General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Your Pharmacy, 105 Roehampton Vale, London, SW15 3PG

Pharmacy reference: 9012050

Type of pharmacy: Internet / distance selling

Date of inspection: 12/12/2023

Pharmacy context

This NHS distance-selling pharmacy is set in a residential property on a main road on the outskirts of Roehampton. The pharmacy provides most of its NHS services at a distance. And it opens five days a week. The pharmacy dispenses people's prescriptions. It delivers medicines to people in person or by post. And it supplies multi-compartment compliance packs (compliance packs) to some people who need help managing their medicines. People generally aren't allowed to visit the pharmacy in person. But they can if they want a coronavirus booster, a flu jab or their blood pressure checked.

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	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 manages its risks appropriately. It has written instructions to help its team members work safely. It mostly keeps the records it needs to by law. It has the insurance it needs to protect people if things do go wrong. And people can share their experiences of using the pharmacy and its services to help it do things better. People who work in the pharmacy write down and review the mistakes they make to try to stop the same sort of things happening again. They can explain what they do, what they are responsible for and when they might seek help. They keep people's private information safe. And they understand their role in protecting vulnerable people.

Inspector's evidence

People who worked at the pharmacy understood what they should do if the pharmacy needed to close. And they also knew what to do to make sure people could access the care they needed if the pharmacy could not open or provide a service. The pharmacy had standard operating procedures (SOPs) for the services it provided. And these were being reviewed by the superintendent pharmacist at the time of the inspection. Members of the pharmacy team were required to read and sign the SOPs to show they understood them and agreed to follow them. They knew what they could and couldn't do, what they were responsible for and when they might seek help. Their responsibilities were also described within the SOPs. And a notice in the pharmacy told people who the responsible pharmacist (RP) was at that time. A team member explained that the pharmacy couldn't dispense an NHS prescription to someone if they were present at the pharmacy. The pharmacy had processes to deal with the dispensing mistakes that were found before reaching a person (near misses) and those which weren't (dispensing errors). The pharmacy team discussed and recorded the mistakes it made to learn from them. It reviewed its mistakes periodically to help stop the same sort of things happening again. And, for example, it moved some look-alike and sound-alike drugs to keep them apart on the dispensary shelves to help reduce the risks of the wrong product being picked.

People could leave online reviews about their experiences of using the pharmacy and its services. The pharmacy had a complaints procedure. And its website told people how they could provide feedback about the pharmacy or its team. People could share their views and make suggestions to the pharmacy team about how the pharmacy could do things better. And, for example, the pharmacy team tried to order a person's preferred make of a prescription medicine when it was asked to do so. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. It had an appropriately maintained controlled drug (CD) register. It kept appropriate records for the supplies of the unlicensed medicinal products it made. And it kept records to show which pharmacist was the RP. But it could do more to make sure the time at which a pharmacist stopped being the RP was always recorded. The pharmacy hadn't dispensed a private prescription or supplied a prescription medicine to someone in an emergency since it opened.

People using the pharmacy couldn't see other people's personal information. The company that owned the pharmacy was registered with the Information Commissioner's Office. The pharmacy had an information governance policy. It had arrangements to make sure confidential information was stored and disposed of securely. And its website told people how their personal information was gathered, used and shared by the pharmacy and its team. The pharmacy had a safeguarding policy. Members of the pharmacy team knew what to do or who they would make aware if they had a concern about the

safety of a child or a vulnerable person. And they had completed level 2 safeguarding training.

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 do the right training for their roles. And they can make decisions to keep the people they care for safe. The pharmacy team is comfortable about giving feedback to help the pharmacy do things better. And it knows how to raise a concern if it has one.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist (the RP) and a regular pharmacist. The superintendent pharmacist usually worked alongside the regular pharmacist four times a week. The pharmacy depended upon the pharmacists to provide its services including its delivery service. But another pharmacist could cover them if they couldn't work. 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. And they knew when to signpost people to another provider, for example, someone trying to return their unwanted medicines to the pharmacy in person.

The pharmacy didn't set any targets or incentives for its team. And its team members felt able to make decisions that kept the people they cared for safe. The pharmacists knew who they should raise a concern with if they had one. They were comfortable about making suggestions on how to improve the pharmacy and its services. And changes were made to the pharmacy website following the regular pharmacist's feedback.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides an adequate environment to deliver it services from. And its premises are clean and secure.

Inspector's evidence

The pharmacy had a website. And this provided the information it needed to in line with the General Pharmaceutical Council's guidance for registered pharmacies providing pharmacy services at a distance, including on the internet. The pharmacy didn't sell medicines through its website. And it didn't offer an online prescribing service.

