

# Registered pharmacy inspection report

**Pharmacy Name:** GlucoRx Pharmacy, 1c Henley Business Park,  
Pirbright Road, Normandy, Guildford, Surrey, GU3 2DX

**Pharmacy reference:** 9011691

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 23/03/2022

## Pharmacy context

This is an NHS distance-selling pharmacy set in an industrial unit on the outskirts of Guildford. The pharmacy opens five days a week. It provides most of its services at a distance. It dispenses people's NHS prescriptions. And it delivers these medicines to people by courier or post. People are generally not allowed to visit the pharmacy in person. But they can visit it to get their coronavirus (COVID-19) vaccinations. This inspection took place during the COVID-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy appropriately identifies and manages the risks associated with its services. And it has written instructions to help make sure its team works safely and monitors the services it delivers. The pharmacy acts on the feedback it receives to help it improve. It keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong. 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 understand their role in protecting vulnerable people. And they keep people's private information safe.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. It had risk assessed the impact of COVID-19 upon its services and the people who used it. And the pharmacy team knew that any work-related infections needed to be reported to the appropriate authority. But occupational COVID-19 risk assessments for the pharmacy team weren't available at the time of the inspection. The pharmacy had assessed the risks of its COVID-19 vaccination service and the possible effects of this on its day-to-day services before it began providing the service. Members of the pharmacy team were asked to read and sign the SOPs relevant to their roles to show they understood them and would follow them. They wore fluid resistant face masks to help reduce the risks associated with the virus. And they washed their hands and used hand sanitising gel when they needed to.

The pharmacy had systems to record and review the mistakes it made. And its team members were required to discuss any mistakes they made to learn from them and reduce the chances of them happening again. But the pharmacy team hadn't made a mistake since the pharmacy opened. The superintendent pharmacist monitored the delivery and safety of the COVID-19 vaccination service. They knew what to do and who to contact if there was a problem when administering a vaccine. They discussed the vaccination service with the team members responsible for its delivery to seek assurances and take steps to make sure it was being delivered safely and effectively. And, for example, the different types of vaccines were highlighted and kept apart from each other in a dedicated refrigerator to reduce the chances of the wrong one being picked.

The pharmacy displayed a notice that identified who the responsible pharmacist (RP) was. 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 their roles and responsibilities were described in the SOPs. The pharmacy had a complaints procedure. And its website encouraged people to share their views and suggestions on how it could do things better. The pharmacy installed a door between its dispensary and its consulting room following feedback from the inspector.

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. And it hadn't supplied any controlled drugs (CDs), private prescriptions and unlicensed medicinal products nor had it made any emergency supplies of medicines since it opened. But it had the appropriate facilities to record these supplies if they were made.

People using the COVID-19 vaccination service couldn't see other people's personal information. The

pharmacy's owner was registered with the Information Commissioner's Office. The pharmacy's website told people how their personal information was gathered, used and shared by the pharmacy and its team. And the pharmacy had arrangements to make sure confidential information was stored and disposed of securely. The pharmacy had a safeguarding policy. And the healthcare professionals involved in the delivery of its COVID-19 vaccination service had completed level 3 safeguarding training as they vaccinated children and young 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 the contacts they needed if they wanted to raise a safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough people in its team to deliver safe and effective care. Members of the pharmacy team undergo training for the jobs they do. They're comfortable about giving feedback on how to improve the pharmacy and its services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

### Inspector's evidence

The superintendent pharmacist was the pharmacy's RP. And they were supported by another pharmacist during the inspection and when the pharmacy was busy. The pharmacy also had a team member who could support the dispensing process. And the superintendent pharmacist gave assurances that they would start an accredited training course relevant to their role as soon as possible. The pharmacy had some trained volunteers to help people access its COVID-19 vaccination service. The RP was also supported by other pharmacists and nurses to deliver the vaccination service. The pharmacy team concentrated on the pharmacy's day-to-day services. And there were contingencies in place to support the pharmacy and its vaccination service if a team member was absent. The pharmacists were required to keep their professional skills and knowledge up to date as part of their annual revalidation process. They could discuss their development needs and any clinical governance issues with one another. They knew when to signpost people to another provider, for example, people requesting an NHS pharmacy service in person at the premises. They felt able to make professional decisions to ensure people were kept safe. The pharmacy encouraged members of its vaccination team to discuss the delivery of the COVID-19 vaccination service at the beginning of the day. So, they knew who was doing what, and what to do if something went wrong. They were also encouraged to share learning with other vaccination sites. The pharmacy didn't set targets for its team. And it didn't incentivise its services. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. And their feedback led to changes to the configuration of the vaccination bays in the consulting room. The pharmacy had a whistleblowing policy, and its team members knew who they should raise a concern with if they had one.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides an adequate environment to deliver its services from. Its premises are clean and secure. And people can receive services in private when they need to.

