General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Caplet Pharmacy, 133-135 High Road, London, Barnet, N11 1PP

Pharmacy reference: 9011836

Type of pharmacy: Closed

Date of inspection: 24/10/2024

Pharmacy context

This pharmacy is located in a residential area in Barnet. It is closed to members of the public and provides its services via its website, www.caplet-pharmacy.com. Its activities include dispensing NHS prescriptions mainly for care homes and some individuals in the local area. The pharmacy sells both pharmacy-only and over-the-counter medicines via its website to be delivered to their home.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan; Statutory Enforcement

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 does not fully manage the risks associated with selling medicines online. It has not completed any risk assessments about its sale of medicines online. And it cannot show that it has considered the risks of each of the medicines that it sells. So, it cannot demonstrate that it has the appropriate safeguards in place to prevent inappropriate sales of medicines.
		1.6	Standard not met	The pharmacy does keep adequate records of any interventions it makes about its online sales. So, it cannot demonstrate why it makes sales of large quantities of medicines to individual people. Or why it makes repeat sales of medicines liable to misuse to some people.
		1.6	Standard not met	The pharmacy does not make and retain complete responsible pharmacist (RP) records. And so it cannot show who has been responsible for overseeing the pharmacy's activities when the pharmacy is open.
2. Staff	Standards not all met	2.1	Standard not met	Pharmacy team members who are involved in the pharmacy's online medicines sales have not been enrolled on a required training course to ensure they have the right skills for their role. And they have not read the pharmacy's standard operating procedures (SOPs) to help them work safely.
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 does not carry out suitable identity checks when selling medicines online. And it cannot show that it makes appropriate interventions to ensure supplies are made safely when people request repeat orders of medicines liable to misuse or large quantities of medicines.
		4.2	Standard	Pharmacists do not have access to the

Principle	Principle finding	Exception standard reference	Notable practice	Why
			not met	necessary signed patient group directions (PGDs) to provide the NHS Pharmacy First service safely.
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 adequately manage the risks associated with selling medicines online. It has not completed any risk assessments or audits for its online sales and cannot show that all sales are made appropriately. Also, there are no records about any interventions the pharmacy makes to ensure supplies are safe and appropriate when people make repeat purchases of medicines liable to misuse or large quantities of medicines in a single transaction. The pharmacy does not make and retain complete responsible pharmacist (RP) records as required by law. And so it cannot always show who is responsible for overseeing the pharmacy's services when the pharmacy is open. However, people can give feedback to the pharmacy. The pharmacy does not record all its mistakes, so the team may miss opportunities to review these and put actions in place to prevent similar mistakes happening again. And the pharmacy has written procedures for team members to follow. But not all team members have read them and so they may not be working in the most safe and efficient way.

Inspector's evidence

The pharmacy had a set of written standard operating procedures which had been prepared in March 2022 by the superintendent pharmacist (SI). There was evidence that one dispensing team member, not present during the inspection had signed some of the SOPs but not all, so it was not clear whether they had read and understood all the SOPs relevant for their role. The team members present during the inspection said they had not read any of the pharmacy's SOPs. And they were not clear what activities they could and could not do in the absence of the responsible pharmacist (RP). But they said that they had not been in a position where the RP was not present. The RP said he would ensure that all team members read and signed the relevant SOPs for their roles.

The pharmacy's online business involved the sales of pharmacy (P) medicines and General Sales List (GSL) medicines to people in the UK. The RP was asked whether risk assessments had been carried out for this service but was not sure. And no evidence of risk assessments was seen during the inspection. The SI sent copies of their online sales procedure following the inspection but this did not consider risks for each of the medicines being supplied.

People completed an online form for purchasing P medicines. This was then said to be reviewed by the pharmacist before the order was processed and sent out for delivery. Some orders for large quantities of medicines were observed on the pharmacy's online order screen. The pharmacy had no record of any interventions made to understand why these medicines were required in the quantities ordered. The pharmacy supplied some medicines liable to misuse such as codeine-containing painkillers and sleep aids. The RP explained that the supply of these medicines was limited to legal limits. However the website allowed multiple codeine-containing products to be added to the basket. Some orders were seen where additional products had been removed and refunded where products exceeded the legal limits.

The RP was not clear how people's identity was verified to ensure supplies were made safely. Following the inspection, the SI said that people's identity was checked by cross-checking people's names with postcodes. The pharmacy did not complete any third-party verification.

