

# Registered pharmacy inspection report

**Pharmacy Name:** Keencare Ltd., 6 Lower Belgrave Street, LONDON, SW1W 0LJ

**Pharmacy reference:** 1040988

**Type of pharmacy:** Community

**Date of inspection:** 07/02/2023

## Pharmacy context

This retail pharmacy is situated in central London close to Victoria station. It offers a wide range of healthcare services. People who visit the pharmacy often live or work locally, but a number of its customers are tourists. The pharmacy dispenses and supplies both NHS and private prescriptions, and it provides some other NHS funded services such as seasonal flu vaccinations, the New Medicine Service (NMS), and the hypertension case finding service. It sells over the counter (OTC), medicines and it offers some private healthcare services including travel vaccinations, covid testing and ear wax removal. A private GP service operates from a consultation room in the basement. And the pharmacy provides phlebotomy services, and drug, alcohol, and DNA testing on behalf of third-party providers.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not have SOPs or risk assessments for its pharmacist prescribing service. And there is evidence that some of its procedures are not being followed or need to be updated which is creating additional risks.
<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 not all met	4.2	Standard not met	The pharmacy does not always supply medicines lawfully in relation to its travel services.
		4.3	Standard not met	The pharmacy does not complete regular CD audits or destructions, so it cannot show it effectively manage its CDs.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not effectively manage all of the risks associated with its services. It does not have up-to date policies and procedures for all of its services. And it does not monitor compliance with procedures to ensure team members understand and follow them. The pharmacy team keeps the records required by law. But some records are not accurately maintained, which could make it harder for the pharmacy to explain what has happened if a query arises. Team members keep people's private information safe, and they understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy operated as part of the Greenlight group. Standard operating procedures (SOPs) outlining the operational activities had been developed by Greenlight head office. SOPs were available on the company portal so team members could refer to them. There were also folders with SOPs and staff training logs available in the pharmacy. Not all team members had read and signed the SOPs, and it was not clear if they had received training on the most up to date versions. SOPs were not consistently followed in practice. For example, the team did not follow the procedures when managing patient returned controlled drugs (CDs). And the travel vaccination patient specific direction (PSD) process was not adhered to. The pharmacy did not have a clear system to monitor compliance with procedures. It was evident that some SOPs had been reviewed and updated within the last two years. But others appeared not to have been updated for some time, and they contained some outdated references and information.

At the time of the inspection the responsible pharmacist (RP) was supported by a foundation pharmacist, and a trainee medicines counter assistant (MCA). The pharmacy manager, who was also a pharmacist, was not working on the day of the inspection. The team members worked under the supervision of the pharmacist and completed tasks within the limitations of their roles. An RP notice was displayed in the retail area. It did not correctly identify the pharmacist on duty, but the team rectified this when it was pointed out.

The pharmacy had risk management processes in place relating to the dispensing operation. Dispensing labels included an audit trail identifying the team members involved in the assembly process and the pharmacist responsible for the supply. Near misses and incidents were usually recorded and a couple of recent records were reviewed. These were discussed with the team members involved so learning points could be identified and shared. The pharmacist explained how the team reported dispensing incidents to head office and the superintendent pharmacist (SI). The team members described an incident whereby the wrong name had been written on the dispensing label. This had caused them to review their processes and make extra checks when prescriptions were handed in. The pharmacy had a complaints procedure. The pharmacist explained most concerns were resolved informally, but the team could seek input from head office if needed.

The pharmacy manager worked at the pharmacy two or three days a week. He was qualified as a pharmacist prescriber, and he provided an occasional ad-hoc consultation service usually for people presenting with acute conditions. The pharmacy did not have any formal risk assessments or policies and procedures relating to this service to explain how it operated.

The pharmacy had professional indemnity insurance with a recognised provider. Prescription supplies

were recorded on a patient medication record system (PMR), and the pharmacy maintained all the legally required records. RP logs and records relating to supplies of unlicensed medicines were maintained appropriately. Private prescription records were maintained electronically, but entries did not always include accurate information about the prescriber. And a recent emergency supply at the request of the patient had been incorrectly entered as a prescription supply. The pharmacy had controlled drug (CD) registers which included running balances. Of two balances checked, one was found to be accurate but the second identified a discrepancy. A full CD audit had not been completed for some time. The team could not demonstrate that patient returned CDs, or their destruction was recorded.

The team members confirmed they had completed training on data protection and confidentiality. The pharmacy displayed details of its registration with the Information Commissioner's Office. Confidential material was not visible from the public areas, and confidential paper waste was shredded. The pharmacist had completed 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, but it did not display an information explaining this, so people may not be aware this was an option.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Team members receive the right training for their roles. But the pharmacy does not support all of its team members to complete training on a regular basis, so they may delay developing the skills and knowledge needed for their roles.