### Inspector's evidence

The pharmacy had a website. And this provided the information it needed to in line with the GPhC's guidance for registered pharmacies providing pharmacy services at a distance, including on the internet. The pharmacy didn't offer an online prescribing and dispensing service. Nor did it sell medicines through its website. The registered pharmacy premises were set on the ground floor of a warehouse. They were bright, secure, clean and tidy. And they were only accessible to authorised personnel. The pharmacy occupied two rooms. The first room was used as the dispensary and a storage area. And the second was used as the pharmacy's office and consulting room. The consulting room was large. It was locked when not in use to make sure its contents were kept secure. It had the seats and equipment it needed to deliver the COVID-19 vaccination service. It had two vaccination bays and a private area with an examination couch for someone to use if they felt faint before or after receiving their vaccination. People accessing the vaccination service could park in dedicated parking spaces outside the warehouse. They were greeted by a volunteer at the warehouse's entrance. They were checked in by another volunteer at a reception desk located outside of the consulting room. And a marquee in the warehouse's car park was available if lots of people needed to wait before being vaccinated. The pharmacy had the sinks it needed for the services its team delivered. Its premises had a supply of hot and cold water. And people could access the warehouse's self-care facilities when they needed too. The pharmacy and the vaccination teams regularly cleaned the surfaces people touched. And there were infection control measures in place at the pharmacy. The pharmacy had the workbench and storage space it needed for its current workload. And it had additional space to expand into if the business grew.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides most of its services at a distance. And people can access these easily. The pharmacy also offers COVID-19 vaccinations. And it keeps appropriate records to show that it has given the right vaccine to the right person. The pharmacy has safe and effective working practices. And it gets its medicines from reputable sources and stores them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. And they have procedures to help them properly dispose of spent sharps and people's waste medicines.

### Inspector's evidence

The pharmacy and its services were generally accessed through its website or at a distance. It was open five days a week. People could contact the pharmacy by email, phone or in writing. They weren't allowed to visit its premises in person to access its NHS services except for COVID-19 vaccinations. Members of the pharmacy team were clear on what services they could and couldn't provide from the pharmacy. And they knew where to signpost people to if a service wasn't available at the pharmacy. The pharmacy had SOPs for the transportation and delivery of medication. It used a courier to transport and deliver people's medicines. The pharmacist supervised the handover of these medicines to the courier at the pharmacy. And the pharmacy could track where people's medicines were when they needed to. The pharmacy had assessed the risks of sending medicines that needed to be kept in a fridge by its courier. And it used specialised packaging that kept these types of medicines at the right temperature for up to three days. But it could do more to assess the risks of delivering CDs and when medicines weren't delivered and were returned to the pharmacy.

The team members responsible for the vaccination service followed the most up-to-date national protocol relevant to the type of vaccine being administered. And stage one of the protocol was only undertaken by a nurse or a pharmacist. The healthcare professional took great care when they needed to reconstitute a vaccine. And they only drew up one vaccine dose at a time before administering it. The pharmacy kept a record for each vaccination it made. And this included the details of the person vaccinated, confirmation that consent was given, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy had the anaphylaxis resources, consumables and personal protective equipment it needed to deliver the vaccination service. And it had a defibrillator too. The team members responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. They provided patient information leaflets. So, people had the information they needed to take their medicines safely. People's assembled prescriptions were not delivered until they were checked by a pharmacist. Members of the pharmacy team knew that women or girls able to have children mustn't take a valproate unless there was a pregnancy prevention programme in place. And they knew that people in this at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The pharmacy hadn't dispensed a valproate since it opened. But its team knew what resources it needed for when it did.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines before supplying them. But, unlike its COVID-19 vaccines, its team hadn't

checked the expiry dates of its pharmaceutical stock nor recorded when a date-check was done since it opened. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. It had procedures for handling people's unwanted medicines and spent syringes and needles from its vaccination service. It had the sharps bins it needed. And there were arrangements for an appropriate waste contractor to collect these. But it hadn't received its pharmaceutical waste bins at the time of the inspection. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described what they did when they received a drug alert. But they could do more to record the actions they took.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had hand sanitisers for people to use if they wanted to. And people were encouraged to wear face masks when accessing the COVID-19 vaccination service. The pharmacy had the equipment its team needed to count or measure medicines. And this equipment was kept clean. The pharmacy had the equipment and facilities it needed to deliver its vaccination service. It had access to up-to-date reference sources. And its team could contact other vaccination sites, the NHS and Numark to ask for information and guidance. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And one was used only to store COVID-19 vaccines. The pharmacy team regularly checked and recorded each refrigerator's temperatures. The pharmacy restricted access to its computer and patient medication record system. The team members responsible for the dispensing process had their own NHS smartcard. And they each made sure their card was stored securely when they weren't working. The pharmacy's website told people that security measures were in place to help protect their personal data.

### 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.