

Registered pharmacy inspection report

Pharmacy Name: Global Health Travel Clinic, 1st Floor Unit 4,
Hersham Farm Business Centre, Longcross, Chertsey, Surrey, KT16
ODN

Pharmacy reference: 9011390

Type of pharmacy: Travel clinic

Date of inspection: 11/05/2021

Pharmacy context

This is a pharmacy set in a business unit on the outskirts of Longcross. The pharmacy provides travel vaccinations, some childhood vaccinations and malaria prevention medicines. It offers a coronavirus (COVID-19) polymerase chain reaction (PCR) testing service. This includes testing people travelling abroad or arriving into the country. The pharmacy sells a few over-the-counter medicines too. It doesn't open set hours. It doesn't offer any NHS services. It advertises its services online. And people need to make an appointment to access its services.

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 generally manages its risks well. And it has procedures to help make sure its team works safely. Members of the pharmacy team know what they can and can't do, what they're responsible for and when they might seek help. They adequately monitor and review the safety of the services they deliver. They understand their role in protecting vulnerable people. And they keep people's private information safe. People using the pharmacy can provide feedback to help improve the service they receive. The pharmacy keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong.

Inspector's evidence

The pharmacy had written risk assessments and standard operating procedures (SOPs) for the services it offered. These were reviewed regularly. And team members were required to read and sign the SOPs to show they understood them and that they agreed to follow them. The pharmacy had risk assessed the impact of COVID-19 on it, its services and the people who used it. And its business continuity plan and some of its SOPs had been reviewed as a result. The pharmacy hadn't completed occupational COVID-19 risk assessments for its team members. And members of the pharmacy team weren't regularly self-testing for COVID-19. But they were vaccinated against the virus. And they conducted a self-check to make sure they were symptom-free before they started work. The pharmacy team knew that any work-related infections needed to be reported to the appropriate authority. Team members wore fluid resistant face masks to help reduce the risks associated with the virus. And they used hand sanitisers regularly. The pharmacy stored its medicines and its sharps bin in lockable cupboards. Its refrigerator was also locked when not in use. The pharmacy had systems in place to record, review and learn from incidents. The pharmacy's processes were reviewed when a positive COVID-19 PCR test result was returned by a traveller on the fifth day of their quarantine under the 'Test to Release for international travel' scheme despite them previously returning two negative results.

The pharmacy displayed a notice that told people who the responsible pharmacist (RP) was. And the roles and responsibilities of the pharmacy team were described within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. And, for example, the RP couldn't vaccinate people as he wasn't trained to do so. The pharmacy had a complaints procedure. And its website told people how they could provide feedback about the pharmacy. The pharmacy team asked people for their views. And people were asked to complete a satisfaction survey or provide online feedback about the pharmacy after their visit. The pharmacy updated its website to provide clearer instructions on how people could find it following a suggestion from one of its patients.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. It kept a record to show which pharmacist was the RP and when. It didn't hold any controlled drug stock. It didn't supply any unlicensed medicinal products. It didn't dispense prescriptions. And it hadn't made an emergency supply of any prescription-medicine since it opened. The pharmacy had an information governance procedure. And it was registered with the Information Commissioner's Office. People using the pharmacy couldn't see any other people's personal information. The pharmacy displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. It mostly kept people's personal information

electronically. And its team made sure confidential waste was stored and disposed of securely. The pharmacy had procedures to safeguard vulnerable groups of people. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. And they had completed a level 2 safeguarding training course.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified people in its team. Members of the pharmacy team keep their skills and knowledge up to date. So, they can deliver safe and effective care. They make appropriate decisions about what is right for the people they care for. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy didn't open fixed hours. Its services were mostly delivered by the superintendent pharmacist. But the RP could deliver the pharmacy's COVID-19 PCR testing service. The pharmacy relied upon a suitably trained locum pharmacist to cover absences. It had training records to show its team was trained to provide the services it offered. The pharmacists kept their professional skills and knowledge up to date as part of their annual revalidation process. They discussed their development needs and any clinical governance issues with each other and team members from another Global Health Travel Clinic. They knew when to signpost people to another provider, for example, requests to dispense people's prescriptions. The pharmacy had a whistleblowing policy. And its team felt able to make professional decisions to ensure people were kept safe. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to people being referred to a more experienced provider when asked if they could test to see if a person was at risk of contracting tuberculosis.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. And its premises are clean and tidy.

