General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Newgrove Pharmacy, 9-10 The Courtyard, Buntsford Drive, Bromsgrove, Worcestershire, B60 3DJ

**Pharmacy reference:** 9011851

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

**Date of inspection:** 28/12/2023

## Pharmacy context

This is a pharmacy which is closed to the public and provides its services at a distance. The pharmacy is in a business park in Bromsgrove, Worcestershire and it only dispenses medicines against private prescriptions. The pharmacy also has an online presence (https://newgrovepharmacy.com/).

## 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 is operating appropriately. The pharmacy identifies and manages the risks associated with its services in a satisfactory way. Members of the pharmacy team deal with their mistakes responsibly. But they are not always documenting and reviewing all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. Team members understand their role in protecting the welfare of vulnerable people. And the pharmacy largely keeps the records it needs to by law.

### Inspector's evidence

This is a new, private pharmacy. The pharmacy does not have an NHS contract to supply medicines against NHS prescriptions. 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, and new members of the team were in the process of doing this. 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 also had some 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. However, not all of them were directly accessible by the superintendent and regular pharmacist. The latter described fortnightly meetings being held with one clinic from which they received the most prescriptions. Communication, relevant details, and incidents were shared through this and via a WhatsApp group. In line with the GPhC's 'Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet', relevant risk assessments and a few audits had been completed to verify the safety and quality of the service being provided. There was, therefore, suitable oversight in place to oversee the safe supply of medicines. The pharmacy was organised and clear of clutter. The different workstations and sections in the pharmacy 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.

The pharmacy had an appropriate incident management process in place. Incidents were managed by the responsible pharmacist (RP) and their process was suitable. There was evidence that when mistakes had inadvertently been made involving CDs, the root cause was considered, they were reported to the CD Accountable Officer (CDAO), details were recorded, and appropriate action was taken in response. The pharmacy had also received positive reviews online about the service received from people using its services. However, near miss mistakes were recorded, but not formally reviewed every quarter in line with the pharmacy's SOPs. There was some evidence that when internal mistakes were made, they were analysed to help identify how internal systems could be improved. This included taking extra care when generating dispensing labels, separating medicines and labelling some by hand to make the products clearer. The RP explained that they had brainstormed with other people in the organisation such as from the supply chain to look at the pharmacy's internal systems. The workflow had subsequently been changed which included rearranging the pharmacy's work benches.

The pharmacy had documented policies in place to underpin safeguarding vulnerable people and people's confidentiality. The team ensured people's confidential information was kept secure. Unauthorised staff could not access the dispensary. Confidential waste was segregated before being removed by an authorised carrier. The pharmacy's computer systems were password protected and sensitive information was stored within a cloud system. Staff were also trained on data protection and signed confidentiality clauses. The team undertook specific identity checks before dispensing and supply took place (see Principle 4).

The pharmacy's team members had been trained to safeguard vulnerable people, they could recognise signs of concerns and knew who to refer to in this situation. The RP had been trained to level three to safeguard the welfare of vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had contact details readily available for the local safeguarding agencies and as they delivered medicines nationwide, this also included relevant details within the UK.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included the RP record, records of unlicensed medicines and controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete. The pharmacy did not hold or supply any medicines which required refrigeration. No emergency supplies had been made. Suitable professional indemnity insurance arrangements were in place, this was through the National Pharmacy Association (NPA) and due for renewal 31 December 2024. However, electronic records of supplies made against private prescriptions had incorrect prescriber details. This was discussed at the time.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. The regular pharmacist keeps his skills and knowledge up to date by completing regular training.

### Inspector's evidence

The pharmacy team consisted of the regular pharmacist who was also the superintendent pharmacist and a very newly employed, fully trained, dispensing assistant. 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. As a small team, communication was verbal. The RP had monthly management meetings with his line manager, his performance was reviewed formally every year and the team's progress was to be monitored formally every six months. The new member of staff was in the process of working her way through and becoming familiar with the pharmacy's processes. Some ongoing training was to be provided via CPPE. The RP was looking to source additional and more specific training relating to the medicines that were dispensed. He described undertaking specific training via certain manufacturers although this was no longer provided. Staff training files were also seen which held relevant certificates.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy premises provide a suitable environment to deliver healthcare services from. The pharmacy is kept clean and tidy. And it has enough space to provide its services.

