General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Goodwill Pharmacy, 4 Trathen Square, London, SE10 0BH

Pharmacy reference: 9011624

Type of pharmacy: Community

Date of inspection: 08/04/2024

Pharmacy context

This is a community pharmacy located in a residential area in South-East London. The pharmacy does not have an NHS contract, and mainly dispenses private prescription which are generated by the pharmacist independent prescriber. The pharmacy also provides a phlebotomy service as well as aesthetics treatments, such as dermal fillers and botulinum toxin.

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 doesn't adequately manage risks with all its services. The pharmacy supplies Schedule 2 controlled drugs against prescriptions which are not legally valid. Consultation notes for the prescribing and aesthetic services lack basic information. The pharmacy's prescribing policy does not cover all the prescribing services and the pharmacy has not conducted any risk assessments for its prescribing and aesthetic services.
		1.2	Standard not met	The pharmacy cannot demonstrate that it audits its prescribing service adequately to ensure its processes are effective at keeping people safe.
		1.6	Standard not met	The pharmacy does not appropriately maintain all its records including its controlled drug and private prescription records.
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 not all met	4.2	Standard not met	The pharmacy cannot show that all prescriptions supplies are safe and legal. And the prescriber cannot demonstrate how she makes decisions about the treatments she prescribes, or why she prescribes medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not effectively manage the risks associated with it services. The pharmacy does not have up-to-date policies, procedures, or risk assessments for its prescribing and aesthetic services. It does not keep accurate records so it cannot always show it supplies medicines safely. And it supplies some medicines against prescriptions which are not legally valid. It cannot demonstrate that it has robust processes in place to review its services or learn from mistakes that happen. However, pharmacy team members generally understand how to keep people's private information safe. But the pharmacy doesn't always manage confidential waste well which could mean sensitive information is not always protected.

Inspector's evidence

The pharmacy had some standard operating procedures (SOPs). These had not been dated and there was no indication that they had been reviewed since they were introduced. Some members of the current team had not signed the SOPs relevant to their roles to confirm that they had read and understood them. Some SOPs had not been updated to reflect some of the changes that had occurred. For example, an audiologist was no longer working at the pharmacy but the SOPs still signposted to the audiologist for additional support. SOPs covering the Responsible Pharmacist (RP) requirements were not available. The superintendent pharmacist (SI) sent these to the inspector following the inspection. They had been prepared on 8 April 2024, the day of the inspection.

The SI was also a pharmacist independent prescriber (PIP). The pharmacy provided a prescribing service for a range of conditions including respiratory infections, urinary tract infections, ear infections, hypertension, acne, fungal nail infections, diabetes, weight management services (using both Wegovy and Ozempic), vitamin D deficiency, as well as prescription transcribing for those who had come from abroad. The pharmacy had a prescribing policy in place, but it only covered a handful of therapeutic areas rather than all those therapeutic areas being prescribed for by the PIP. For example, the policy did not include prescribing for fungal nail infections, weight management, and vitamin D supplementation. The policy signposted to the NICE clinical knowledge summaries. But it did not have a version number or review date.

People were asked to complete an initial questionnaire when attending the pharmacy, and this checked if they had one of six health conditions. The SI/PIP did not document medication being taken by people and there was no official process for verifying the person's medication history or health conditions. People were asked to bring a list of their current medication, but the SI/PIP said that a consultation would still go ahead if they did not provide this information. The initial questionnaire only explored whether people had a penicillin allergy, and not other allergies.

The pharmacy had not conducted a risk assessment for its prescribing and aesthetic services. A pack of Pabrinex vials (vitamin C and vitamin B complex vitamins) were found inside the pharmacy fridge. The SI/PIP explained that this was used as a 'skin brightening' treatment adminstered via injection. The SI/PIP had not conducted a risk assessment for this treatment. One prescribing audit had been carried out in August 2023, where antibiotic prescribing had been audited. No actions were brought about in the audit, and it simply stated the areas with high levels of antimicrobial prescribing.

The pharmacy was dispensing a small volume of prescriptions which were mainly generated by the SI/PIP. There was not always a pharmacy technician present so, at times, the SI/PIP prescribed, dispensed, and checked the prescription they had issued. There was evidence that near misses, where a dispensing mistake was identified before the medicine was handed to a person, were recorded. But the last one recorded was in May 2023. The SI/PIP said that some near misses may not have been recorded. They added that the near miss record was used as a learning tool to help reduce the risk of errors. They provided one example of action taken in response to a near miss, which was the separation of two strengths of a medicine, but these were seen to be kept close together on the shelf. The procedure for dealing with dispensing mistakes which had reached a person, or dispensing errors, could not be found during the inspection. The SI/PIP explained that they would apologise to the person, investigate, and correct the error. They was not entirely sure where they would document dispensing errors and could not find the record for the last error made, where an expired medicine had been supplied.

