

Registered pharmacy inspection report

Pharmacy Name: Excelsior Pharmacy Services, Unit 4, 40-40 Link, 30-34 Mill End Road, High Wycombe, HP12 4AX

Pharmacy reference: 9011805

Type of pharmacy: Internet / distance selling

Date of inspection: 06/10/2023

Pharmacy context

This is a pharmacy which is closed to the public and provides its services at a distance. The pharmacy is in a warehouse unit in High Wycombe, Buckinghamshire. It has an NHS contract but mostly dispenses medicines against private prescriptions. The pharmacy also has an online presence (<https://pharmazonhomecare.com/>).

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	1.2	Good practice	The pharmacy ensures that the safety and quality of its services are regularly reviewed and monitored. The pharmacy routinely records, reviews, seeks to learn from mistakes and implements relevant changes to make its processes safer.
		1.8	Good practice	The pharmacy's team members actively ensure the welfare of vulnerable people. The pharmacy can demonstrate that it has taken appropriate action in relation to concerns identified, the relevant procedures are in place to assist with this and team members are suitably trained.
2. Staff	Standards met	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out.
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 robust systems in place to identify and manage the risks associated with its services. The pharmacy complies with the GPhC's guidance on providing services at a distance. It has organised and efficient processes in place. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They also actively look to protect the welfare of vulnerable people. The pharmacy safeguards people's private information appropriately. And it keeps the records it needs to by law.

Inspector's evidence

This was a six-month re-inspection as the pharmacy had previously been rated 'standards not met' at the last inspection. Two inspectors were present. The pharmacy had significantly improved since the last inspection. The pharmacy's working practices were safe and effective and there were capable as well as efficient members of staff in place. The pharmacy predominantly supplied CDs against private prescriptions for people with attention deficit hyperactivity disorder (ADHD).

The pharmacy had an appropriate range of documented standard operating procedures (SOPs) in place to provide guidance to the team about the services it provided. They were specific to the nature of the pharmacy's business. Staff had read and signed them. Team members were clear about their roles, the activities that could take place when a pharmacist was not present and the pharmacy's internal procedures. The correct notice to identify the pharmacist responsible for the pharmacy's activities was also on display.

The pharmacy had robust procedures in place to identify and manage risks associated with its services. Service level agreements were in place between the pharmacy and the clinics the team worked with which helped define the relationship and terms between them. In line with the GPhC's 'Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet', relevant risk assessments and audits had been completed to verify the safety and quality of the service being provided. There was, therefore, effective oversight in place to oversee the safe supply of medicines.

The pharmacy was very organised and clear of clutter. Staff had their own set tasks and responsibilities. They worked in different areas, the different workstations and sections in the dispensary were clearly labelled and the responsible pharmacist (RP) checked medicines from a separate area. This helped minimise distractions and errors. As the pharmacy was closed to the public, there were fewer distractions, and a lower likelihood of mistakes occurring because the team could concentrate more easily.

Near miss mistakes were routinely recorded, formally reviewed every month, and fed back to the team to help minimise the risk of mistakes occurring. Staff explained that the pharmacy's patient medication record system required the barcodes of medicines to be scanned during the dispensing process. This helped ensure the correct medicine was being dispensed as it prompted or alerted dispensing staff that they had selected an incorrect medicine. Mistakes were analysed to help identify how internal systems could be improved. This included implementing a manifest log to ensure the right number of assembled prescriptions were going to the courier. Staff physically checked people's details against the assembled bags before medicines were sent. If the courier was late, the log was used as a reference to reassure

people when they received phone calls from them. SOPs were also reviewed or amended in response and examples of this were provided.

The pharmacy had appropriate incident management processes in place. Incidents were managed by the manager or pharmacist and their process was suitable. There was evidence that when mistakes had inadvertently been made involving CDs, they had been reported to the CD Accountable Officer (CDAO) and appropriate action was taken in response. Any complaints received, issues or owed medicines were regularly discussed with the team to keep them informed. Recently, due to stock shortages and to help alleviate the problems being seen with the latter, the pharmacy had received feedback about informing the clinics and people who used the pharmacy's services before prescriptions were issued where possible. This had been fed back to the team (see Principle 4). The pharmacy had also received positive reviews online about the service received from people using its services.

The pharmacy had suitable processes in place to protect people's confidential information. Unauthorised staff could not access the dispensary, computer systems were password protected, sensitive information was stored within a cloud system and confidential waste was shredded. Staff were also trained on data protection and used their own NHS smart cards to access electronic prescriptions if required.

The pharmacy's team members had been trained to safeguard vulnerable people. The responsible pharmacist (RP) had been trained to level two for the latter through the Centre for Pharmacy Postgraduate Education (CPPE). Team members were also trained to level one through CPPE. Staff could recognise signs of concerns; they knew who to refer to in the event of a concern and described concerns seen as well as how they had responded. Details about the latter had not been documented. This was advised during the inspection. The pharmacy had obtained a copy of the safeguarding policy and prescribing guidelines for the relevant clinic which was associated with the concern(s). They were due to obtain these for all the clinics they worked with. Contact details for the various safeguarding agencies were easily available. The pharmacy had documented policies in place to underpin safeguarding vulnerable people and people's confidentiality.

The pharmacy's records were compliant with statutory and best practice requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The RP record and records of supplies made against private prescriptions were completed appropriately. Records to verify that the temperature of the fridge had remained within the required range, had also been maintained. The pharmacy had suitable professional indemnity insurance arrangements in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload effectively. The pharmacy provides its services using a team with different levels of experience. And the pharmacy's team members are supported in their roles.