### Inspector's evidence

The pharmacy premises were inside a unit on a business park, which had staff facilities including a kitchen and WC adjacent to the pharmacy premises. Additional meeting or conference rooms were to one side and upstairs, alongside a separate clinic which was registered with the Care Quality Commission (CQC). The pharmacy itself consisted of a single room on the ground floor which had a small area partitioned to create a consultation room. This was secure from unauthorised access. The pharmacy was kept clean and tidy. It had enough workspace for dispensing, a suitable amount of space for storing medicines and for holding any necessary equipment. The pharmacy was well ventilated with appropriate ambient temperature.

The pharmacy had its own online website (https://newgrovepharmacy.com/). This website gave clear information. It displayed information about the pharmacy's opening times, how people could complain, the pharmacy's contact details, specific information about the SI and GPhC registration information. This was therefore, 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 efficiently. The pharmacy sources its medicines from reputable suppliers and stores them appropriately. And the pharmacy's team members largely use suitable methods to ensure assembled prescription are delivered appropriately. But the pharmacy has not considered some additional risks.

### Inspector's evidence

Members of the pharmacy team contacted people using their services by telephone. They could also print labels with a larger font size for people who were visually impaired if needed and could use representatives for people whose first language was not English. The pharmacy currently supplied specific CDs against private prescriptions from doctors once they were received by post (see below). Relevant checks were made to ensure appropriate registration and qualifications. The initial process involved people creating an account with the pharmacy through their website. Identity checks were then required by seeing and obtaining nationally recognised photographic ID as well as proof of address via a utility bill. The latter needed to be dated within the past three to six months. The RP checked whether the person had used or taken the medication before, whether they had any allergies and requested details about other medication. The latter was dependent on the person verbally providing this information. This was discussed at the time. The pharmacy did not provide people's GPs with details about the supplies made, this was described as the responsibility of the prescribing service. Relevant information was recorded on the person's medication record (PMR).

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, making the necessary checks, taking, or awaiting payment, undertaking a clinical check, and screening for any changes. People's details were checked, along with the date of the prescription and the date of the last dispensing. Staff waited for and did not prepare or dispatch medicines until the original prescription arrived in the post. Follow ups also took place, people were counselled verbally and sent a copy of their prescription. The pharmacy had not dispensed any prescriptions for sodium valproate or other common higher-risk medicines.

The team used different coloured baskets or baskets which were marked in some way to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them and helped the team to know which stage the prescription was at. Once dispensed, medicines were then delivered to people in the UK by Royal Mail. This service could be tracked. CDs were dispatched in robust blank packaging. There had been no failed deliveries as contact was made with people before dispatch. The pharmacy held a contract with DHL to accept returned medication requiring destruction if required or people could send back their medicines via Royal Mail. The RP described issues with one manufacturer and opening child resistant caps or containers which had been returned. This was raised with the manufacturer and the prescribing clinic. The latter responded by changing the prescribed medication.

The RP explained that most people's prescriptions were delivered to their home address, although on occasion, different addresses had been requested. This included a second home for example or work address. The RP explained that consent for this was obtained in writing. However, there were no ID

checks completed to ensure the address was the person's second home for example. There were risks associated with this situation. Additional necessary checks which were subsequently required were discussed at the time.

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 but had not kept any recent records of when this had happened. The last date-check was recorded as October 23. However, short-dated medicines were identified, and the RP was aware that some of the prescribed medicines had short expiry dates. These details were therefore checked upon dispensing and at the final accuracy check stage. 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 necessary equipment and facilities it needs to provide its services safely. Its equipment ensures people’s confidential information is kept secure.

### Inspector's evidence

The pharmacy had access to the necessary equipment and resources in line with its dispensing activity. This included appropriately secured cabinets to store CDs. The computer terminal was password protected. The pharmacy had a clean sink. Hot and cold running water was available as well as hand wash.

## 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. |