The registered pharmacy premises were set on the ground floor of a residential property. And they were bright, secure and tidy. The pharmacy had a separate entrance to that of the residential property. It occupied two rooms. The first was used as the dispensary and a storage area. And the second was used as a consulting room. The pharmacy had the workbench and storage space it needed for its current workload. And its team members were responsible for keeping its premises clean and tidy. The pharmacy had its own sink with a supply of hot and cold water. And its team could access the residential property's self-care facilities.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy has working practices that are generally safe and effective. And people can access its services easily. The pharmacy keeps adequate records for its vaccination service showing it has given the right vaccine to the right person. It gets its medicines from reputable sources. And it stores them appropriately and securely. Members of the pharmacy team largely carry out checks to make sure the pharmacy's medicines are safe and fit for purpose. And they dispose of people's unwanted medicines properly.

Inspector's evidence

The pharmacy had a ramp leading to its entrance. This made it easier for people to access the services the pharmacy was allowed to provide in person. People needed to make an appointment for these services. And they could call, email or write to the pharmacy. But they weren't allowed to visit the premises in person for other NHS services. People could ask their NHS GP surgery to send their prescriptions to the pharmacy. Members of the pharmacy team were clear on what services they could and couldn't provide from the pharmacy. And they signposted people to another provider if a service wasn't available at the pharmacy. The pharmacy used Royal Mail's postal service to deliver prescriptions to people if they weren't local. And it could track these deliveries. But the pharmacy could do more to make sure a record was kept showing it had given the right medicine to the right person when its team delivered prescriptions to people in person. The handover of medicines to the delivery person or postal worker took place at the pharmacy under the supervision of a pharmacist. The pharmacy had a process for dealing with any undelivered prescriptions. But the RP gave an assurance that the pharmacy's method for transporting refrigerated products would be reviewed and strengthened to make sure products were maintained at an appropriate temperature range from when they left the pharmacy until the recipient received them.

The pharmacy offered coronavirus boosters and flu jabs. It had the anaphylaxis resources and patient group directions it needed for its vaccination service. And the pharmacists who vaccinated people were appropriately trained. The pharmacy kept an electronic record for each vaccination it made. And this included the details of the person vaccinated, their consent and the details of the vaccinator and the vaccine used. Both pharmacists were responsible for making up people's prescriptions. They used baskets to keep each person's prescription separate from other people's prescriptions. They referred to prescriptions when labelling and picking medicines. They initialled each dispensing label. And assembled prescriptions were not delivered or dispatched until they were checked and initialled by the other pharmacist. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. And an assessment was done to determine if a person needed a compliance pack. The pharmacy kept an audit trail of the person who had assembled and checked each compliance pack. It provided a brief description of each medicine. And its team was required to supply patient information leaflets too. The pharmacy sometimes assembled people's compliance packs before it had received a prescription. But it didn't supply these until the prescription was received. And the RP gave an assurance that this practice would stop. 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. They knew that people in this at-risk group who were prescribed a valproate needed to be counselled on its contraindications. They were aware of the new rules on dispensing valproate-containing medicines in the manufacturer's original full pack. And they had the resources

they needed when they dispensed a valproate.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. And it kept its medicines and medical devices within their original manufacturer's packaging. Members of the pharmacy team checked the expiry dates of medicines as they dispensed them and at regular intervals. But they could do more to make sure they recorded when they had done a date check. The pharmacy stored its stock, which needed to be refrigerated, at an appropriate temperature. And it could also store CDs, which weren't exempt from safe custody requirements, securely. The pharmacy had procedures for handling people's unwanted medicines. And these medicines needed to be placed in a pharmaceutical waste bin separate from the pharmacy's stock. The pharmacy had a process for dealing with the alerts and recalls about medicines and medical devices issued by the Medicines and Healthcare products Regulatory Agency (MHRA). But its team could do more to make sure it routinely recorded what actions it took when it received an MHRA medicines recall.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had the equipment its team needed to count or measure medicines. And its team cleaned this equipment before using it. The pharmacy had access to up-to-date reference sources. And its team could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team checked and recorded the refrigerator's maximum and minimum temperatures on the days the pharmacy was open. The pharmacists could check a person's blood pressure. And the monitor they used for this service was new. The pharmacy's website told people that security measures were in place to help protect their personal data. And access to the pharmacy's computers and patient medication record system was restricted and password protected. The team members responsible for the dispensing process had their own NHS smartcard. And they made sure their card was stored securely when they weren't working.

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.