

# Registered pharmacy inspection report

**Pharmacy Name:** Harrods Pharmacy, 87-135 Brompton Road, LG  
Floor, LONDON, SW1X 7QN

**Pharmacy reference:** 1040977

**Type of pharmacy:** Community

**Date of inspection:** 07/12/2022

## Pharmacy context

This pharmacy is situated in the basement of Harrods department store in central London. It sells over the counter medicines, and a range of health and wellbeing products. The pharmacy has an NHS contract, but it dispenses predominantly private prescriptions. The pharmacy also offers seasonal flu vaccinations.

## 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

The pharmacy has appropriate governance arrangements in place. It identifies risks associated with its services, and it has policies and procedures in place to help make sure that its team members work safely. The pharmacy has appropriate insurance for the services it provides, and it keeps the records it needs to by law. Pharmacy team members keep people's private information safe. And they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy was part of the Day Lewis group and it adhered to their corporate governance policies and procedures. The pharmacy team had online access to standard operating procedures (SOPs) and paper copies were also available for reference. SOPs comprehensively covered the operational activities of the pharmacy. They had been reviewed within the last two years. Pharmacy team members were familiar with the SOPs, and they confirmed they had received training on the SOPs relevant to their roles. The medicines counter assistants (MCA) knew what tasks required the supervision of a pharmacist. A responsible pharmacist (RP) notice was displayed identifying the pharmacist on duty. And the pharmacy had professional indemnity insurance arranged with a recognised provider.

The pharmacist usually worked alone in the dispensary, so they assembled and checked all prescriptions. Dispensing labels included an audit trail identifying the pharmacist responsible for the supply. The pharmacist explained she was not usually working under pressure, and she was conscious to make sure she was not rushed when assembling and checking, to minimise the risks associated with self-checking. The pharmacy utilised an online system for recording near misses and dispensing incidents so the superintendent's team had oversight of any errors. Learning points were identified as part of the reporting process and the pharmacist explained how the team had effectively handled a recent incident involving a cross over of paperwork. The team had access to patient safety updates circulated by the superintendent's team.

People could raise a complaint directly with the pharmacy team, but some people opted to feedback or raise concerns via Harrods customer service department. Pharmacy related complaints were referred to the pharmacy manager. The pharmacist described how a recent complaint about a refusal to make an emergency supply had been managed and resolved.

The pharmacy maintained appropriate records relating to supplies of medicines. It used a recognised patient medication record (PMR) system to record prescription supplies. The PMR system had integrated electronic private prescription and controlled drugs (CD) registers. Records checked identified they were generally in order; but the prescriber's details were occasionally missing in the private register, which could cause confusion in the event of a query. A single CD balance checked matched the quantity in the cabinet, and regular CD audits were completed. Supplies of unlicensed medicines were also recorded appropriately.

The MCAs confirmed they had completed training on data protection and confidentiality. Confidential material was stored securely, and confidential waste was segregated so it could be disposed of safely.

The pharmacy had a safeguarding SOP and pharmacists had complete level 2 safeguarding training. Team members understood what safeguarding meant and knew to report any concerns about potentially vulnerable people to the pharmacist. The pharmacy had a chaperone policy and a notice explaining this was displayed in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough suitably qualified staff to deliver its services safely. Team members receive the right training for their roles, and they work well together. The team's professional judgement and patient safety are not affected by targets.

### Inspector's evidence

At the time of the inspection the pharmacist was working with two MCAs. The pharmacy team included two regular pharmacists who covered the opening hours between them. One of the pharmacists acted as the pharmacy manager. Pharmacists worked whole day shifts so their working hours were long as the store opened late into the evening. Occasional locums covered the pharmacists' holidays or absences. The two MCAs supported the RP working on the counter. They had both completed accredited training although their training records could not be viewed. A pharmacy student occasionally provided ad hoc cover.

The team worked well together and managed the workload without any issues. Most of the pharmacy's customers were walk-ins and people were greeted promptly and politely by the team members. Staff worked under the supervision of the pharmacist and referred any more serious queries to her.

The team members had access to occasional training material provided by head office to make sure they kept their knowledge updated but they could not recall completing any training recently. The pharmacists had both recently qualified as prescribers and they were intending initiating a minor ailments service once this was agreed and authorised by the superintendent.

