

Registered pharmacy inspection report

Pharmacy Name: Private Pharmacy Group, Unit 1 (703) Tudor Gate,
Abbey Road, Park Royal, London, Middlesex, NW10 7UW

Pharmacy reference: 9012130

Type of pharmacy: Internet / distance selling

Date of inspection: 15/08/2024

Pharmacy context

The pharmacy is in a business park in northwest London. It dispenses mainly private prescriptions and some NHS prescriptions. It has an NHS distance selling contract and is closed to the general public. This was the first inspection after the pharmacy had been approved for registration in May 2023.

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	1.1	Good practice	The pharmacy risk assesses new and existing services to deal with things that can go wrong and disrupt the supply of medicines.
		1.2	Good practice	The pharmacy uses audits and checklists to improve the safety and quality of services.
2. Staff	Standards met	2.2	Good practice	Team members are provided structured training and development in a supportive way.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are effectively managed to make sure they are delivered safely and effectively.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It is good at assessing the risks involved before new services are introduced. And it updates risk assessments as existing processes are modified. Pharmacy team members follow suitable written procedures which tell them how to manage services safely. They keep the records they need to by law and they manage the pharmacy's stock well to make sure their records are correct. The pharmacy's team members keep people's private information safe. They understand their role in protecting the welfare of vulnerable people.

Inspector's evidence

The majority of prescriptions processed by the pharmacy were for medicines to treat attention deficit hyperactivity disorder (ADHD). The pharmacy and its team did not have face-to-face contact with its service users. The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team recorded and reviewed near misses to identify trends in types of error although the responsible pharmacist (RP) reported that errors were often random. They discussed their mistakes to share learnings and reduce the chances of them happening again. The RP explained that medicines were stored in a particular order and segregated to reduce picking errors in the dispensary. The pharmacy team regularly produced a patient safety review and were aware of submitting information about incidents for analysis by NHS England's 'learning from patient safety events' service.

People who accessed the service had a remote consultation via video conference facility and the consultants recorded information such as the diagnosis, observations, electrocardiogram results and patient contact details on a portal which the pharmacy could access to view the patient notes if necessary. And the RP could contact the patient in the event of an incident or to provide counselling information. The RP completed the clinical screen of the prescription during the dispensing process. If prescriptions were for an unlicensed dose or indication, the pharmacy refused to dispense it without authorisation by the prescriber. Once the prescription was confirmed, the medicine was dispensed, labelled and accuracy checked. The delivery address was checked before packing into the delivery packaging and attaching the address label for dispatch with the courier. The prescription was dispatched once payment had been received direct from the patient or on behalf of the patient.

Prescriptions were sent direct to the pharmacy if that was people's preferred choice. The prescriber also sent a list of who would have a prescription. Members of the pharmacy team opened prescriptions received by post and checked the credentials of any new prescribers. Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help alert the team to payment type and which clinic. They referred to prescriptions when labelling and picking medicines. Team members moved the baskets in the direction of the dispensary workflow as they completed each stage of dispensing and finally checking the prescription.

The pharmacy had an enhanced checking procedures to ensure patient details printed on the prescriptions, documents and labels all matched before bagging and sealing medicines for delivery. It checked if there was more than one package for one person pre-delivery. The accuracy checking dispenser (ACD) helped to manage checking the dispensed prescriptions. The pharmacy kept owing medicines to a minimum and supplied additional information about high-risk medicines. The team

checked interactions between medicines prescribed for the same person and intervention notes were recorded in case of future problems.

The RP had written risk assessments (RAs) to identify and manage things that could go wrong such as business continuity, medicines shortages, delivery, packaging for delivery, name and address for delivery and receipt of medicines into the pharmacy. These were updated when there were changes. The complaints procedure was filed with the RAs and people could leave feedback about the pharmacy. As part of a business continuity plan, the pharmacy had a procedure for the team members to follow if the locum pharmacist did not arrive and contingency stock. The RP regularly monitored the quality of services by conducting audits. These included NHS audits such as the valproate audit and he was aware of the updated guidance for dispensing a valproate and that the new rules were extended to topiramate. The RP audited controlled drugs (CDs) regularly to check that the amount of stock held by the pharmacy matched what was recorded in the register. The RP monitored numbers of prescriptions dispensed in a timeframe to estimate capacity.

The pharmacy had standard operating procedures (SOPs) including responsible pharmacist procedures for the services it provided. And these were reviewed on an ongoing basis. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The delivery SOPs had been amended due to improvements in the courier audit trail ensuring deliveries were person to person. The RP maintained team training records for SOPs.

