General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: R.S. Pandya Pharmacy, 47 High Street, Bushey, Hertfordshire, WD23 1BD

Pharmacy reference: 9012298

Type of pharmacy: Community

Date of inspection: 10/09/2024

Pharmacy context

The pharmacy is on the high street on the outskirts of Watford. It dispenses private prescriptions, sells medicines over the counter and provides health advice. It provides treatment for minor ailments. It does not provide any NHS services. This was the first inspection after the pharmacy had been approved for registration in December 2023.

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

Overall, the pharmacy's working practices are generally safe and effective. But it hasn't reviewed or updated its written procedures so they can suitably reflect current best practice and help members of the team to complete their tasks safely. The pharmacy mostly keeps the records it needs to up to date so it can show the pharmacy is supplying its services safely. The pharmacist does not always complete the responsible pharmacist record with all the required information in line with requirements. The pharmacy protects people's private information, and members of the team understand their role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for most of the services it provided along with handling complaints and incidents. And these were due to be reviewed. Standard operating procedures (SOPs) included responsible pharmacist (RP) procedures and a sale of medicines protocol. A member of the pharmacy team was able to describe the sale of medicines protocol and knew when to refer requests for medicines to the responsible pharmacist (RP). The pharmacy team member knew what she could and could not do, what she was responsible for and when she might ask for help. And she would refer repeated requests to purchase the same or similar products, such as medicines liable to misuse to the RP. The pharmacy had a complaints procedure and SOP for dealing with incidents.

The RP described the steps included in the risk assessment completed prior to providing the private flu vaccination service. The consultation room was tidy and as there was no NHS contract, the RP had sourced a private clinical waste contract. And the team members washed their hands regularly and used hand sanitising gel. The RP had a paper-based system to maintain records of vaccinations. And he had evidence of training he had completed and what he was due to undertake face-to-face. For instance, injection technique and treating anaphylactic shock.

On receipt of the prescription, a member of the team checked it had been properly completed with the patient's details and dated. The RP checked availability of stock and its expiry date. The dispensing labels which had been generated were attached to the medicines which had been picked for the prescription. The RP used baskets to separate each person's medication. And referred to the prescription when labelling and picking products. The RP completed a clinical and final accuracy check of all prescriptions so assembled prescriptions were not handed out until they were checked. And how interventions were recorded for future reference was discussed. The RP checked the bag label details against the prescription and the labelled medicines before bagging. If the prescription was to be delivered, the courier was trackable and there was an audit trail showing the progress of the package.

The pharmacy provided treatment for minor ailments via 'pharmadoctor' patient group directions (PGDs). People could make an appointment or just turn up at the pharmacy. The treatments were for flu by vaccination, period delay and urinary tract infection. The RP had maintained a file of paper records for each supply of treatment. And daily minimum and maximum fridge temperatures. The pharmacy displayed a notice that told people who the RP was and kept a record to show which pharmacist was the RP and when. The RP was the only pharmacist who was the RP and agreed where to record his registration number and date.

The team member explained that they would not hand out prescriptions or sell medicines if a pharmacist was not present. The pharmacy had insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy had a paper-based CD register. The RP explained that they did not routinely dispense CDs which required record keeping. There were FP10PCD prescriptions which needed to be submitted to the Prescription Pricing Division. So guidance was given to obtain an 'F code' from NHS, complete the back of the prescription and make a copy to retain at the pharmacy. The pharmacy recorded the private prescriptions it supplied manually. And records were generally correct.

The pharmacy was registered with the Information Commissioner's Office and due for renewal. The pharmacy needed to reprint the notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. Its team tried to make sure people's personal information could not be seen by other people and was disposed of securely. The RP had undertaken safeguarding training and he was signposted to the NHS Safeguarding app as a useful resource for local contacts.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members work well together to manage their workload in the pharmacy. Members of the team are comfortable about making suggestions to improve services to the people who visit the pharmacy.

Inspector's evidence

The pharmacy team consisted of the RP and a full-time assistant who needed to complete the accredited training course relevant to her role in the pharmacy. During the visit, the team members gave an assurance that this team member had been enrolled on an accredited training course. And they were reminded that the training needed to be completed and that they should re-register for this course if it had lapsed.

