherever possible a separate team member picked stock due to be assembled into the compliance packs. This introduced additional checks during the dispensing process to help manage risk. But the pharmacy team labelled compliance packs with the cycle start date rather than the date of dispensing. This meant the pharmacy was not accurately recording the date of dispensing. The matter was raised at the last GPhC inspection in September 2021. The RP explained that the patient medication record (PMR) system defaulted to the cycle start date when labelling these medicines. A long-term solution to the issue had not yet been found. And the RP identified that the team needed to seek support from its IT software provider to help rectify the issue.

The pharmacy held some stock of higher risk medicines. The RP explained how the team completed some checks of these medicines. For example, asking care homes to provide details of recent INR tests for people taking warfarin. It supplied care homes with monitoring records and body maps to support care home staff in recording key information when administering medicines. The pharmacy team had completed some learning associated with the requirements of the valproate Pregnancy Prevention Programme (PPP). And it had the tools to support the checks required if it received a prescription for a person within the high-risk group.

The pharmacy sourced medicines from licensed wholesalers. Medicine storage in the dispensary was orderly with medicines stored in their original packaging. The pharmacy had a secure cabinet to store higher risk medicines. Medicines inside the cabinet were stored in an orderly manner. The pharmacy stored medicines subject to cold chain requirements safely in a refrigerator. It kept a fridge temperature record to ensure it stored these medicines at the correct temperature. The team followed a date checking rota. This helped to manage stock and identify short-dated medicines. Team members took care to annotate liquid medicines with details of the dates they had been opened. This prompted checks during the dispensing process to ensure the medicine remained safe to supply. No out-of-date medicines were found during random checks of dispensary stock. The pharmacy had medical waste bags available to support the team in managing pharmaceutical waste. It received details of drug alerts and recalls through the MHRA's central alerting system. And it kept a record of these alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the required equipment for providing its services. Its team members use the equipment in a way which protects people's privacy.

Inspector's evidence

Pharmacy team members had access to up-to-date electronic reference resources. For example, the British National Formulary (BNF). And they could access the internet to help resolve queries and to obtain up-to-date information. The pharmacy's computer system was password protected. Each team member had their own NHS smart card. The pharmacy had a range of clean equipment available to support the delivery of pharmacy services. It stored counting apparatus for tablets and capsules, and British Standard measuring cylinders for measuring liquid medicines within the dispensary. Equipment associated with the supply of medicines in compliance packs was single use.

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.