General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: The Good Pharmacist, 7 Hill Rise, Richmond, TW10 6UQ

Pharmacy reference: 9011579

Type of pharmacy: Community

Date of inspection: 21/10/2022

Pharmacy context

This is an independent community pharmacy in a converted basement unit below a cosmetic clinic. The pharmacy does not have a contract with the NHS. But instead it operates a private service. And it provides medicines against private prescriptions. The pharmacy is open to the public. But it does not have many people visiting it. The pharmacy dispenses prescriptions from across the London area. And it specialises in providing medicines against specialist prescriptions from an ADHD clinic. The pharmacy also sells medicines and provides health advice. And it has a delivery service.

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 has adequate procedures to identify risk. It has written procedures to help ensure that it works safely. And it has insurance to cover its services. The pharmacy keeps the records it needs to. It protects people's private information. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

While the pharmacy was open to the public, the most frequent visitors to the pharmacy were delivery drivers from the pharmacy's wholesalers. The pharmacy had opened approximately four months previously. But since opening, the responsible pharmacist (RP) had concentrated on developing awareness amongst prescribers about his pharmacist expertise in mental health and attention deficit hyperactivity disorder (ADHD). He did this to attract specialist and non-specialist prescriptions. And he did so with the support of the superintendent (SP) and his business partner who was also a dispensing assistant (DA). The pharmacy's prescription activity was still low, but it was increasing. And the team was also in the process of promoting the pharmacy to local people.

The pharmacy dispensed private prescriptions. And many of its prescriptions were for controlled drugs (CDs). People were referred to the pharmacy by a private ADHD clinic. But the pharmacy also dispensed prescriptions from a range of other services and prescribers. The pharmacy delivered people's medicines directly to them. It generally did this on the day after it had received the prescription. And it had occasionally delivered more urgent medicines the same day as it had received the prescription. Most of its regular customers lived within a reasonable driving distance of the pharmacy. The pharmacy had a system in place for recording its mistakes. But it had not yet had to use it much. The RP agreed that it was important to keep a record of any mistakes he and his fellow pharmacists made. And to review them regularly. He recognised that it was important to learn as much as possible from mistakes. The RP and inspector discussed that records should identify what could be done differently next time to prevent future mistakes and promote continued improvement. The pharmacy had standard operating procedures (SOPs) in place. The RP had placed his RP notice on display showing his name and registration number as required by law.

People could give feedback on the quality of the pharmacy's services. The pharmacy's website provided information on how people could contact the pharmacy if they had a complaint, or if they needed to speak to the RP. In general, the pharmacy team had received many positive comments from people. These included comments from people who preferred not to have to visit a pharmacy to get their medicines. And from those who found that the pharmacy had their specialist medicines in stock.

The RP could provide details of the local NHS complaints advocacy service and the Patient Advice and Liaison service (PALS) if necessary. But the pharmacy proposed to deal with customer concerns at the time. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers. The pharmacy kept its records in the way it was meant to. This included its RP record. It had CD registers in place and a system for recording its private prescriptions and its emergency supplies. But it had not yet had to record any emergency supplies. The RP recognised that the pharmacy should ensure that it keeps all of its essential records in the way that it should such as those for recording CDs which had been returned for destruction by people.

The RP understood the need to protect people's confidentiality. The pharmacy currently delivered its medicines face-to-face, using a delivery driver. But it also proposed that in future it may decide to post some of its medicines if appropriate. And when this happened, it would need to use plain packaging to prevent the contents from being identifiable. Confidential paper waste was shredded. And people's prescription details were kept securely. The RP had completed appropriate safeguarding training. He knew where to report any concerns. And he could access details for the relevant safeguarding authorities online. But he had not had any specific safeguarding concerns to report. The RP understood that he and his colleagues should keep their knowledge up to date.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff with the right skills to manage its workload. Team members support one another. And they keep staffing under review to ensure that the quality of the pharmacy's services remains safe and effective.