The pharmacy had current indemnity insurance cover, which included cover for its prescribing and aesthetic services.
The correct responsible pharmacist (RP) sign was displayed, and the RP record was kept in order. The private prescription record was incomplete; entries were lacking prescriber details and there was no section to add these to the record. Some were also missing details of the medicine supplied, the date on the prescription, the person’s full name, or their address. The private prescription record did not include private controlled drug (CD) prescriptions as well as private prescriptions generated by the SI/PIP. CD registers were not always maintained in line with requirements. Consultation records for the private prescriptions service were sparse and lacked significant detail about the consultation, such as diagnosis, differential diagnosis, safety netting, signposting, or advice given to people. Consultation notes for the weight loss service lacked information about the person’s weight, body mass index, other medication taken, target weight, and reviews. Consultation notes for aesthetic treatments lacked consent and details of the products used, such as batch number and expiry date.

The pharmacy manager said that complaints would be dealt with in-house. A complaints and feedback notice was displayed in the retail area with the contact details of the pharmacy. The SI/PIP was not a member of any aesthetic regulatory bodies and said that they would signpost people wanting to raise any concerns about the aesthetic and prescribing services to the General Pharmaceutical Council.

Staff had signed a confidentiality policy and had been provided with some in-house training on protecting people’s confidentiality. Prescriptions were stored in lockable cabinets and were not visible to members of the public. Computers were password protected. The shredder was not working at the time of inspection and the SI/PIP said that they had briefed team members to tear and dispose of confidential information in the normal waste bins. Several medicine labels, containing confidential information that had not been adequately destroyed, were found inside the waste bin. These were removed during the inspection and the SI/PIP said that they would purchase a new shredder.

The SI/PIP had completed Level 2 training on safeguarding vulnerable people. They said that they had provided safeguarding training to the rest of the team verbally. The team had not come across any safeguarding concerns at the pharmacy. The SI/PIP said they did not provide aesthetic treatments to people under the age of 18. Consultations were pre-dominantly face to face. There was no chaperone policy in place. Identification (ID) verification was not routinely requested from people accessing the private prescription service. ID was only requested when the SI/PIP felt uncertain about a person’s age, but no documentation was retained at the pharmacy to confirm that ID checks had been carried out.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacist independent prescriber does not always prescribe within their scope of practice, and has limited understanding of the legal aspects of prescription writing. This means that pharmacy services are not always supplied in a safe and legal manner. The pharmacy has enough staff to manage its workload and pharmacy team members are provided with some training to keep their knowledge and skills up to date.

Inspector's evidence

During the inspection the pharmacy was staffed by the SI/PIP, a trainee pharmacist, and the pharmacy manager. The pharmacy also employed two trainee pharmacy technicians, but both were on leave during the inspection. The trainee pharmacist had started a week ago and was still familiarising themselves with processes. The pharmacy manager was responsible for stock and staff management. They were not involved in dispensing prescriptions or selling Pharmacy-only medicines. There was not always a dispenser present which meant that the SI/PIP could be involved in all the steps of prescribing, dispensing, and checking prescriptions they had issued.

The SI/PIP's scope of practice when completing the prescribing course had been drug misuse. They had worked as a prison pharmacist and in a GP practice where they had been involved in prescribing for several conditions including infections, skin disorders, H. Pylori, and weight loss. They had been provided with in-house training whilst working in the GP practice. There was evidence of them having completed ongoing training relevant to some of their prescribing areas, such as weight loss, acne, botulinum toxin, vitamin C injections, venepuncture and cannulation, and infection control. The SI/PIP said that, in terms of antimicrobial prescribing, they used their experience from GP practice rather than following NICE or local guidance. They agreed that they did not currently have access to prescribing policies from GP practices, which meant that they may not be following up-to-date versions. There was evidence that the SI/PIP had prescribed medication for attention deficit hyperactivity disorder which was not within their scope of practice. The SI/PIP did not know the difference between the various prescription forms, or the legal requirements for prescribing certain CDs.

The SI/PIP said that the trainee technicians had been enrolled onto a technician course with a third-party training provider. They said they regularly briefed the trainee technicians on various topics, but any ongoing training was not documented. The SI/PIP reviewed the trainee technicians' progress alongside their training course support worker every three months.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy environment is suitable for the services it provides. It has consultation rooms, so people can receive services and speak to the pharmacist in private. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The pharmacy was located below a modern residential block. It was spacious with modern, well-maintained fixtures and fittings. The retail area was clean and tidy and there were several chairs for people waiting for services. The pharmacy had two spacious consultation rooms. One was used to provide aesthetic treatments and was fitted with a therapy bed, the other was fitted with a desk and computer terminal. The dispensary was located at the back of the shop and was spacious with ample work and storage space. Workbenches were kept clean and tidy and stock was stored in an organised manner on the shelves. There was a staff room and a toilet with disabled access. The pharmacy was well-lit, and the ambient temperature was suitable for storing medicines. The pharmacy was secured from unauthorised access.

