General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Hasscon Pharmacy, 74-76 Cromer Street, Basment and Ground Floor, London, WC1H 8DR

**Pharmacy reference:** 9012338

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

**Date of inspection:** 12/09/2024

## Pharmacy context

The pharmacy is near Euston Station in northwest London. It dispenses NHS prescriptions and it supplies medicines in multi-compartment compliance packs for people who find it difficult to manage their medicines. The pharmacy delivers medicines to people's homes. People who use the pharmacy do not visit the premises in person.

## 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

The pharmacy's working practices are generally safe and effective. It identifies and manages the risks involved in providing its services. And it has suitable written instructions which help its team members to work safely and effectively. People who use the pharmacy can leave feedback online to help it do things better. The pharmacy keeps the records it needs to by law to show how it supplies its services and medicines safely. The pharmacy team members protect people's private information and they understand their role in safeguarding vulnerable people.

### Inspector's evidence

The pharmacy had systems in place to review dispensing errors and near misses. The responsible pharmacist (RP) checked prescriptions which had been dispensed and if he identified a mistake he encouraged the team member to identify and correct their own mistake. Team members discussed mistakes and what actions they could take to minimise the risk of a future similar mistake. The RP explained that in this model of pharmacy there was minimal distraction because people did not visit the pharmacy in person. Medicines involved in incidents, or were similar in some way, were generally separated from each other in the dispensary. Lookalike and soundalike (LASA) medicines were highlighted by the pharmacy team members. Examples of these medicines were repaglinide and risperidone and some types of insulin or inhalers with similar packs. And the RP explained that some fast-moving medicines were stored together which helped separate medicines available in several different strengths. Separating LASA medicines helped reduce picking errors. The pharmacy had a process for dealing with dispensing incidents and a pharmacy incident form to complete if necessary. The RP reported dispensing incidents to the NHS 'Learning from patient safety events' (LFPSE) service.

When re-locating to these new premises, the RP had considered the risks involved in moving medicines stock, such as controlled drugs (CDs) and ensuring this was completed on the same day. And the necessary documentation was completed. The pharmacy also had to make sure people who continued to use this pharmacy received their medicines as normal. The RP had planned audits such as a delivery service audit from these premises to monitor the efficiency of service compared with the previous premises. The RP had completed the valproate audit and was aware of the updated guidance for dispensing valproates and topiramate.

Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. The dispensary benches were divided into separate dispensing, labelling and checking areas which assisted workflow. Assembled prescriptions were not dispatched for delivery until they were clinically and final checked by the RP. The pharmacy team maintained audit trails so every team member involved in preparing prescriptions could be identified from the start of the process. The team highlighted high-risk medicines and prescriptions with stickers and warning cards which contained comprehensive information on taking the medicine safely. The dispensing assistant alerted the RP to interactions between medicines prescribed for the same person. The RP checked these and was able to demonstrate interventions recorded on the patient medication record (PMR). The team members used a series of questions to confirm identity of people who called the pharmacy about their prescriptions.

At the time of the visit, the RP was planning to provide the seasonal flu vaccination services and described risk-assessing the newly fitted premises including equipment. The business continuity plan helped to deal with situations which might disrupt the service. The RP kept a surplus of printer toners and spare labels and RxWeb could be used offline from anywhere if needed. The pharmacy's insurers had been informed about the proposed service. The pharmacy had SOPs for most of the services it provided. 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 pharmacy's website displayed the complaints procedure and people could leave feedback about the pharmacy online. The most recent SOP to be reviewed was the delivery SOP to reflect using the delivery App.

The pharmacy had insurance in place, including professional indemnity, for the services it provided. The pharmacy displayed a notice that identified who the responsible pharmacist (RP) was and the RP record was completed. The RP recorded interventions on the PMR and flu vaccinations would be recorded on PharmOutcomes. People who used the pharmacy services completed a consent form which included delivery of their prescriptions. The pharmacy had an electronic CD register for which team members had their own log in details. The pharmacy audited the CDs weekly and a random check of the actual stock of a CD matched the recorded amount. The pharmacy kept records for the supplies of the specials or unlicensed medicinal products it made.

The pharmacy was registered with the Information Commissioner's Office (ICO). Its website displayed information about how the pharmacy managed people's private information. And the pharmacy had arrangements to make sure confidential information was stored and disposed of securely. Members of the pharmacy team had each read and signed a confidentiality agreement. The pharmacy had an information governance SOP and the RP had completed the NHS data security and protection toolkit. The pharmacy computer passwords were changed regularly and team members used their own NHS cards. The RP had trained to level 3 in safeguarding and the remaining team members were up to date and trained to level 2. They knew what to do or who they would make aware if they had a concern about a vulnerable person. The RP was signposted to the NHS safeguarding App.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy’s team members work well together to manage their workload and deliver services. They are suitably qualified or in training to have the appropriate skills for their roles. And the pharmacy supports them with their ongoing training. The pharmacy's team members feel able to provide feedback to improve the pharmacy's services. And they know how to raise a concern if they have one.

### Inspector's evidence

The pharmacy team consisted of the RP who was also superintendent pharmacist (SI), a part-time pharmacist, a full-time dispensing assistant, a part-time trainee dispensing assistant and two delivery drivers. The pharmacy relied upon its team to cover each other’s absences. At the time of the inspection visit, the RP was supported by a dispensing assistant. Team members were enrolled on or had completed accredited training. The drivers had completed accredited training and had their own SOP. They were Disclosure and Barring Service (DBS) checked.