Inspector's evidence

The pharmacy had a small team. And the RP was the only team member present at the time of the inspection. The rest of the team consisted of the SP and a DA. The DA had responsibility for business operations and was the RPs business partner. All three team members were directors of the company. But the RP and DA were directors with significant control of the business. The pharmacy was not currently open and operational every day. But the RP worked there regularly on the days it was. The pharmacy ran independently of the clinic above. But it was linked to it through its family members. The RP felt supported by the SP and the DA. And in turn he tried to be supportive of them. The RP could manage the pharmacy’s dispensing activity on his own. And he was up to date with the workload. This included attending to people’s queries and requests whether they were face-to-face, on the phone or online. The RP described how they would introduce additional team members as appropriate for the service. They would review the need for additional staff if the workload increased to a stage where it needed more staff to manage it. And maintain the quality of the pharmacy’s services. The SP had produced the pharmacy’s SOPs with the help of his colleagues. But had yet to tailor some of them to the pharmacy’s ways of working. The RP was able to make his own professional decisions in the interest of patients. He could also raise concerns with his colleagues if he needed to.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. They are professional looking, tidy, clean and secure.

Inspector's evidence

The pharmacy had a separate entrance to the clinic. And the entrance provided direct access from the street. From the entrance a flight of descending stairs led to the basement where the pharmacy was located. The pharmacy's premises consisted of a small counter area which had space for one or two people at most. And it had a dispensary and stock room. The pharmacy team entered and exited the dispensary through a hinged countertop which could be lifted to provide access. The pharmacy had access to a room it shared with the clinic. And it used this room for private consultations. The clinic and pharmacy had separate doors into the room. And people from the clinic upstairs used a separate set of stairs to access the shared room. When used by clinic staff, the door into the pharmacy was locked. And when the pharmacy team used the room, the door to the clinic was locked. The team accessed the room through the pharmacy stock room. But people passing through the stockroom would always be accompanied by the RP. And so the security of stock could be protected. The pharmacy team also shared staff facilities with the clinic. And so, they locked all access doors when the pharmacy was closed.

The pharmacy had a smart door entry system using an entrance camera and bell. This allowed the team to see who was seeking access. And it allowed entry as it saw fit. The pharmacy had a professional, modern appearance. And it was well lit. It had a dispensing worksurface with storage above and below it. And further shelving for storing medicines and equipment. The team kept the pharmacy clean. And it stored stock tidily. At the time of the inspection room temperatures were appropriate to keep staff comfortable and were suitable for the storage of medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely. And it makes them adequately accessible for people. The pharmacy gets its medicines and medical devices from appropriate sources. And it makes the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. The pharmacy stores its medicines properly.

Inspector's evidence

The pharmacy's website gave a description of its services. And while the pharmacy could deliver prescriptions across the UK, the majority of people using its services lived within a reasonable driving distance of the premises. The RP gave people advice on a range of matters. He did this through the pharmacy's website, face-to-face or by telephone. And he gave appropriate advice to anyone taking high-risk medicines. The RP had experience in supplying medicines prescribed for conditions related to mental health and ADHD. And he worked with specialist prescribers at a London clinic to ensure that the pharmacy had the medicines they commonly prescribed. The RP described how he would counsel people on the correct use of their medicines. And answer their questions. The inspector and RP agreed that it was important to advise people on the safe storage of their high-risk medicines. The pharmacy did not have anyone currently taking sodium valproate. The RP was aware of the precautions he would need to take, and counselling he would give, if it was to be prescribed for someone new.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team stored its medicines, appropriately and in their original containers. And stock on the shelves was tidy and organised. The pharmacy had been open for three to four months so its stock was relatively new. And a random sample of stock checked by the inspector was in date. But the RP understood the need to date-check the pharmacy's stocks regularly. And he knew to keep records to help the team manage the process effectively. The RP described how short-dated stock would be identified and highlighted. And any out-of-date and patient returned medicines would be put into dedicated waste containers. The pharmacy stored items in a CD cabinet and fridge as appropriate.

The pharmacy used a courier company to deliver people's medicines. The RP made arrangements with people to deliver their medicines when they were at home to receive them. But if the courier company found no-one home when delivering a CD, the courier would return the medicine directly to the pharmacy. The RP described how, on a very few occasions, the pharmacy had delivered medicines through people's letter boxes. But this only happened with non-CDs and the permission of the person receiving it. And only after the RP had established that there would be no pets or children at the address. The inspector and RP agreed that the risk of a medicine getting into the wrong hands increased when the medicine was not directly delivered to the person receiving it. The pharmacy monitored its fridge temperatures to ensure that the medication inside was kept within the correct temperature range. The pharmacy had a system for responding promptly to drug recalls and safety alerts. And it had not had any stock affected by recent recalls.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The pharmacy uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. The team had access to a range of up-to-date reference sources. And it had access to personal protective equipment (PPE), in the form of sanitiser, face masks and gloves. The pharmacy had one computer terminal which had been placed at the dispensing work- station. The computer was password protected. 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.