General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rai's Pharmacy, The Bungalow Office at Bridge House, 1 Nutfield Road, Merstham, Redhill, Surrey, RH1 3EB

Pharmacy reference: 9012221

Type of pharmacy: Internet / distance selling

Date of inspection: 21/03/2024

Pharmacy context

This NHS distance-selling pharmacy is set next to a warehouse in Merstham. The pharmacy opens five days a week. It provides most of its services at a distance. And generally, people aren't allowed to visit its premises in person. The pharmacy dispenses people's prescriptions. It delivers medicines to people in person or by post. It supplies multi-compartment compliance packs (compliance packs) to some people who need help managing their medicines. And it delivers the NHS Pharmacy First Service by video link to help people who have a minor illness.

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 adequately manages its risks. It has written instructions to help its team works safely. It largely keeps the records it needs to by law. It has appropriate insurance to protect people if things do go wrong. And it listens to people's suggestions to help it do things better. People who work in the pharmacy 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. The RP 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). Members of the pharmacy team were required to discuss the mistakes they made to learn from them and reduce the chances of them occurring again. But they hadn't made a mistake since the pharmacy opened.

The pharmacy had a complaints procedure. Its website told people how they could provide feedback about the pharmacy or its team. And some people have left online reviews about their experiences of using the pharmacy and its services. 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 now delivered medicines to people who lived nearby in the morning or early evening. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. It kept appropriate records to show which pharmacist was the RP and when. It had a CD register. And the stock levels recorded in the register were usually checked regularly. But the details of the healthcare professional who delivered a CD weren't always completed in full. The pharmacy kept an appropriate log of the private prescriptions it supplied. But it hadn't supplied a prescription medicine to someone in an emergency or an unlicensed medicinal product since it opened.

The company that owned the pharmacy was registered with the Information Commissioner's Office. The pharmacy had some information governance procedures. 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. But people's details weren't always crossed out or removed from the unwanted medicines returned to it before being disposed of. The pharmacy had a safeguarding procedure. Its team members 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 the RP had completed level 3 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 trainee dispensing assistant. The pharmacy depended upon the RP to provide its services including its delivery service. But another pharmacist could cover them if they couldn't work. And the RP was looking to employ a delivery person. The trainee dispensing assistant was undertaking accredited training relevant to their role. And the RP was required to keep their professional skills and knowledge up to date as part of their annual revalidation process. The RP could discuss their development needs and any clinical governance issues with another pharmacist. 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. Members of the pharmacy team 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 being made to the delivery process following their feedback.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable 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 in a self-contained building. And they were air-conditioned, bright, secure and tidy. The pharmacy had a consulting room, a dispensary, a kitchenette, a stockroom and a toilet. The pharmacy had the workbench and storage space it needed for its current workload. And its team was responsible for keeping its premises clean and tidy. The pharmacy had its own sink with a supply of hot and cold water.

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 delivers medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources. And it usually 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 and its services were accessed through its website. People weren't generally allowed to visit its premises in person. But they could contact it by email, phone or in writing . Members of the pharmacy team were clear on what services they could and couldn't provide from the pharmacy. And they could signpost people to another provider if a service wasn't available at the pharmacy. The pharmacy provided the NHS Pharmacy First Service remotely. And patients were seen by a pharmacist via a video link. People benefited from this service as they could access the advice and medication they needed when they needed to. And it helped to reduce pressure on GP surgeries to deal with people's urgent requests for treatments for some minor illnesses. The pharmacy team could use a tracked postal service or a courier to deliver medicines to patients who weren't local to the pharmacy. But it needed to risk assess and decide on how it would send medicines that required secure storage or refrigeration. The handover of medicines to the delivery person or postal worker took place at the pharmacy under the supervision of a pharmacist. The RP usually provided the local delivery service. This meant that people could ask questions about their medicines and receive healthcare advice in person from a pharmacist. The pharmacy kept an electronic log to show it had delivered the right medicine to the right person.

The RP was solely responsible for the dispensing service throughout the inspection. And baskets were used to separate each person's prescription and medicines. The RP referred to prescriptions when labelling and picking products. They initialled each dispensing label. They took a break after assembling each prescription. And they checked what they had assembled was right before initialling the label again and bagging it up or getting it ready to dispatch. 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 prescription. But the patient information leaflet and a brief description for each medicine contained within a compliance pack weren't always provided. The RP 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 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 needed to keep its medicines and medical devices within their original manufacturer's packaging. But a few medicines weren't. This meant the pharmacy team may not have all the information it needed if a particular make of medicine was recalled. Members of the pharmacy team checked the expiry dates of medicines as

they dispensed them and periodically. 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. It stored CDs, which weren't exempt from safe custody requirements, securely. Its team recorded the destruction of the CDs that people returned to it. And it kept these separate from in-date CD stock. The pharmacy had procedures for handling people's unwanted medicines. And these medicines were kept separate from the pharmacy's stock and were placed in a pharmaceutical waste bin. 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 recorded the 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 some glass measures to measure out liquids. And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team cleaned the equipment they used to measure out or count medicines before they used it. The pharmacy team had access to up-to-date reference sources. And it 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 pharmacy restricted access to its computers and patient medication record system, and only authorised team members could use them when they put in their password. And team members made sure their NHS smartcards were 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.