

# Registered pharmacy inspection report

**Pharmacy Name:** De Globe Pharmacy, Unit A21, Hastingwood Trading Estate, 35 Harbet Road, London, N18 3HT

**Pharmacy reference:** 9011833

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

**Date of inspection:** 21/11/2024

## Pharmacy context

The pharmacy is in a unit within an industrial estate in Enfield, London. It is closed to members of the public and provides its services via its website [www.deglobepharmacy.co.uk](http://www.deglobepharmacy.co.uk). It mostly dispenses NHS prescriptions and delivers them to peoples' homes. And it supplies medicines in multi-compartment compliance packs to some people. The pharmacy also provides the NHS Pharmacy First service remotely.

## 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

Overall, the pharmacy manages the risks associated with its services well. It has a set of written procedures for its team members to follow to help ensure processes are completed safely. People can contact the pharmacy to raise a complaint. And the pharmacy keeps the records it needs to by law. The pharmacy does not routinely record all the mistakes it makes, so it may be difficult for it to identify trends and show what actions it takes to try and prevent similar mistakes occurring.

### Inspector's evidence

The pharmacy had a written set of standard operating procedures (SOPs) for team members to follow. The SOPs were prepared in March 2023 and had been signed by the superintendent pharmacist (SI), who was also the responsible pharmacist (RP) at the time of the inspection.

The pharmacy had recorded some near misses (mistakes that were spotted and rectified before being handed out) onto a paper log. However, these had been recorded when the pharmacy had a dispensing assistant previously. The SI said he had not recorded any near misses since the dispensing assistant had left but said he would start doing so again going forward. He had identified that he had previously mixed-up different strengths of ramipril capsules when dispensing, as the packaging of both strengths was similar. Following this, he had separated them on the shelf to help prevent this mistake happening again. The pharmacy had not made any dispensing errors (mistakes that had been handed out). The SI explained the actions he would take if a dispensing error was reported and what records he would make.

The pharmacy had the correct RP notice on display. And the RP record was completed as required with start and finish times. The pharmacy had indemnity insurance to cover the services it provided. It had not dispensed any private prescriptions or made any emergency supplies. Controlled drugs (CD) registers were maintained with the required details and balance checks of CDs were completed regularly. A random balance check of a CD showed no discrepancies between the physical quantity and the recorded balance. The pharmacy did not have any patient-returned CDs.

The pharmacy had a privacy notice on its website, and it also displayed its complaints procedure. People could contact the pharmacy via its website, by email or over the phone to raise a complaint. All complaints would be managed by the SI who said he would take the necessary actions to resolve them. However, the SI said he had not had any complaints. The SI was observed to be using his own NHS smartcard. Confidential waste was shredded. And the SI said he had briefed the delivery driver about data protection.

The SI had completed training about safeguarding and was completing refresher training at the time of the inspection. He understood how to identify a vulnerable person who may need support and explained that he would often speak to people using the pharmacy's services either over the phone or if he was delivering medicines to their homes. He had not had any safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient staff to manage its workload. And the pharmacist keeps their knowledge up to date. The pharmacy has access to support staff if needed.

### Inspector's evidence

The SI was the only person present during the inspection. And he explained he usually worked alone. The pharmacy had a delivery driver who worked when required, to deliver prescriptions to people's homes. Some deliveries were completed by the SI. He explained that another regular locum pharmacist would come and cover the pharmacy when needed. But the SI said he was comfortable managing the workload himself. No backlog of work was observed during the inspection.

The delivery driver had not signed the relevant SOPs for delivering medicines so the SI said he would ensure he completed this. The SI was aware of the revalidation requirements and said he kept his knowledge up to date by completing additional training and reading. He had recently completed training about the flu vaccination service. And he had completed the necessary training to provide the NHS Pharmacy First service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are secured from unauthorised access. And they are suitable to provide the pharmacy's services from.

### Inspector's evidence

The pharmacy was located within an industrial park. It was kept secure from unauthorised access. The premises consisted of a dispensary, a consultation room, and an office space. Medicines were stored neatly on the shelves in the dispensary. There was a computer terminal and enough workbench space to manage the pharmacy's workload. The temperature and lighting were adequate for working and storing medicines. There was a small sink with hot and cold running water. The SI said that he rarely dispensed liquid medicines which required preparation. The pharmacy was kept clean by the SI. The consultation room was currently being used as storage space for pharmacy consumables. Staff facilities, including a WC were located outside of the unit and shared with another unit in the industrial park.

