

# 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:** 14/08/2024

## Pharmacy context

This is an independent retail pharmacy located in central London close to Baker Street station. People who visit the pharmacy usually live or work locally, and some of its customers are tourists. The pharmacy dispenses private and NHS prescriptions, and it sells some over-the-counter medicines and other merchandise. The pharmacy also provides the NHS Pharmacy First service, and it has a private travel clinic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy manages the risks associated with its services. It protects people's personal information, and the team members know how to support vulnerable people. The pharmacy has made progress since the last inspection and its record keeping has improved. But it could do more to make sure its team members learn from mistakes, and that they read and understand the procedures relevant to their roles, so they always know what is expected of them.

### Inspector's evidence

The pharmacy had changed ownership in November 2023. The sole director of the pharmacy was the superintendent pharmacist (SI) and he worked as the regular responsible pharmacist (RP). An RP notice identified the superintendent as the pharmacist on duty. A copy of the pharmacy's current professional indemnity insurance certificate was also displayed. The superintendent was not present at the start of the inspection. The dispensing assistant said he'd only recently left the pharmacy for lunch, and she was able to contact him on his mobile phone. She knew that she should not sell any Pharmacy (P) medicines, dispense or handout prescriptions while the pharmacist was absent, and she was observed refusing to make sales of P medicines. The superintendent had recorded the time he had left the pharmacy in the RP log and signed back in on his return. In future, if he left the pharmacy for a period of time, he agreed to remain signed in and record an 'absence' as this was more appropriate.

The pharmacy had a new set of standard operating procedures (SOPs) which had been implemented since the last inspection. They covered the main operational tasks and activities. Team members had some knowledge of the SOPs and felt that they had read a few of them, but they were unsure how to access them if they needed to. On his return, the pharmacist demonstrated that the SOPs were stored electronically. He provided examples of training records to show team members had signed to confirm they had read them. But some SOPs did not have associated training records or dates of implementation and a few gaps in the SOPs were noted. The superintendent agreed to review and update any outstanding SOPs and make sure all staff had read and agreed them.

A complaints procedure was explained on a poster displayed on the medicines counter. The pharmacist couldn't recollect any recent errors or dispensing incidents. He provided a template which the team used to record near miss errors, and he suggested that errors would be discussed with the team members involved. But the dispenser did not sign the dispensing label when she assembled prescriptions which may limit her learning opportunities. And the pharmacist was unable to locate the SOP which explained how dispensing incidents were managed. This meant errors might not always be recorded and the pharmacy team might miss opportunities to make improvements. The superintendent agreed to include incident and error reporting as part of his SOP review.

The pharmacy's record keeping had improved. Electronic private prescriptions records were in order and entries contained all the required information. The pharmacy had paper-based controlled drug (CD) registers. Old registers had been archived and registers were better organised and easier to navigate than at the previous inspection. CD running balances were audited regularly. Two CD balances were checked against stock and found to be accurate. The pharmacy had a book to record the receipt and destruction of patient returned CDs. It had not supplied any unlicensed medicines since the last

inspection, although the pharmacist understood that 'specials' records should be kept should any be supplied in future.

Team members understood that people's personal information should be protected. Confidential information was generally stored so it wasn't visible to the public. Team members segregated confidential waste which was shredded or removed for safe disposal. The pharmacist had completed safeguarding training and understood how to escalate concerns. The pharmacy had a safeguarding SOP. Team members knew to refer any concerns about people who might be vulnerable to the pharmacist. A chaperone policy was displayed on one of the consultation room doors.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services safely. Team members receive the basic training needed for their roles. But the pharmacy does not have a structured approach to training to ensure team members complete training in a timely manner, and to help support their ongoing development.

### Inspector's evidence

Two team members were working with the pharmacist during the inspection. The footfall was low, and the workload was manageable. Holidays were planned so there was enough staff cover and the team members worked flexibly to cover any absences.

One team member was working as a medicines counter assistant. She provided a copy of her training certificate. The dispenser had completed a pharmacy undergraduate course some years ago, but she was not registered as a pharmacist. She'd been enrolled on a dispensing course since the last inspection but hadn't made much progress in completing it. The pharmacy employed a third team member who was not present. She was training as a pharmacy apprentice. The pharmacy had a whistleblowing policy, and the dispenser knew how to report concerns to external agencies if needed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's environment is suitable for the services it provides. It has consultation rooms, so people can receive services and speak to the pharmacist in private.

### Inspector's evidence

The pharmacy was situated in a traditional retail premises. The retail area, dispensary and consultation rooms were on the ground floor. The retail area was spacious and suitably presented. The dispensary consisted of a partitioned area towards the back of the premises with a hatch overlooking the medicines counter. The pharmacy was generally clean and reasonably well organised.

