

# Registered pharmacy inspection report

**Pharmacy Name:** Home County Pharmacy, The Estate Office, Frimley Road, Ash Vale, Aldershot, Surrey, GU12 5NL

**Pharmacy reference:** 9012280

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

**Date of inspection:** 04/07/2024

## Pharmacy context

This NHS distance-selling pharmacy is set in a stand-alone commercial property near a railway station. The pharmacy opens five days a week. It provides most of its NHS services at a distance. But people can visit its premises in person to have their blood pressure checked or if they want to buy a medicine over the counter. The pharmacy dispenses people's prescriptions. It delivers medicines to people in person. It supplies multi-compartment compliance packs (compliance packs) to a few 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 not all met

**Required Action:** Improvement Action Plan

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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy doesn't manage its risks appropriately. And it doesn't have all the standard operating procedures it needs to make sure its team works safely.
		1.2	Standard not met	The pharmacy doesn't review the quality or the safety of the services it delivers. And, for example, it doesn't have a written process to make sure it records any dispensing mistakes it makes or the steps its team takes to stop the same sort of things happening again.
		1.5	Standard not met	The pharmacy doesn't have the insurance it needs to protect people if things go wrong.
		1.6	Standard not met	The pharmacy doesn't do enough to make sure it keeps records in the way the law requires it to do so. These records include its controlled drug (CD) register, emergency supply records, private prescription records and its responsible pharmacist log.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.2	Standard not met	The pharmacy doesn't keep adequate records to show its working practices are safe and effective. It sometimes supplies medicines when it doesn't have the authority to do so. It can't show it has delivered the right medicine to the right person or show who was responsible for each service it. And its team don't follow the correct procedures all the time.
		4.3	Standard not met	The pharmacy doesn't suitably store all its medicines that it needs to keep in a refrigerator. And unwanted medicines are not being disposed of properly.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy doesn't manage its risks appropriately. It doesn't have all the procedures it needs to make sure its team works safely. And it doesn't review the quality or the safety of the services it delivers. The pharmacy doesn't do enough to make sure it keeps records in the way the law requires it to do so. And it doesn't have the insurance it needs to protect people if things go wrong. 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

The pharmacy only had a few standard operating procedures (SOPs) available at the time of the inspection. The SOPs were incomplete. They didn't meet the requirements of The Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008. They didn't cover all the services provided from the pharmacy. And the roles and responsibilities of the pharmacy team weren't adequately described within them. The pharmacy hadn't properly risk assessed the sales of over-the-counter medicines on its behalf through its website by a third-party company. It didn't have oversight of what medicines or products were offered for sale. And it hadn't monitored these sales to make sure they were appropriate. But changes were made to the website after the inspection and medicines were no longer available to buy through the website. The responsible pharmacist (RP) explained that they hadn't made a mistake since the pharmacy opened as they were very careful when they dispensed people's prescriptions. But they couldn't show that the pharmacy had a procedure to deal with any dispensing incidents that were found before reaching a person (near misses) or those which weren't (dispensing errors). And no records were available to document these events or the lessons learnt from them or the actions taken to try to stop the same sort of things happening again.

The pharmacy displayed a notice that identified who the RP was. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. A team member explained they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to the pharmacist. And prescriptions couldn't be delivered and medicines weren't sold or supplied if a pharmacist wasn't present. But team members, apart from the RP, hadn't signed the SOPs to say they had read them and agreed to follow them. The pharmacy team couldn't show that the pharmacy had a complaints procedure during the inspection. But the pharmacy website told people how they could share their views and make suggestions about how the pharmacy could do things better. And there were a few online reviews about people's experiences of using the pharmacy and its services.

The RP had their own personal professional indemnity insurance arrangements in place. But the pharmacy hadn't had the insurance it needed to protect people if things went wrong since it opened. The pharmacy hadn't supplied any unlicensed medicinal products to date. It didn't keep appropriate records to show which pharmacist was the RP and when. And no RP and controlled drug (CD) SOPs were available at the time of the inspection. The pharmacy had a CD register. But this wasn't maintained as it needed to be by law. The pharmacy team had used several loose unpaginated pages instead of a bound book register. It didn't always record CD transactions on the day they happened or the following day. It didn't always complete the details of where a CD came from and the headings on

each page in full. It didn't date the corrections it made to the register. And the details of any healthcare professional who delivered a CD weren't completed in full. The pharmacy team was required to record the emergency supplies it made and the private prescriptions it supplied on its computer. But the details of the prescriber and the date of prescribing were incorrect in the private prescription records seen. And the reason for making a supply of a prescription-only medicine to a person in an emergency wasn't recorded properly.

The company that owned the pharmacy was registered with the Information Commissioner's Office. The pharmacy had a website that told people how their personal information was gathered, used and shared by it and its team. It had arrangements to make sure confidential information was stored and disposed of securely. And its team needed to complete a self-assessment each year and declare to the NHS that it was practising good data security and it was handling personal information correctly. The pharmacy team couldn't show that the pharmacy had a safeguarding policy or procedure. But the RP had completed some safeguarding training. And 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.