The RP had completed training in preparation for offering 'pharmadoctor' services for which certificates were seen. The RP was planning to complete face-to-face training in injection technique, and anaphylaxis.

Team members worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP was responsible for supervising and overseeing the supply of medicines and advice given by the pharmacy team. The pharmacy had an OTC sales protocol to follow. This described the questions the team member needed to ask people when making OTC recommendations. And when they should refer requests to the RP such as people asking for products containing codeine. The team member was comfortable about making suggestions to the RP on how to improve the pharmacy and its services. And she had suggested different product lines to the RP to enhance the pharmacy's retail stock. The team member described how she would raise the alarm with the RP. For instance if she had recognized signs of safeguarding issues.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable for the provision of its services. The pharmacy's consultation room is signposted so people know where they can talk privately to a member of the team. The pharmacy prevents people accessing its premises when it is closed so that it keeps people's private information and its medicines safe.

Inspector's evidence

The registered pharmacy premises were bright, clean and secure. The pharmacy was well lit and ventilated to make sure the pharmacy and its team and the medicines stock did not get too hot. The pharmacy consisted of a retail area, a wide counter, a smaller dispensary and a storeroom. The upstairs area had been closed off and were not in use at the time of the visit. The pharmacy had a consulting room. So, people could have a private conversation with a team member. The pharmacy had a sink. The pharmacy team kept the pharmacy's premises clean and tidy.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective, and it gets its medicines stock from a reputable source. It stores its medicines securely and carries out checks to help make sure they are fit for purpose and safe to supply. Members of the team try to make sure people with different needs can easily access the pharmacy's services.

Inspector's evidence

The pharmacy had a wide entrance, but it was not level with the outside pavement. This made it harder for people using a wheelchair, to enter the building. But the pharmacy team tried to make sure people could use the pharmacy services. The pharmacy had a notice that told people when it was open. The pharmacy displayed health and pharmacy related information on a screen at the entrance. The pharmacy had seating for people to use if they wanted to wait. Members of the pharmacy team could speak or understand Hungarian, Hindi and Gujarati to help people whose first language was not English. They signposted people to another provider if a service was not available at the pharmacy.

The pharmacy provided a delivery service via a courier with a trackable system for people who could not attend its premises in person. The person to whom the medicine was to be delivered was given a reference number for the parcel and the RP had the same number on the receipt as part of the delivery audit trial. On receipt of the prescription, a member of the team checked it had been fully completed with the patient's details and dated. The RP checked availability of stock and its expiry date. The RP used baskets to separate each person's medication. And referred to the prescription when labelling and picking products. The RP completed a clinical and final accuracy check of all prescriptions so assembled prescriptions were not handed out until they were checked. The method of recording interventions for future reference was discussed. The RP checked the bag label details against the prescription and the labelled medicines before bagging. If the prescription was to be delivered, the courier was trackable and there was an audit trail showing the progress of the package.

The pharmacy provided treatment for minor ailments via 'pharmadoctor' patient group directions (PGDs). People could make an appointment or just turn up at the pharmacy. The treatments were for urinary tract infection, period delay and to protect against flu by vaccination. The RP had maintained a file of paper records for each supply of treatment. And daily records of minimum and maximum fridge temperatures. The RP was aware of the valproate pregnancy prevention programme. And he knew that people in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The most recent updates to guidance regarding supply of a valproate and which were extended to topiramate was discussed along with new guidance concerning men taking a valproate and pregnancy prevention.

The pharmacy used a recognised wholesaler to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines regularly. It stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it mostly stored its CDs, which were not exempt from safe custody requirements, securely. It had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and records they kept when the

pharmacy received a concern about a product. He produced one recall concerning a product the pharmacy sold quite frequently in case he could alert people wishing to purchase it again.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally 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 had hand sanitisers for people to use if they wanted to. The pharmacy had a measure for use with liquids and a counting device for use with medicines such as methotrexate. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked the maximum and minimum temperatures of the refrigerator and kept a record these. The pharmacy collected confidential wastepaper for shredding. It restricted access to its computers and only authorised team members could use them when they put in their password.

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.