The pharmacy had a website (www.goodwilluk.com) which provided information on services, opening hours, the address and contact details of the pharmacy. It did not include any more specific information about the pharmacy owner or the pharmacy superintendent. Medicine was not sold via the website.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's independent prescriber does not keep adequate records about their prescribing activities and cannot always show their reasons for providing treatment to people. They do not always ensure that prescriptions are legally valid before supplying the medicines. And they do not follow current guidance when prescribing some medicines, including antibiotics and medicines for weight loss. So, the pharmacy cannot demonstrate that all its supplies of prescription only medicines are safe and legal. The pharmacy obtains its medicines from recognised suppliers. And it mostly stores and manages its medicines as it should.

Inspector's evidence

Access into the pharmacy was step-free. The retail area was spacious and open, and this assisted people with restricted mobility or using wheelchairs. Services were listed on the window and on the practice leaflet which was displayed on the medicines counter.

A QR code was displayed at the medicines counter, and this directed people who were accessing the private prescription service to a medical questionnaire. Completed prescription forms were retained in folders. Consultation records viewed did not include information about any safety netting, counselling, other advice given to the patient, or information about evidence obtained from people such as prescribed medicines or blood test results. The SI/PIP said that the choice of antimicrobial prescribed was based on their previous experience within GP practice and they generally did not refer to current guidance for the use of antimicrobials. The prescribing policy stated that people should have a follow up consultation within seven days, but the records viewed were not updated to confirm that this has been done. Amoxicillin capsules with instructions to 'sprinkle on food' had been prescribed for a child, but the SI/PIP could not explain why they had chosed to prescribe this formulation although a liquid formulation was available. There was also no information noted in the child's record.

The SI/PIP said that people were asked to provide consent for the pharmacy to share details of the supplies it made with their regular prescriber, but the sharing of information was seen to be very limited. The SI/PIP said that some emails 'may have been' sent but could not provide any evidence of when this had happened. People could choose to opt out for information to be shared. GP details were not always documented on the initial questionnaire or the consultation records. The SI/PIP said they would normally provide people with a letter to give to their regular prescriber. There was no evidence seen of refusal to supply a medicine.

The SI/PIP said that ID checks were only carried out on people who were accessing the prescribing service when there was doubt about a person's age. The SI/PIP did not keep any documentation that ID had or had not been checked.

Consultation notes for aesthetic treatments provided where minimal, with some lacking information on areas treated, amount of product used, batch number and expiry date of the product. Consent forms were not always signed by the person accessing the service. The SI/PIP could not describe the procedure to deal with dermal filler emergencies in full and did not have a written version to refer to. The pharmacy's emergency kit was basic, containing paracetamol tablets, hydrocortisone cream and two adrenaline pens. Both adrenaline pens had expired. The kit lacked several products which were

recommended by several aesthetic bodies, such as the Aesthetic Complications Expert (ACE) Group.

The SI/PIP said that they prescribed botulinum toxin via an online pharmacy platform, to be administered by non-healthcare professionals. She said that the platform provider carried out background checks on the non-healthcare professionals, but the SI/PIP did not have access to these checks and did not know what they encompassed. The SI/PIP said that they held face-to-face consultations with the person before prescribing botulinum toxin, but could not provide any records for these consultations.

The SI/PIP had written prescriptions for Schedule 2 CDs and subsequently supplied the medicines against forms which were not legally valid.

There was evidence that the SI/PIP had prescribed Ozempic off-label for weight loss, against the current national patient safety alert restricting the use of certain medicines to their licensed indication. The SI/PIP said that she had prescribed this medicine against its product license due to national shortages of the licensed product.

An NHS prescription for chloramphenicol eye ointment for a child under two years of age had been retained at the pharmacy. The SI/PIP explained that they had sold the medicine over the counter to the patient's representative, as they were having issues sourcing the medication from other pharmacies. Chloramphenicol eye ointment is not licensed for over-the-counter sales for patients under two years old

The pharmacy obtained its stock from reputable suppliers. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals and kept a record. Fridge temperatures were checked and documented daily. The pharmacy received drug alerts and recalls via post but did not retain these or keep a record of any action it had taken in response to them.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had several glass measures which were clean and stored upside down to keep dust and dirt out. There was a small pharmaceutical fridge which was suitable for the storage of medicines. Waste medicine bins and sharps bins were used to dispose of waste medicines and needles respectively. The pharmacy had two blood pressure monitors. The SI/PIP said that one was relatively new and the other had been calibrated in the last year though there was no record to confirm this. Members of the team had access to the internet.

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.