

Registered pharmacy inspection report

Pharmacy Name: Berkeley Court Pharmacy, 5-7 Melcombe Street,
LONDON, NW1 6AE

Pharmacy reference: 1040552

Type of pharmacy: Community

Date of inspection: 25/04/2019

Pharmacy context

This is a retail pharmacy situated in a small arcade of shops, close to both Marylebone and Baker Street Stations in central London. It is a family run business. People who use the pharmacy include residents, local workers, and commuters. Retail sales are the main activities and dispensing levels are very low. The pharmacy occasionally offers other NHS funded services such as Medicine Use Reviews (MURs) and flu vaccinations, and a private travel vaccination service has recently been introduced. Private aesthetic and hearing loss clinics operate from two of the pharmacy's consultations rooms, and there is a beauty clinic in the basement. These clinics are not owned or managed by the pharmacy and they were not inspected.

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 has written procedures to help make sure the team completes tasks in the right way. But these are not reviewed very often, and they are not always followed, so the team may not always work effectively. And the pharmacy team does not do everything it could do to learn from mistakes, so there may be more risk of them being repeated. The pharmacy team knows how to keep people's private information safe. But a lack of training may mean some team members are not sure how to identify vulnerable people or deal with safeguarding concerns.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) which covered the main activities. These did not always reflect current practice and had not been reviewed for some time. Team members had signed to indicate they had read and agreed them. But the locum pharmacist had not done this. The Saturday pharmacist visited the pharmacy during the inspection with some updated SOPs, which were in the process of being implemented.

Team members could explain their role and worked within their remit. But individual roles were not immediately clear from a customer's perspective. A responsible pharmacist (RP) notice was displayed and a log was maintained.

There were some basic risk management processes in place. Baskets were used to segregate prescriptions during the assembly process. Dispensing labels were initialled by the pharmacist undertaking the accuracy check, but the pharmacy technician did not always do this when she had been involved in the assembly process. Pharmacist were sometimes required to self-check. There was a chart with a few near misses recorded which identified learning points. But these were sporadic, and it was unclear if they were reviewed for trends. There was an incident report form but none had recently been reported. The pharmacists said they were not usually working under pressure, so errors were uncommon.

A certificate of professional indemnity insurance was on display. There was a complaints procedure and the team said any concerns or issues would be referred to the superintendent. But there was no information visible to inform people how to make complaints or provide feedback. The pharmacy participated in annual patient satisfaction surveys. Results were not routinely displayed in the pharmacy or posted on www.NHS.uk website, so not available to people who use the pharmacy.

The pharmacy used a recognised patient medication record (PMR) system to record prescription supplies. Records of Controlled Drugs (CD) were maintained in accordance with requirements, running Balances were maintained, and these were checked regularly. Any methadone manufacturer's overage was consistently added to the balance. Patient returned CDs were recorded in a dedicated register. Records of private prescriptions and emergency supplies were kept in a book and a random check found these were in order. The pharmacist showed an example of a specials record which included all

the relevant details.

Team members understood about data protection and had signed a confidentiality agreement. There was an NHS data notice with relevant information for patients. Confidential paper waste was shredded, and confidential material was not accessible to the public. Pharmacists and the technician had individual NHS smartcards.

A chaperone policy was displayed on the consultation room door, and a new safeguarding SOP which had local contact details was being introduced. Two of the regular pharmacists had completed CPPE level 2 safeguarding training, but technician and superintendent had not. And some of the team members had not completed Dementia Friends training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to cope with its workload and provide its services. But pharmacy team members do not receive feedback through an appraisal process. And there is no clear whistleblowing policy. This may mean learning needs are not identified. And team members might be unsure about how to raise concerns externally.

Inspector's evidence

The business was run by two brothers; one was the owner and the other was the superintendent. The owner also had another pharmacy in central London. A regular locum worked as the responsible pharmacist three days a week. Another regular locum, who was the superintendent of the other pharmacy, worked on Saturdays. The superintendent worked occasional days and covered when the locum pharmacists were not available.

The regular locum was accredited to provide MURs and travel services under PGDs. The pharmacy employs two support staff; a full-time pharmacy technician and a part-time counter assistant. Both of them had worked at the pharmacy for a number of years. They had completed accredited training and completion certificates were displayed. Holidays were planned, and any absences were usually covered by a team member from the other pharmacy.

At the time of the inspection the locum pharmacist was initially supported by the two regular team members. Footfall was low, and the team managed the workload without any issue during the inspection. The superintendent and Saturday pharmacist were also present for part of the inspection.