Inspector's evidence

The pharmacy had a website that told people about it, its team and the services it offered. And it didn't sell or supply medicines through this website. The pharmacy was in a large room on the first floor of a business unit. The ground floor of the unit consisted of a physiotherapist's treatment room, a kitchenette and a toilet. The pharmacy didn't have a sink. So, people used the sink in the toilet if they needed to wash their hands. The pharmacy was secure from unauthorised access. It was air-conditioned. And it had good ventilation too. The pharmacy's premises were bright, clean and professionally presented. And they were kept clean by the pharmacy team. Members of the pharmacy team regularly wiped and disinfected the surfaces they and other people touched. The pharmacy had the storage space and workbench it needed for its workload. It had a desk and a few chairs for people to use during face-to-face consultations.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. But some people who can't climb stairs may have difficulty getting to the pharmacy. So, the pharmacy team helps these people find another place that provides the same service if it can't. The pharmacy offers vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources 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 people's waste medicines properly too.

Inspector's evidence

People needed to make an appointment to attend the pharmacy. So, the pharmacy team knew when to expect them. The entrance to the business unit was almost level with the outside pavement. But the pharmacy was upstairs and some people who had trouble climbing stairs, such as someone who used a wheelchair, couldn't access the part of the building the pharmacy was in. These people were signposted to another provider if the pharmacy team couldn't take steps to deliver the service from an alternative location. The pharmacy had adequate seating for people to use. And people could be kept apart from one another.

The pharmacy didn't supply valproate and didn't have any patients currently on it. But its team had access to educational materials on the valproate pregnancy prevention programme if these were needed. The pharmacy had up-to-date patient group directions for the malaria prevention medicines it supplied and the vaccinations it offered. It had the anaphylaxis resources it needed for its vaccination service. But it didn't have any filtered needles for withdrawing medicines from glass ampoules. The superintendent pharmacist was appropriately trained to administer vaccinations. The pharmacy kept an electronic record for each vaccination. This included the details of the person vaccinated and their consent, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy team made sure the sharps bin was kept securely when not in use. The pharmacy had a sales-of-medicines protocol its team needed to follow before an over-the-counter product was sold. But most of the pharmacy's business related to its COVID-19 testing service. The pharmacy offered a COVID-19 PCR testing service. People registered and booked a test online through the pharmacy's website. They attended the pharmacy where the service could be delivered in the pharmacy or outside in the car park if they preferred or if they had difficulty in climbing stairs. The pharmacy had risk assessed the service. It had self-declared to the Department of Health & Social Care that it met the minimum standards for private-provided testing. And it was in the process of becoming accredited by the United Kingdom Accreditation Service.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and vaccines tidily within their original manufacturer's packaging. And its room temperature was monitored and recorded when it was open to make sure medicines were stored appropriately. The pharmacy team checked the expiry dates of medicines at regular intervals. It recorded when it had done these checks. And it marked products which were soon to expire to reduce the chances of it giving people out-of-date medicines by mistake. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. It had procedures to make sure medicines were handled and disposed of properly. And it had the pharmaceutical waste bins it needed to dispose of clinical waste, spent sharps

and medicines. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And this described the actions its team members would take and the records they kept when a drug alert was received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. And, it uses its equipment to make sure people's data is kept secure.

Inspector's evidence

The pharmacy had access to up-to-date reference sources. And its team 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 the refrigerator's maximum and minimum temperatures were checked and recorded regularly. Access to the pharmacy's computer was restricted and password protected. A proprietary web-based travel clinic database was used to record people's details and consent, medical history, risk assessments, supply and administration, and details of the product supplied or administered. The data entered onto the database was encrypted and was stored on a cloud-based platform.

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.