The pharmacy had three consultation rooms which were accessible from the retail area. One room was used for pharmacy consultations. The room was clean, well presented and suitably equipped. A doctor occasionally used the room to provide skin and aesthetic treatments, and it contained some of the doctor's clinical equipment. The second room was previously used by a private hearing clinic, but the service was no longer operating from the pharmacy. The third room was used for storage and as an office. It was cluttered and untidy which detracted from the professional image as the door was left open and it was visible from the retail area.

Stairs from the retail area led to a large basement where there was a staff toilet, additional storage space and several treatment rooms. This area had previously been used by a third-party beauty clinic, but it was no longer operating.

There was a website associated with the pharmacy <https://bcpharmacy.co.uk/> which had been set up by the previous owner. It provided basic information about the pharmacy such as the address and contact details. But it displayed incorrect opening hours and the previous superintendent's details, which could be confusing or misleading for people using the pharmacy's services. The superintendent subsequently confirmed that he had contacted the website developer to request the changes be made.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy has made improvements to the way that it operates. It generally sources, manages and supplies medicines safely. But it doesn't always have the correct documentation and protocols in place so it can clearly demonstrate that supplies of medicines are appropriate and legal.

### Inspector's evidence

The pharmacy opened 9.30am-6pm Monday to Friday. Its main entrance was directly from the street. It had a manual door and level threshold, so it was accessible to most people. There was a second entrance from a small arcade. Some healthcare related leaflets, signs and posters were available in the pharmacy, but some of these appeared to be old and potentially out of date.

The pharmacy dispensed a small number of NHS prescriptions. There was a system for managing repeat prescription requests for regular patients. Dispensed medicines were appropriately labelled. The pharmacy supplied some medicines in multicompartiment compliance packs and there were basic systems in place to make sure these were managed safely. But tablet descriptions on packs were not always correct and it was unclear if patient leaflets were supplied with the packs. This meant people might not always have all the information that they need about their medicines. The team members were aware of the risks of valproate and isotretinoin for people at-risk and the Pregnancy Prevention Programmes and valproate dispensing requirements.

The pharmacy regularly dispensed private prescriptions for local doctors and private clinics. Private prescriptions were retained and filed each month. The pharmacy had supplied some CDs on private prescriptions, but these not been submitted to the NHS Business Services Authority for auditing purposes. The pharmacist was advised how to do this and agreed to contact the CD accountable officer for further information if needed.

The superintendent was accredited to provide NHS Pharmacy First services and copies of patient group directions (PGDs) were available for reference. He was also qualified as an independent prescriber but confirmed that he had stopped prescribing at the pharmacy after risks had been identified with this service at the last inspection. He had continued to occasionally administer travel vaccinations having gained experience of this when working in a GP practice. He described the steps taken to recommend vaccines and determine the person's suitability, although this assessment was not documented. Records of vaccinations with patient consent and batch details were kept, but no documentation was available to explain the clinical and legal framework being used. The superintendent later provided confirmation that he was subscribed to using PGDs from a recognised provider.

Pharmacy medicines were stored behind the counter, so people had to request these. The medicines counter assistant was aware of which OTC medicines could be abused and she referred any unusual requests to the pharmacist.

Stock was sourced from several licensed wholesalers. Dispensary shelves had been tidied since the last inspection and were reasonably well organised. A check of the shelves did not identify any expired medicines. Split packs were clearly marked. Designated bins were available to separate patient returned

and obsolete medicines and there had been a recent collection by an authorised waste contractor. The temperature of the fridge used to store medicines was monitored and recorded daily to check it remained within a suitable range. CDs were suitably stored. CD keys were kept under the pharmacist's supervision. Obsolete CDs which had accumulated had been destroyed following the last inspection, and stock stored in the cabinet was well organised. The pharmacy was subscribed to MHRA alerts. Email alerts were stored in a folder on receipt and recent alerts had been checked.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Equipment is suitably maintained, and used in a way which protects people's privacy.

### Inspector's evidence

The pharmacy team had access to the internet and reference materials. There were some approved, clean glass cylinders for measuring liquids. Disposable containers were available for preparing medicines, including compliance packs. The pharmacy had access to clinical equipment for provision of services such as vaccinations and NHS Pharmacy First.

The dispensary had a sink. Handwashing and sanitising equipment were available. The CD cabinet was secured and suitable for the amount of stock. The pharmacy used a medical fridge to store medicines. Electrical equipment was in working order. Computer systems were password protected and screens faced away from public view. The pharmacist had his own smart card to access NHS data.

### 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.