The pharmacy kept a record of dispensing near misses (mistakes that were spotted and rectified during

the dispensing process). The RP said he would look at these regularly to see what actions could be taken to try and prevent similar mistakes, but he did not conduct any formal reviews of these. For example, he shared that sodium valproate and valproic acid had been separated on the shelves as these were often getting mixed up. Since they had been separated, there had been no further near misses recorded for this mistake. The pharmacy did not routinely record dispensing incidents where mistakes were not spotted before medicines were handed out to people (known as dispensing errors). The RP said there had been some errors made previously which involved the wrong amount being supplied to people. He said these had been corrected. But they were not reviewed to understand how they had happened or make improvements to prevent similar events happening in the future. The RP said he would record and review dispensing errors going forward.

The correct RP notice was on display. The RP record had not been maintained and completed as required so the pharmacy could not show who the RP was each day the pharmacy had been open. Entries made since the 18 October 2024 until the day of the inspection were completed appropriately. The RP said this was now being completed as required. Records for controlled drugs (CDs) were kept electronically. A random check of two CDs showed the physical quantity matched the balance in the register. The pharmacy kept a record of patient-returned CDs but this was not always completed at the time CDs were returned. The RP said he would ensure this was done going forward.

The pharmacy had appropriate indemnity insurance to cover its activities. The pharmacy had a complaints procedure. Care homes could contact the pharmacy by phone or email. And any complaints that required escalation would be dealt with by the SI. People accessing the pharmacy online, could contact the pharmacy via its website to raise a complaint. The RP explained they would sometimes contact people back by phone or respond back via email. And evidence of responses from the pharmacy via email were seen during the inspection. Confidential waste was managed appropriately. It was stored separately in bags awaiting safe disposal. Team members had not had formal training about data protection but explained how they kept people's personal information safe. The RP had completed level 2 safeguarding training and knew what to do if he had a safeguarding concern.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy has enough team members to manage its workload. However, not all team members are appropriately trained for their roles and they carry out tasks which they are not always qualified to do. Team members feel comfortable to give feedback or raise concerns they may have.

Inspector's evidence

On the day of the inspection, there was the RP and two other team members present. The two team members were there to support with the online sales of medicines and admin work. The RP explained that due to the care homes prescriptions being dispensed in cycles, they were not carrying out any dispensing on the day of the inspection. And so there was no dispensing assistant present. The pharmacy did have two other trained dispensing assistants who were not present on the day of the inspection. The pharmacy also had a part-time delivery driver who delivered medicines to care homes in the local area.

The two team members present had not undertaken any formal training to safely pick and pack pharmacy medicines. And they had not completed an accredited pharmacy counter assistant course, even though they had been working at the pharmacy for over three months. The RP said they had received basic training about how to pick the medicines from the order sheet and prepare them for dispatch. The RP said he checked all medicines before they were sent out for delivery.

Team members did not receive any structured ongoing training, but the RP said he provided them with any relevant updates. He explained the team had huddles to discuss the set up for the day. And they would also review any feedback the pharmacy had received from people. Team members said they felt comfortable giving feedback or raising any concerns they may have. The team was not set any targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are kept secure from unauthorised access. The pharamcy is generally kept clean and has sufficient space to safely manage its workload.

Inspector's evidence

The pharmacy had enough space to manage its workload. There were separate areas for dispensing and the management of online orders. There were two basement areas which were used for storing waste and excess pharmacy consumables. Fixtures and fittings were appropriate for storing medicines. The pharmacy was generally kept clean by team members, however there was some clutter in the area used to pack online orders. The team cleared some of this during the inspection to prevent a tripping hazard. The lighting and temperature were appropriate for working and storing medicines. Staff areas included a small kitchen and two clean WCs with handwashing facilities.

The pharmacy’s online services were accessed via their website, www.caplet-pharmacy.com. The website displayed the pharmacy’s registration details and the name of the superintendent pharmacist. The address of the premises where the medicines were supplied from was also on the website.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy cannot demonstrate it carries out all its services safely. It does not perform sufficient checks to ensure it is making sales of medicines safely online. And it does not have the necessary signed patient group directions (PGDs) available in the pharmacy to refer to when providing the NHS Pharmacy First service. However, the pharmacy obtains its medicines from licensed wholesalers and stores them appropriately. It receives information about drug alerts and recalls. But it does not always keep evidence to show they have been actioned, making it harder for the pharmacy to show how it has protected people using its services.