The pharmacy displayed a notice that told people who the RP was and it kept a record to show which pharmacist was the RP and when. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. It kept records of patient consent for people who used their services. The pharmacy maintained a CD register which was only accessed by certain team members. The RP explained entering CD prescriptions onto the pharmacy's computer. At the end of the day, the computer pulled and collated all the supplies of CDs from the patient medication records. CD invoice information was entered manually and copies of invoices were retained for two years. A random check of the actual stock of a CD matched the recorded amount. The pharmacy booked CD packages out of the CD register for delivery. The pharmacy kept records for products it supplied on private prescriptions. And these were in order.

The pharmacy had an information governance SOP and was registered with the Information Commissioner's Office. It displayed a notice on its website that told people how their personal information was gathered, used and shared by the pharmacy and its team. The pharmacy sent a link to people to make secure payments. Its team members had signed confidentiality clauses and trained in general data protection regulation (GDPR). So, with consent, they could access the portal and people's information. They made sure people's personal information was disposed of securely. The pharmacy had a safeguarding SOP. And the RP had completed a level 2 safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are actively encouraged to develop their skills and knowledge. They work well together and manage the workload. They feel comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

The pharmacy team consisted of a full-time pharmacist, and a second part-time pharmacist who helped with checking prescriptions, three full-time trained dispensers of whom one was an accredited accuracy checking dispenser (ACD) and two persons who helped with packing up prescriptions who had completed in-house training.

Members of the pharmacy team had completed accredited and in-house training and were allocated protected learning time if needed. The ACD had completed accredited training, part of which was to correctly check a set number of items in a certain time as evidence. The RP had created a training programme and training was accommodated around the pharmacy's workflow. Training records were maintained. The RP held annual, team member structured appraisals which were documented. There were regular team meetings with an agenda to discuss dispensing incidents and other pharmacy related matters. Team members were comfortable about making suggestions on how to improve the pharmacy and its services. They had suggested modifying the bagging and checking procedures to minimise mistakes. They knew who they should raise a concern with if they had one. And the pharmacy had a whistleblowing policy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, well lit, secure and suitable for the provision of pharmacy services. The pharmacy prevents people accessing its premises when it is closed so that it keeps its medicines and people's information safe.

Inspector's evidence

The registered pharmacy premises were bright, clean and secure. And steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy had a large, spacious dispensary. The pharmacy did not have a consultation room as it did not have any face-to-face contact with people who could contact the pharmacy via Teams. The dispensary was set up to accommodate the pharmacy workflow with designated dispensing or checking areas. Members of the pharmacy team were responsible for keeping the pharmacy's premises tidy. And a part-time person attended the premises to clean on a regular basis.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It gets its medicines from reputable suppliers so they are fit for purpose. And the pharmacy team members have a contingency plan to help manage shortages of some medicines. They make sure medicines are stored securely and safe to use. They take the right action if any medicines or devices need to be returned to the suppliers. The pharmacy maintains appropriate audit trails to show that medicines are delivered to the right people.

Inspector's evidence

The pharmacy was closed to the general public, so it did not have face-to-face contact with people who used its services. But the pharmacy had access to a shared portal between the doctor, patient and pharmacy which had information such as the diagnosis and patient contact details. So the pharmacist could contact people in the event of an incident or with counselling information. If the RP discovered an incomplete dosage regimen during the clinical check, he could contact the prescriber and note the intervention on the PMR. The person would also be contacted if necessary.

The pharmacy team members could print large font labels to make them easier to read. And they noted counselling given to people to help them take their medicines in the best way. They could refer to the person's treatment plan on the portal. The pharmacy had a protocol for dealing with medicine shortages to help make sure people did not go without their treatment. And held a slight excess of stock to mitigate difficulties obtaining stock. The RP was aware of the updated guidance for supplying a valproate.

The pharmacy provided a delivery service to people as they were unable to attend its premises in person. It packed medicines in strong, plain packaging having checked to ensure patient details printed on the prescriptions, documents and labels all matched before bagging and sealing medicines for delivery. It checked if there was more than one package for one person pre-delivery. The pharmacy did not dispense and deliver any items requiring refrigeration. And it kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The courier operated a trackable service using a unique PIN code system.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices in their original manufacturer's packaging. In line with a stock management SOP, medicines were contained in an outer cardboard box endorsed with the expiry date on the dispensary shelves. Stock was rotated to minimise stock going out of date. The dispensary was tidy. The pharmacy team checked the expiry dates of medicines when it dispensed them and every two to three months. And it recorded when its stock was date-checked. The pharmacy had procedures for handling obsolete medicines which were kept separate from stock or were placed in one of its pharmaceutical waste bins. It had a procedure for dealing with alerts and recalls about medicines and medical devices. The RP could do a search on RxWeb for people using the drug name and stipulate a time frame. As the pharmacy had a large stock holding the medicines were likely to be the same batch. The pharmacy also had the yellow card drug safety information.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy team had access to up-to-date online reference sources for information and guidance. Its team disposed of confidential waste appropriately. The pharmacy restricted access to its computers and PMR system. And only authorised team members could use them when they put in their password. Team members used their own NHS smartcards.

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.