The pharmacist felt supported in her role and able to exercise her professional judgment. And the pharmacy team were not set any targets or offered incentives relating to pharmacy services. The team could contact head office or their area manager for support or advice. The pharmacy had a whistleblowing SOP.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a consultation room so people can have confidential conversations and receive services, such as flu vaccinations, in private.

### Inspector's evidence

The pharmacy occupied an enclosed area in the basement of the store. It consisted of a retail area and medicines counter which restricted access to the dispensary. The dispensary was small with a limited amount of bench space, but it was sufficient for the volume of work, and it was reasonably well organised.

The pharmacy had a consultation room which was used for vaccinations and if people needed to speak to a team member in private. It was suitably equipped with a desk, chairs, a treatment bed and a small fridge used to store vaccines. The room wasn't locked when it wasn't being used but the pharmacist agreed to review this to make sure the contents were kept secure.

The pharmacy was bright and well-presented although the dispensary was less well lit, which impacted on the working environment. Air conditioning controlled the room temperature. The team had access to a staff toilet and small rest area within the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. Its working practices are suitably safe and effective, and people receive appropriate advice about their medicines. The pharmacy gets its medicines from licensed suppliers, and it stores them securely. And the pharmacy team members make extra checks to make sure medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy entrance opened directly into the main store, so access was unrestricted. Signs in the store indicated the location of the pharmacy in the building. Stairs and customer lifts enabled access to the basement area. The pharmacy traded seven days a week. The pharmacy team frequently signposted people to another provider if a service or item wasn't available at the pharmacy. For example, to a private GP service within the main store or to other pharmacies nearby. The pharmacy had a small seating area for people to use if they wanted to wait. It did not routinely offer a home delivery service.

The dispensing operation was managed appropriately. People received clear instructions and information with their medicines. The pharmacist often handed prescription medication out and provided additional counselling when required. The pharmacy sometimes supplied against electronic or emailed prescriptions but took steps to make sure these were genuine and that original copies were received when relevant.

The pharmacy had SOPs explaining how to dispense and handle high risk medicines such as lithium and valproate. The pharmacist said they didn't usually dispense valproate, but she was aware of the additional requirements when supplying it to people in the at-risk group and the pregnancy prevention programme.

The pharmacists were accredited to provide a range of prescription medicines under patient group directions (PGDs). The most commonly requested PGDs were flu vaccinations. Appropriate records were kept relating to PGD supplies.

OTC sales were supervised by the pharmacist. The MCAs described what type of request they might be concerned about, and which medicines could be potentially misused, such as codeine containing medicines including painkillers.

The pharmacy obtained its pharmaceutical stock from licenced wholesalers. Medicines were stored in dispensary drawers and kept within their original manufacturer's packaging. The team members checked the expiry dates of medicines at regular intervals, and they documented checks. No out of date medicine was found on the shelves. Cold chain medicines were stored in fridges and CDs were stored in a suitably secure cabinet.

Obsolete medicines were segregated in designated bins. The pharmacist confirmed bins were stored in a secure area of the main store's stockroom which was only accessible to pharmacy staff before being collected by an authorised waste contractor. The pharmacy received MHRA medicine and device alerts from head office and return confirmation was sent when they had been actioned. Recently issued alerts

had been received.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had paper copies of the BNF, but they were not the most recent versions. The team could access the internet for general information including the electronic BNF for the most up to date information. Crown stamped measures were used to measure liquids and the pharmacy has equipment for counting loose tablets and capsules as well as disposable containers and boxes for dispensing medicines. The dispensary sink was clean and had hot and cold running water. The pharmacy team had access to personal protective equipment and sundries necessary for the provision of vaccination services such as anaphylaxis equipment and sharps bins.

There were two medical fridges for storing medicines and storage temperatures were monitored daily to make sure they were within a suitable range. The pharmacy had a computer terminal in the dispensary and an additional one in the consultation room, which was sufficient for the volume and nature of the services. The dispensary was arranged in a way, so it provided privacy for the dispensing operation. Computer screens could not be viewed by members of the public. Access to computer systems was password protected and team members used individual smartcards to access NHS data. The pharmacy had a dedicated telephone line. Telephone calls could be taken out of earshot of the counter. All electrical equipment appeared to be in working order.

### 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.