Inspector's evidence

The pharmacy was not open to members of the public. It mainly dispensed medicines to supply to care homes. The pharmacy provided some of these medicines in multi-compartment compliance packs and some were supplied in their original packs with medication administration record charts (MAR). The pharmacy also had its own website from which it sold medicines to people.

The pharmacy had separate areas for dispensing and checking. Baskets were used to separate prescriptions. This helped reduce the chances of different people's medicines being mixed up. And there was a separate area where the packing of online orders took place. Prescriptions were generally ordered by the care homes via email. Once prescriptions were received from the GP surgeries, team members would check these against the orders made by the care homes. If there were any queries, these would be discussed with the surgery. The pharmacy generally prepared prescriptions a week in advance. Labels on sealed, prepared packs and medicines, awaiting checking, were seen to be initialled by the dispenser. The RP said he initialled the check box once he had checked the medicines to maintain an audit trail. The labels also contained drug descriptions and the necessary warning labels. And patient information leaflets were supplied monthly. The pharmacy delivered to care homes in the local area. The delivery driver had a record of deliveries. Fridge items and CDs were kept in separate bags and the driver would sign once these were delivered. Any failed deliveries were brought back to the pharmacy.

The pharmacy did not routinely highlight medicines for higher risk medicines such as warfarin or lithium so it may be missing opportunities to check that people were receiving the appropriate monitoring. The RP said they would look to do this going forward. The RP was aware of the guidance about supplying medicines containing valproate. He said these were always supplied in their original packs with the relevant safety information.

The RP said he provided the NHS Pharmacy First service remotely. And that he would sometimes visit care homes to complete a consultation with a person if needed. The pharmacy did not have the necessary signed PGDs available and were not able to show the inspector any consultation records for this service during the inspection. The RP explained that he would handwrite consultation notes and the SI would complete them on the online platform. The RP said he had read the PGDs for the service but not completed any additional training.

The pharmacy sold medicines online through its own website. Orders were boxed and sent out via Royal Mail tracked deliveries. The pharmacy did not keep records of interventions made when

reviewing online orders. From the information seen on the pharmacy's online order screen, there was evidence of large quantities of medicines being sold to individual people in a single transaction. For example, an order had been placed for 200 boxes of Nurofen tablets (pack of 16). Another order was observed being prepared for 30 packs of Otrivine Nasal Spray (10ml). There was also evidence of repeated sales of medicines liable to misuse being made to individuals, including sales of codeine-containing analgesics. Following the inspection, the SI sent sales data to the inspector. This information showed further examples of potentially inappropriate sales. The data indicated repeated supplies had been made to people ordering medicines via the pharmacy's website. For example, 32 Nurofen Plus tablets (which contain codeine and ibuprofen) were purchased by one person on five occasions between 4 January 2024 and 9 February 2024. And four orders of Dulcolax tablets (a stimulant laxative) were supplied to another person between 2 September 2024 and 19 October 2024. There was also evidence of sedating antihistamines being sold at intervals which could indicate possible overuse or misuse. For example, three orders of three packs of 500 Piriton tablets were sold to a person between 24 February and 29 August 2024.

The pharmacy obtained its medicines from licensed wholesalers and stored them appropriately. CDs were secured. And medicines requiring cold storage were stored in the fridge. Fridge temperature records showed the temperature was maintained in the required range. And there was sufficient space for the quantities of medicines being stored.

The RP said the pharmacy completed expiry date checks every couple of months although they did not keep records of this. Stickers were used to highlight short-dated medicines. A random check of medicines on the shelves showed no date-expired medicines. Waste medicines were stored separately in the basement awaiting collection for disposal.

The pharmacy received drug alerts and recalls via NHS mail. The RP explained these were actioned when received. But the pharmacy did not keep any evidence to show this was done. The RP said he would keep records of actions taken going forward.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it keeps its equipment clean.

Inspector's evidence

The pharmacy had access to any online resources it required. Its computers were password protected to prevent unauthorised access. There were clean, calibrated glass measures for measuring liquid medicines. And there were clean tablet counting triangles available. The fridge was an appropriate size for storing medicines requiring cold storage. And the CD cupboard was secured. The pharmacy had the equipment it needed to supply medicines in multi-compartment compliance packs.

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.