The counter assistant said she sometimes completed additional training using Counterskills modules. She felt able to raise issues with the pharmacist and said she could contact the owner or superintendent independently if needed. But she had not had a formal appraisal. And the team were unsure if there was a whistleblowing policy. No targets were set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides an environment that is suitable for healthcare.

Inspector's evidence

The pharmacy occupied an older retail unit. It had undergone a basic refit within the last two years and was reasonably bright and well-presented.

There was a spacious retail area and dispensary to the rear, with open shelving used for storage, and enough bench space for the volume of work. There were three consultation rooms, and these were accessible from the retail area. One consultation room was for pharmacy-use. The other two were for the dedicated use of the on-site private clinics. Stairs from the retail area led to the basement where there were several beauty clinic treatment rooms, and staff toilet facilities.

Clinics and the beauty treatment rooms were only accessible when the pharmacy was open. All areas were reasonably clean and tidy. The pharmacy had air-conditioning, and the dispensary and pharmacy consultation room both had sinks.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services, so people receive their medicines safely. It sources and manages medicines appropriately. But the team does not always manage its unwanted medicines as carefully as it should do. Which means it may not be able to show that it disposes of its stock properly.

Inspector's evidence

The pharmacy was open from Monday – Friday 9am-6pm & Saturday 10am-2pm. Opening times were displayed. It had two entrances; one at the front onto the street and the other as the side leading into the arcade. Doors were not automated. No special adaptations had been made for those with mobility difficulties, however staff could help if needed.

There was some signage explaining which services were available but there was no practice leaflet. The pharmacy had a website which was managed by a third party. The website which bore the MHRA EU logo and people could use it to manage their prescriptions and purchase over the counter medicines (OTC). The pharmacy was responsible for the prescription element of the website, but OTC medicines were supplied by another pharmacy. This was not immediately apparent on the website and could be potentially misleading.

Dispensing levels were low, and the pharmacy dispensed typically 1000 NHS items and 600 private prescriptions items each month. The regular locum undertook occasional MURs and NMS where people had consented. The team dispensed occasional private prescriptions for schedule 2 & 3 CDs, and the pharmacist confirmed that they submitted these regularly to the PPD.

Approximately 18 people received their medicines in weekly compliance packs. The team managed these appropriately. Any medication changes were queried to ensure they were appropriate. Packs were suitably labelled.

Interventions were recorded on the PMR. Pharmacists were aware of the valproate Prevent programme, but they did not have any of the relevant patient leaflets or cards, which could mean people may not get all the information they need to take their medicines safely. However, the team agreed to obtain these from the manufacturer. The locum pharmacist had recently identified and intercepted a forged script for codeine linctus and reported the matter to police and the accountable officer.

Travel services had been recently introduced. Very few people had been vaccinated. Associated documentation and records were in order. Around 30 flu vaccinations had been administered during the winter period. Medicines were obtained from licensed wholesalers. Stock medicines were stored in a reasonably orderly fashion in the dispensary. The pharmacy did not have the necessary software to comply with the Falsified Medicines Directive therefore was not meeting the requirements of this legislation.

Expiry date checks were completed regularly, and these were documented. A random check of shelves found no expired items. Fridge temperatures were monitored and recorded. Controlled Drugs were

stored in the cabinet, and obsolete schedule 2 & 3 CDs were segregated prior to destruction. A designated bin was used to segregate pharmaceutical waste. Waste contractors collected bins 3-4 four times a year, but the team did not have any consignment notes confirming this. Some recent patient returns in the designated bin were found to contain pregabalin. Not all pharmacists were familiar with the recent change in the CD regulations regarding pregabalin, or that schedule 3 & 4 CDs should be denatured.

Pharmacy medicines were stored behind the counter, but several patients were observed walking behind the counter during the inspection, so they potentially had access to restricted medicines. MHRA alerts and recalls were received by email, and documentation showed recent ones had been received and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides.

Inspector's evidence

The pharmacy had glass ISO-marked measures and counting equipment for dispensing purposes. Disposable medicine containers were available. There were sharps bins, and additional equipment used for vaccination services.

The team had access to the internet and BNF, and a copy of the Drug Tariff. They could also contact the NPA advisory service. Computer terminals were suitably located and the PMR system was password protected. There was a single CD cabinet and a medical fridge used for storing medicines. CD denaturing kits were available.

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.