Members of the pharmacy team had protected learning time to complete training relevant to their roles. They had access to a training platform and progress in training was monitored. It included reading SOPs fire safety and evacuation. The pharmacy had human resources assistance to help with contracts of employment and recruitment for team members. The team members worked well together so prescriptions were dispensed in a timely manner. They were comfortable about making suggestions on how to improve the pharmacy and its services. And the delivery drivers had suggested grouping prescriptions together by post code in the pharmacy so that they were collected and delivered together. Team members had a whistleblowing policy and knew who they should raise a concern with if they had one.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy's premises are clean, bright, secure and suitable for the provision of healthcare services. The pharmacy prevents people accessing its premises when it is closed so its medicines stock is safe, and people's private information is protected.

### Inspector's evidence

The registered pharmacy premises were on the ground floor and the basement which was accessed by a staircase. The pharmacy was clean, bright and secure. And steps were taken to make sure the pharmacy and its team did not get too warm. The pharmacy had designated dispensing, checking and dispatch areas. The dispensary benches and the pharmacy sink area were clean and tidy. The pharmacy had a consulting room on the ground floor for providing planned private pharmacy services. So, people could have a private conversation with a team member. Two people regularly cleaned the pharmacy's premises. The pharmacy's website displayed information about the opening hours, registration, pharmacy contact details and how people could complain. But it did not sell any medicines or sundry items and it explained that people could not collect prescriptions from the premises.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy is an internet pharmacy so it does not see people who use its services face to face. The pharmacy team members generally provide pharmacy services safely and effectively. The pharmacy team maintains audit trails to identify which team member provided each part of the service. The pharmacy obtains its medicines from reputable sources and stores them securely at the right temperature so that they are fit for purpose and safe to use. People are provided with the information they need to use their medicines properly. The pharmacy takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

### Inspector's evidence

People accessed the pharmacy and its services through the pharmacy's website https://hassconpharmacy.co.uk/ which listed several ways to contact the pharmacy and displayed its opening hours. A statement at the top of the website said 'Please note we do not allow patients to visit our premises. Please contact us for further information'. People could access the website 24 hours a day and people could complain and raise concerns and leave feedback.

The pharmacy provided a delivery service as people could not attend its premises in person. Completed and bagged prescriptions were stored on designated shelves grouped together by postcode so that the delivery persons could collect all the prescriptions for people in the same postcode area and deliver them in a timely way. The RP was present when prescriptions were dispatched from the pharmacy's premises. The pharmacy used a delivery App which meant that the prescriptions could be tracked 'end to end' from pick up at the pharmacy to handing it over to the person at their home. The audit trail was completed when the person signed upon receipt of the prescription. The App included taking a picture of where the delivery was made. The delivery persons drove delivery vehicle with a plain exterior which did not advertise the pharmacy or what was being delivered. The vehicles had portable fridge units which were ISO certified to maintain the temperature of items requiring refrigeration until they were delivered. There was a procedure for failed deliveries and the App included a section for noting CDs, fridge items and urgent deliveries.

The pharmacy prepared disposable multi-compartment compliance packs for people who had difficulty taking their medicines at the right time. These were prepared according to a matrix and the pharmacy team members managed ordering repeat prescriptions for some people. Sometimes the pharmacy team members received a discharge summary by email when the person had had a stay in hospital. They supplied high-risk medicines separately from the compliance aid. And provided a brief description of each medicine contained in the compliance packs along with patient information leaflets (PILs). So, people had the information they needed to make sure they took their medicines safely. They recorded the batch number and expiry date of the medicines on the labelling in case of an alert or recall. The RP dispensed CDs just before the compliance packs were dispatched for delivery. Counselling was provided by phone and the RP described what information he would provide to someone taking warfarin as the INR could be affected by eating foods rich in vitamin K and some over-the-counter medicines. And warning stickers and warning cards provided additional information. The RP recorded interventions on the PMR such as contacting the doctor to supply insulin cartridges and syringes instead of the Flexpen which was unavailable.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. And medicines were stored neatly on the shelves mostly in their original manufacturer's packaging. Members of the pharmacy team checked the expiry dates of medicines regularly. The CDs were stored in line with safe custody requirements. The pharmacy stored its stock, which needed to be refrigerated, between two and eight Celsius and the fridge was monitored constantly. It collected its waste medicines in pharmaceutical waste bins which were removed for at an agreed interval for safe disposal. The pharmacy had a process for dealing with the alerts and recalls about medicines issued by the Medicines and Healthcare products Regulatory Agency (MHRA). And it had a process for notifying the MHRA if it had concerns about the medicines it supplied. The responsible pharmacist described the actions they took and what records they made when the pharmacy received an MHRA medicines recall.

## 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 and keeps people's private information safe.

### Inspector's evidence

The pharmacy team had access to up-to-date reference sources which were mainly online such as the Royal Pharmaceutical Society's Medicines, Ethics and Practice. The pharmacy had stamped glass measures for use with liquids. The CD cabinet was fixed in line with requirements. The fridge was used to store medicines requiring refrigeration and it was serviced regularly. Team members checked and recorded the maximum and minimum temperatures of the fridge. The pharmacy's address on the pharmacy stamp required updating from the previous address The pharmacy restricted access to its computers and PMR system which was password protected. And its team members used their own NHS cards.

## 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. |