General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tibb Pharmacy, 65 Purlwell Hall Road, Batley, West Yorkshire, WF17 7NL

Pharmacy reference: 9011559

Type of pharmacy: Internet / distance selling

Date of inspection: 30/10/2024

Pharmacy context

This pharmacy is located in a residential area in Batley and provides its services at a distance. The pharmacy dispenses NHS prescriptions which are delivered to people. And it offers the New Medicine Service (NMS). The pharmacy supplies medicines in multi-compartment compliance packs for some people to help them take their medicines at the right time.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not carry out risk assessments for the services and medicines it supplies at a distance.
		1.2	Standard not met	Members of the team do not record things that go wrong so they can learn from them and so they may miss some opportunities to improve.
2. Staff	Standards not all met	2.2	Standard not met	Some pharmacy team members are not suitably trained or enrolled on training courses appropriate for their role.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy cannot show that it always stores medicines which require refrigeration appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy largely manages the risks associated with selling medications online. However, it has not gathered evidence about the risks for each individual medicine it supplies at a distance and has not completed any risk assessments or audits for this service. Members of the team do not always make a record when things go wrong so may miss opportunities to learn and make further improvements. Staff follow the pharmacy's written procedures. But the procedures are overdue for review, so they may be less likely to reflect current best practice. The pharmacy keeps most of the records that are needed by law.

Inspector's evidence

Standard operating procedures (SOPs) were available; these had been read and signed by the superintendent pharmacist (SI) and team member. However, there was no record of when they had been implemented or reviewed. Risk assessments which covered the services being offered were not available at the inspection the SI said these had been completed before the pharmacy had opened. This meant the pharmacy was unable to demonstrate that the risks had been assessed and were being reviewed on an ongoing basis.

Dispensing mistakes which had been identified before the medicine was supplied to people (near misses) were corrected. The SI was unable to find the near miss logs and said they had not been recorded for some time. Near misses were said to be verbally reviewed when they occurred. There had not been any dispensing errors since the pharmacy had opened. The SI was able to describe the steps he would follow in the event that one was to occur.

The pharmacy had current professional indemnity insurance which covered all the services provided. The pharmacy had a complaints procedure and people could contact the team via the website. A responsible pharmacist (RP) notice was not initially displayed. A correct RP notice was displayed during the course of the inspection. The team member was aware of the tasks that could and could not be carried out in the absence of the RP.

Private prescription, emergency supply records, controlled drug (CD) registers and RP records were well maintained. Running balances were recorded and checked against physical stock. A random balance was checked and found to be correct. A register was available to record CDs that people had returned.

The pharmacy was closed and not accessible to the public. Team members had been briefed on confidentiality and data protection. The pharmacy stored confidential information securely and separated confidential waste which was destroyed.

The SI had completed Level Two safeguarding training and the team member had been briefed. If the team had concerns, they would refer to the SI. The team member explained that he would call the SI if there were any issues faced during the deliveries.

Principle 2 - Staffing **Standards not all met**

Summary findings

Some pharmacy team members are not properly trained or do not undergo training appropriate for their role. And they complete activities for which they are not appropriately qualified or trained to do. Staff are given some ongoing training. But this is not structured. This could make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the SI and a team member who helped with the dispensing and deliveries. The team member had worked at the pharmacy for two years and not completed or been enrolled on any formal accredited training course.

The performance of the pharmacy team members was managed by the SI. Team members were provided with feedback on an ongoing basis and the SI tried to provide more formalised feedback either monthly or every two months. The SI upskilled his clinical knowledge using resources available. He also looked for updates on the RPS and GPhC websites and completed training for any new services. However, the SI had not been aware of the latest updates in relation to dispensing sodium valproate and was signposted to resources by the inspector. The pharmacy team was small and worked closely together. Issues and concerns were discussed as they arose. Discussions on good practice and what changes could be made to improve services were also held.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and is safe and secure from unauthorised access. The pharmacy's website gives people clear information about who is providing its services.

Inspector's evidence

The pharmacy was situated in an outbuilding at the back of a residential property. It was small and there was limited workbench space available. This was adequate for the current workload but would need to be reviewed if there was an increase in the business. A clean sink was available in the dispensary. Cleaning was done by team members. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare services. No face-to-face services were provided.

The pharmacy had its own online website (https://tibbpharmacy.co.uk/). The website gave clear information how people can contact the pharmacy and the GPhC registration information for the pharmacy, SI and details about the company. Over-the-counter medicines were sold and managed by a third party.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy does not always store its medicines properly. And it cannot show that it keeps medicines requiring cold storage at the right temperature. This means that it may not be able to demonstrate that the medicines are safe to use. The pharmacy generally manages its other services adequately.

Inspector's evidence

The pharmacy was a distance selling pharmacy, so medicines were not supplied directly to people using the pharmacy. The pharmacy website listed the services it provided and displayed the pharmacy's opening times. Prescriptions were received by the pharmacy electronically. People were signposted to other services where appropriate and the team used the internet to find out details of services local to where the person resided. Team members were multilingual and spoke most of the languages spoken locally.

The SI explained that some general sales (GSL) and pharmacy only (P) medicines were sold from the website by a third-party service. Some over the counter medicines were sold directly by the pharmacy but these were only to people who were registered with the pharmacy. The SI spoke to the person over the telephone to check suitability and information relating to the product sold was added to the person’s electronic record.

There was an established workflow within the dispensary and prescriptions were assembled by the dispensers and checked by the RP. 'Dispensed-by' and 'checked-by' boxes were available on dispensing labels, and these were routinely signed to create an audit trail showing who had carried out each of these tasks. Baskets were used to separate prescriptions, to prevent them being mixed up. Baskets were also colour-coded to help manage the workflow.

The pharmacy's team members were not fully aware of the guidance for dispensing valproate containing medicines and the need to dispense in original packs. They were signposted to the guidance by the inspector. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring. Some people's medicines were supplied in multi-compartment compliance packs. They were prepared by the dispensers. Once prescriptions were received, they were checked for any changes and missing medicines. These were confirmed with the surgery and a record was made. Assembled compliance packs were labelled with mandatory warnings and patient information leaflets were issued monthly. However, the product descriptions were not included on the prepared compliance packs which could make it difficult for the individual tablets to be identified.

Deliveries in the local area were carried out by the team member. Signatures were obtained from people when medicines were delivered. If people were not available to accept the delivery the medicines were returned to the pharmacy. In the event that an NHS prescription was received from people residing nationwide. A tracked delivery service would be used for this.

Medicines were obtained from licensed wholesalers. Fridge temperatures were said to be monitored and recorded daily. However, this was not seen to be done consistently. Most of the records seen were outside of the range for the storage of medicines, the SI explained that the temperature probe would be reset, and the temperature rechecked to ensure it was within range. However, there was no record

of any action taken or of the follow-up temperature. Medicines were date checked every three months but there was no date checking matrix. A random sample of stock was checked, and no expired medicines were found on the shelves. Short-dated stock was marked with the month and year it was due to expire in. Drug recalls were received electronically. The team explained they would check the stock and take the necessary action as required. The recalls were printed and kept.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. And it keeps them secure to help protect people’s data.

Inspector's evidence

The pharmacy had a calibrated glass measure and tablet counting equipment was available. A large domestic fridge was available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens were not visible to people using the pharmacy.

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.