

Registered pharmacy inspection report

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

Pharmacy reference: 9011624

Type of pharmacy: Community

Date of inspection: 04/12/2024

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 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 has processes in place to help manage the risks associated with its services. And it keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members respond appropriately when mistakes happen during the dispensing process so that they can learn from them. People who use the pharmacy can provide feedback. And team members are provided with training about safeguarding to help ensure that incidents are dealt with appropriately.

Inspector's evidence

Up to date standard operating procedures (SOPs) were available and signed by current members of the team. The SOPs had been prepared in 2024 and were due to be reviewed in 2025. SOPs covering the Responsible Pharmacist (RP) requirements were available for the team to refer to.

The superintendent pharmacist (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, weight management services (using both Wegovy and Mounjaro), and vitamin D deficiency. The pharmacy had prescribing SOPs in place for the areas that the PIP was prescribing for, but the weight loss policy did not include information about Mounjaro. The PIP said they had recently completed training on this medicine and would update the policy. The prescribing procedures signposted to the NICE clinical knowledge summaries. Procedures were dated so it was clear if they were the current ones. An aesthetic practice policy was in place, but it did not include information on injection techniques used. However, the PIP had access to material from their training course which provided this information. The pharmacy had an emergency dissolving procedure in the event of a complication following dermal filler injections.

The pharmacy had completed a risk assessment for its prescribing and aesthetic services. The versions available at the pharmacy did not cover emergencies that may arise when providing aesthetic treatments and did not include risks identified for individual treatments provided at the pharmacy. But following the inspection, the PIP provided updated the risk assessments which included these points.

The pharmacy had completed a clinical audit of the prescribing service which involved a generalised review of all the prescriptions issued by the PIP within a period of time. But it only looked at the number of prescriptions issued and the condition they were treating. It did not identify whether prescriptions had been issued in line with the pharmacy's policies or any guidance, so it did not provide assurance that the service was operating effectively. The PIP said they intended to complete another clinical audit to review whether they were following clinical guidance when providing the prescribing service.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were seen to be documented routinely. The PIP said that they reviewed the log and discussed the mistakes with the team. The PIP said that dispensing mistakes which had reached a person, known as dispensing errors, would also be recorded in the near miss log. This meant that some information may not be recorded such as patient or prescriber details. Following the inspection, the PIP introduced a new incident report template which would be used to record dispensing errors in the future.

The pharmacy had current professional 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 in order; entries included prescriber details, details of the medicine supplied, the date on the prescription, the person's full name, and their address. A separate private prescription register was available for private controlled drug (CD) prescriptions (FP10CD) but the pharmacy had not dispensed any FP10CD prescriptions since the last inspection. CD registers were being maintained in line with requirements. A random stock check of a CD agreed with the recorded balance. Consultation records for the private prescriptions service had improved since the last inspection and now included information about the diagnosis, differential diagnosis, safety netting, signposting, and advice given to people.

People were able to provide feedback online or verbally. A complaints and feedback notice was displayed in the retail area and included the contact details of the pharmacy.

Team members had signed the pharmacy's 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. A new shredder had been obtained and was used to dispose of confidential information.

The 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 and an in-date safeguarding procedure was available for the team to refer to. The SI/PIP confirmed they did not provide aesthetic treatments to people under the age of 18. Consultations were predominantly face to face and a chaperone policy was now in place. Identification (ID) verification was routinely requested from people accessing the private prescription service. The team had not come across any safeguarding concerns at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Members of the pharmacy team are suitably qualified for their roles and they are provided with study time so that they can complete regular training. This helps keep their skills and knowledge up to date.

Inspector's evidence

During the inspection the pharmacy was staffed only by the PIP. A trainee technician started at a later time. The pharmacy also employed three trainee pharmacy technicians. There was not always a dispenser present, but the PIP said that if they prescribed a medicine whilst working alone, they would signpost the person to another pharmacy to have the prescription dispensed. An example of when this had been done was seen.

The PIP's scope of practice when completing the prescribing course was 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 GP practice. There was evidence of them having completed ongoing training relevant to their prescribing areas, such as weight loss, acne, botulinum toxin, vitamin C injections, venepuncture and cannulation, and infection control. The PIP said that they used their experience from GP practice and followed NICE guidance when prescribing antimicrobials. Copies of NICE guidance were available for the PIP to refer to. Since the last inspection, the PIP had stopped prescribing antibiotic prophylaxis for Brazilian Butt Lift (BBL) and Schedule 2 CDs, including those for attention deficit hyperactivity disorder. They had recently completed additional online training on Mounjaro weight loss injections as well as face-to-face training on Vitamin B12 and Vitamin D3.

The trainee technicians were provided with study time to complete their training modules. They had weekly meetings with the PIP to discuss their progress. The trainee technician present during the inspection said that they felt supported by the PIP and had opportunities to give feedback to the PIP when needed. The pharmacy did not set any performance targets for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are secure, clean, and suitable for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy was located inside a retail unit within 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 met

Summary findings

The pharmacy's services are suitably accessible to people. And it manages them well. The pharmacy receives its medicines from reputable sources and stores them appropriately. And team members carry out checks to help ensure they keep medicines in good condition.

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. Several health information leaflets were available in one of the consultation rooms.

A QR code was displayed at the medicines counter, and this directed people who were accessing the private prescription service to a medical questionnaire. The PIP was now issuing electronic prescriptions and using an online software to keep clinical records. A random sample of prescriptions and clinical notes generated by the PIP were checked and were seen to include information on the symptoms the person was presenting with, medical history including any allergies, diagnosis, differential diagnosis, and advice provided. Antibiotics were seen to be prescribed in line with NICE guidance. Consultation notes for the weight loss service now also included information about the person's weight, body mass index, other medication taken, target weight, and follow-up appointments. The PIP said that people were provided with information on potential adverse effects but this was not documented so the pharmacy was not able to show what advice had been given. Consultation notes for aesthetic treatments included consent from the patient and details of the products used, such as batch number and expiry date. The pharmacy now had a procedure to deal with dermal filler emergencies and the pharmacy's emergency kit contained the relevant products including an in-date adrenaline pen and dermal filler dissolving agent.

The pharmacy did not have access to Summary Care Records to help verify the person's medication history or health conditions. People were asked to bring a list of their current medication. The pharmacy sought consent to share information with people's regular prescribers. Examples of emails sent to GP practices were seen.

The PIP confirmed that they had stopped prescribing botulinum toxin to be administered by healthcare and non-healthcare professionals. The PIP had also stopped prescribing Ozempic for weight loss, in line with the MHRA patient safety alert.

Team members were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group and said they would dispense this medicine in its original pack. They described the additional advice they would give to people taking the medicine.

The pharmacy obtained its stock from recognised 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 email and was now keeping a record of any action taken in response to these alerts.

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. 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.