## 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 can make decisions to keep the people they care for safe. They are comfortable about giving feedback to help the pharmacy do things better. And they know how to raise a concern if they have one.

### Inspector's evidence

The pharmacy team consisted of the RP and two dispensing assistants. 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 RP was a director of the company that owned the pharmacy. And was responsible for managing the pharmacy and its team. The RP supervised and oversaw the supply of medicines from the pharmacy. And was supported by a dispensing assistant during the inspection. Members of the pharmacy team were required to do accredited training relevant to their roles after completing a probationary period if they hadn't done so already. 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 the superintendent pharmacist. And they knew when to signpost people to another provider; for example, someone trying to present an NHS prescription to be dispensed at 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. And they were comfortable about making suggestions on how to improve the pharmacy and its services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment to deliver its services from. Its website meets GPhC guidance. And its premises are adequately presented.

### 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 prescription medicines through its website. And it didn't offer a prescribing service.

The registered pharmacy premises were set in a self-contained building. And the public-facing area was bright and adequately presented. The pharmacy had a consulting room, a dispensary, a kitchenette, a stockroom and a toilet. It had the workbench and storage space it needed for its current workload. But its air-conditioning wasn't working properly. So, its team took steps to make sure the pharmacy didn't get too hot.

The pharmacy had the sinks it needed for the services it provided. And its team was responsible for keeping its premises clean and tidy. Though the pharmacy had a cold-water supply, its hot water supply wasn't working. But an assurance was given that this would be fixed.

## Principle 4 - Services Standards not all met

### Summary findings

People who work at the pharmacy don't follow the correct procedures all the time. But they help people access the services they need. The pharmacy doesn't keep adequate records to show its working practices are safe and effective. It sometimes supplies medicines when it doesn't have the authority to do so. And it can't show it has delivered the right medicine to the right person or show who was responsible for each service it provides. The pharmacy doesn't suitably store all its medicines that it needs to keep in a refrigerator. And unwanted medicines are not being disposed of properly. The pharmacy generally sources and manages its other medicines appropriately. And its team carry out some checks to make sure these medicines are safe and fit for purpose.

### Inspector's evidence

The pharmacy and its services could be accessed through its website. People weren't allowed to visit its premises in person to access its NHS services except when they needed a blood pressure check. But they could telephone or email the pharmacy team when they needed to. The pharmacy had notices that told people when it was open and what services it offered. But not all these services were available. The pharmacy didn't have step-free access. And people who had trouble climbing stairs relied on the pharmacy team to help them access the pharmacy and its services. Members of the pharmacy team were clear on what services were provided 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 an encrypted 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 could use a tracked postal service 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 RP was reminded that the handover of medicines to the delivery person or courier needed to take place at the pharmacy under the supervision of a pharmacist. The RP provided the local delivery service. This meant that people could ask questions about their medicines and receive healthcare advice in person from a pharmacist. But the pharmacy didn't keep a log as required by its SOPs to show it had delivered the right medicine to the right person.

The team members who were responsible for making up people's prescriptions usually used plastic baskets to separate each person's prescription and medication. They referred to prescriptions when labelling and picking medicines. And assembled prescriptions were not supplied until they were checked by the RP. 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. But an audit trail of the person who had assembled and checked each prescription wasn't routinely kept. And the patient information leaflet and a brief description for each medicine contained within a compliance pack weren't always provided. The pharmacy team could do more to make sure assembled CD prescriptions were routinely marked with the date the 28-day legal limit would be reached to help make sure supplies were made lawfully. The pharmacy recently supplied a drug that needed to be locked away without a valid prescription. And its team had supplied more medicines than it was allowed to by law to people in an emergency.

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 rules on dispensing valproate-containing medicines in the manufacturer's original full pack. And they had access to the resources they needed when they dispensed a valproate.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. But it didn't always keep its medicines and medical devices within their original manufacturer's packaging. And 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 received them and when they dispensed them. But they didn't check the expiry dates of medicines at any other times or record when they had done a date check. They didn't mark products which were soon to expire. And this meant there was an increased risk of someone being given an out-of-date medicine by mistake. The pharmacy stored CDs, which weren't exempt from safe custody requirements, securely. But its team couldn't demonstrate that medicines, which needed to be refrigerated, were kept at an appropriate temperature. And some food and milk were found in the refrigerator too. The pharmacy only had a log to show that the temperature range of its refrigerator had been recorded on three occasions since it opened. And the temperature range of its refrigerator was below 2 degrees Celsius and above 8 degrees Celsius at the time of the inspection. The pharmacy didn't have the arrangements or appropriate pharmaceutical waste receptacles it needed to dispose of unwanted medicines properly. But its team used a plastic tray to keep unwanted medicines separate from its pharmaceutical stock. The pharmacy team received email alerts and recalls about medicines from the Medicines and Healthcare products Regulatory Agency (MHRA). And it described the actions it would take when it received an MHRA medicines recall. But it could do more to make sure there was an appropriate procedure in place and the actions it took when it received an alert were recorded.



## 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. And they had access to up-to-date reference sources. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. It had suitable equipment for measuring a person's blood pressure. And this appeared to be well maintained. The pharmacy restricted access to its computer 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.