The pharmacy had its own website [www.deglobe-pharmacy.co.uk](http://www.deglobe-pharmacy.co.uk). The website displayed the pharmacy's contact information, including the pharmacy's address. SI details and GPhC registration information were also clearly displayed. The pharmacy obtained people's consent to receive and dispense prescriptions via the website. The pharmacy did not offer any medicines for sale on its website.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessed via its website. And it provides its services safely. The pharmacy obtains its medicines from licensed wholesalers and stores them appropriately. And it provides additional advice for people taking higher-risk medicines to help them take their medicines safely.

### Inspector's evidence

The pharmacy premises were not accessible to members of the public. Its services were accessed via its website. People could sign up so their prescriptions were sent to the pharmacy where they would be dispensed and then delivered to their home. The pharmacy mainly delivered medicines to people in the local area. The SI said that if people did not live in the local area, the pharmacy could deliver their medicines via the Royal Mail tracked delivery service. The SI explained they would always get the person's consent to do this.

Prescriptions were received by the pharmacy electronically. The RP would print the prescriptions and order stock if required. Once prescriptions were dispensed, the SI explained he would leave them to the side and would check them later in the day. This was to separate these tasks to reduce risk when checking his own work. The SI would sign the dispensed and checked-by boxes so an audit trail was maintained. Baskets were used to separate prescriptions which helped prevent medicines for different people from being mixed up. Once prescriptions were ready, the SI would call people to inform them of their delivery time. This helped reduce the chances of failed deliveries. The driver was provided with a delivery log when completing deliveries. And any fridge items would be delivered first. The SI explained that he would complete deliveries containing CD items himself. And no fridge or CD items were delivered using the Royal Mail delivery service. If there was a failed delivery, the medicines would be brought back to the pharmacy and another delivery arranged. The SI said this did not happen very often as people were contacted before their delivery was made.

The pharmacy also provided parts of the NHS Pharmacy First service. The SI explained he carried out this service via a video consultation. Signed patient group directions (PGDs) for the service were available in the pharmacy.

The pharmacy supplied some people's medicines in multi-compartment compliance packs. The SI requested prescriptions for these people a week before their medicines were due to be delivered. They were then prepared and sent out at least three days before they were needed. The SI kept record sheets showing the medicines required and dose times. Any changes were recorded on these sheets. The SI explained labels on the packs contained the mandatory warning information and drug descriptions. He also said he provided patient information leaflets with each month's supply. If there were any queries with people's prescriptions, he would resolve these with the surgery.

The SI was aware of the guidance about supplying valproate-containing medicines to people. But he explained he did not currently supply to anyone taking these medicines. The pharmacy highlighted prescriptions for people taking other higher-risk medicines such as warfarin or lithium. The SI said he would contact people taking these medicines to ensure they were aware of their correct dose and to check they were being monitored appropriately. He explained some people would also call the pharmacy if they had any queries about their medicines.

The pharmacy obtained its medicines from licensed wholesalers and stored them appropriately. It held very limited stock and generally ordered medicines as required for prescriptions. Medicines requiring cold storage were stored in the fridge. The fridge temperatures were monitored daily and recorded. And they were seen to be maintained within the required range. The SI completed expiry date checks every few months but did not make a record of this. A random check of stock on the shelves found no expired medicines. Any out-of-date or waste medicines were stored away from the dispensary in designated bins, awaiting collection for safe disposal.

The pharmacy received drug alerts and recalls via email. The SI said he did not have any affected stock for any of the recent alerts. But the pharmacy did not keep records to show that drug alerts had been actioned. The SI said he would do so going forward.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. And it maintains the equipment so it is safe to use.

### Inspector's evidence

The pharmacy had access to the internet to obtain information and any online resources it needed. And the computer was password protected to prevent unauthorised access. The pharmacy had a shredder to dispose of confidential waste. Electrical equipment appeared to be in good, working order.

The pharmacy had calibrated, glass measures in a range of sizes, to measure liquid medicines. And there were tablet counters available. All equipment was kept clean. The pharmacy had a fridge with adequate space for storing medicines requiring cold storage. And the CD cupboard was secured.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.