Inspector's evidence

The pharmacy team consisted of two regular pharmacists, and three dispensing assistants, one of whom was fully trained, one was very newly employed, and the third was a qualified pharmacist from overseas. The latter was enrolled onto accredited training appropriate to her role. In line with the pharmacy's volume of dispensing, there was enough staff to manage the workload and the pharmacy was up to date with this. Staff wore uniforms and their competence was clear as well as demonstrated. As they were a small team, they communicated verbally, regularly discussed things with one another and held regular meetings. The team's progress was monitored formally. Team members said they felt supported, they could make suggestions and liked working at the pharmacy. Staff were also given quiet time between 5-6pm every day. This enabled them to study, complete training or review SOPs where required and training records were maintained. Some ongoing training was provided via CPPE. The pharmacy was also looking for some of the clinics they worked with to provide specific clinical training on ADHD and had reached out to a specialist pharmacist to deliver this.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for the delivery of healthcare services. The premises are secure and kept clean. And the pharmacy has enough space to deliver its services safely.

Inspector's evidence

The pharmacy premises were located inside a warehouse unit, on the top floor. The bottom floor was used to export goods, activity here is regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA). The dispensary on the top floor consisted of a spacious room with segregated sections for admin or processing prescriptions and queries and designated areas to prepare and assemble prescriptions. The pharmacy was clean, ventilated appropriately and bright. It was clear of clutter and there was enough space in the dispensary to prepare medicines. The pharmacy did not have a consultation room, this was not required given the nature of the services the pharmacy provided. The pharmacy was secured appropriately. Unauthorised access was restricted, and people could not access the pharmacy without team members being present.

The pharmacy also had its own online website (<https://pharmazonhomecare.com/>). The GPhC's voluntary internet pharmacy logo was present at the bottom, along with the pharmacy's registered address, email details and telephone number. The GPhC's internet logo provided reassurance to the public that this was a registered pharmacy. There was also information listed about the superintendent pharmacist, his GPhC registration number. The website had no direct reference to the pharmacy's association with controlled drugs or any prescription-only medicines (POMs). Many of the points raised at the last inspection had been rectified. However, aside from the GPhC's voluntary internet pharmacy logo, there were no actual details listed on the website itself, about the pharmacy's GPhC registration number, the name as the owner of the registered pharmacy, the name of the registered pharmacy, or details of how users of the pharmacy services could give feedback and raise concerns. Some of this was the same as the previous inspection. This was therefore, not fully in line with the GPhC's 'Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet'.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. And the pharmacy's team members use suitable methods to ensure assembled prescription are delivered appropriately.

Inspector's evidence

The pharmacy had built links with a few private clinics across the UK and received private prescriptions from doctors and independent prescribers such as nurses. Staff described and provided evidence of them making relevant checks to ensure appropriate registration and qualifications. The private prescriptions were predominantly for CDs but also for other medicines. The pharmacy had not dispensed any prescriptions for sodium valproate or other common higher-risk medicines. The pharmacy did not provide people's GPs with details about the supplies made, this was described as the responsibility of the prescribing service. An out of hours service was provided by one of the regular pharmacists who fielded queries during this period.

The workflow involved the administration side taking place first before prescriptions were prepared in one area and the RP checked medicines for accuracy from another section. The former involved receiving the prescription, calculating the cost, taking payment, screening for any changes, which included checking people's details and the date of the last dispensing. Staff waited for and did not prepare medicines until the original prescription arrived in the post and attached this to the printed details before they dispensed and dispatched the medicine(s). The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, they placed their initials on them which helped identify who had been involved in the dispensing process. This was used as an audit trail. Interventions were recorded on people's medication records (PMR).

Once these processes were complete, medicines were delivered to people in the UK by Royal Mail. This service could be tracked, and people's ID were checked upon receipt. Relevant audit trails were maintained for dispensing, checking medicines, and dispatched prescriptions as described in Principle 1. Medicines that required refrigeration were delivered within specific Thermo packaging. The manufacturer's data for the latter verified that the contents were kept cold for five days. CDs were dispatched in robust blank packaging. Failed deliveries were returned to the pharmacy and listed for destruction. People were also contacted about this to ensure the correct address had been used.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. The pharmacy's stock was stored in an organised way. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. Fridge temperatures were checked daily. A process was in place to help deal with stock shortages. Staff checked orders for the following week to help anticipate the medicines which may have been in short supply, they calculated the monthly usage, informed the relevant wholesaler to release the stock and updated the clinic as well as prescribers. In response, the latter either issued a prescription for people to take elsewhere, generated a prescription for 14-days supply at a time or switched to a different medicine. If people requested for their prescription to be sent elsewhere, the team posted this to the

relevant pharmacy. Audit trails of these processes were maintained. Drug alerts were received electronically via email. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate range of equipment and facilities it needs to provide its services safely. Its team members keep the equipment clean and use it in a way which helps keep people's private information safe.

Inspector's evidence

The pharmacy's equipment included an appropriately operating pharmacy fridge and legally compliant CD cabinets. Triangle tablet counters were available as well as capsule counters. The pharmacy's equipment was very clean. The dispensary did not have a sink to reconstitute medicines, but this was not required. Staff could access hot and cold running water via the staff areas and kitchenette if needed. Computer terminals were password protected and positioned in a location which helped prevent unauthorised access.

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.