### Inspector's evidence

The team worked well together and responded promptly to people's queries and requests. The footfall was steady, and the workload was manageable. Staff holidays were planned according to a rota. The team members worked flexibly between the other pharmacies in the group and so cover for unexpected absences was usually available if needed.

The RP had worked at the pharmacy regularly for a number of years. She confirmed that she had completed training and was accredited to administer vaccinations, and provide phlebotomy, ear micro suction and the other healthcare testing services that the pharmacy offered. She demonstrated that she was accredited to supply Saxenda under a PGD authorised by a recognised provider. The pharmacy manager had qualified as a prescriber in 2020 specialising in acute minor ailments.

The foundation pharmacist felt well supported by the pharmacist manager who was her tutor. She attended regular in-house training days with other foundation pharmacists who were completing their training with the Greenlight group. The MCA provided confirmation that he was enrolled on a training course, but he was not regularly allocated any training time during the working week, so he had not made much progress in completing it.

The pharmacist felt able to exercise her professional judgment. She referred most queries to the pharmacy manager, but she was aware who undertook the role of the superintendent (SI). The pharmacy manager explained the SI lived and worked abroad and so another pharmacist within the organisation acted as SI on a day-to-day basis. The team could speak directly to one of the regular pharmacists if they had an issue or concern. A whistleblowing policy was included with the SOPs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has consultation facilities that enables it to provide people with the opportunity to receive services in private and have confidential conversations.

### Inspector's evidence

The pharmacy was situated in a traditional retail unit. The retail area was fairly small. The dispensary was situated in a room to the rear of the premises. This meant the counter area was not directly supervised by the pharmacist when they were working in the dispensary or consultation room, however team members frequently relayed information and referred relevant queries to the RP.

The dispensary had open shelving and several metres of bench space which was sufficient for the volume and nature of the services. There was a screened area next to the dispensary which could be used to provide some privacy when counselling people.

The pharmacy was well lit, suitably maintained and secure. Air conditioning could be used to control the room temperature. And the pharmacy was generally well organised and clean, although some areas were a little cluttered and less tidy which detracted from the professional image and the working environment.

A customer lift and stairs led to a basement which had staff facilities, two additional consultation rooms and a waiting area. One consultation room was used by a third-party private GP service. The other room was dedicated for pharmacy use and it was used for services such as vaccinations, BP monitoring, phlebotomy and ear wax removal. It was equipped with a desk and two chairs, and an examination bed. It had a small sink and a fridge used to store vaccines. The doorhandle to the room was missing which meant it could not be properly secured. This looked substandard and could present a security risk if the room was left unlocked as it was next to the waiting area.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not always ensure it makes lawful supplies of prescription medicines in relation to its travel service. And it could do more to make sure controlled drugs are effectively managed. Other services generally operate safely and are easy for people to access. The pharmacy sources and stores medicines appropriately. And the team carries out some checks to make sure medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy operated Monday to Friday 9am to 6pm and Saturday 9am to 1pm. Services were promoted using signs in the pharmacy and on the website [www.greenlightpharmacy.com](http://www.greenlightpharmacy.com). Appointments for some services could be booked via the website or people could contact the pharmacy by telephone. There was a manual door and a small step at the entrance. Staff used a portable ramp and offered assistance to people with mobility difficulties if needed. Home deliveries were available for a small number of people who could not easily visit the pharmacy to collect their prescription in person. A customer lift was used to access the basement which meant additional services such as travel vaccinations were accessible to most people. And the team could signpost to other services available locally.

The pharmacy dispensed relatively few NHS prescriptions and the business was more focused on offering additional services and dispensing private prescriptions. The pharmacy frequently dispensed prescriptions for people who visited the private GP service which operated from the pharmacy several days a week. The GP service was registered with the Care Quality Commission. The RP explained how she made some checks to confirm the validity of prescriptions. A number of private prescriptions had been supplied against emailed copies sent to the pharmacy by private clinics, but the original prescriptions had not always been provided, and there was a risk these prescriptions could be used to obtain medicines elsewhere.

A few examples of prescriptions issued by the pharmacist prescriber were seen including one for atorvastatin and another for Ozempic. But the volume of prescribing appeared to be low. Following the inspection, the prescriber explained how he generally only issued prescriptions for acute conditions. He occasionally prescribed medication for chronic conditions if people had an existing diagnosis. This was usually when a tourist had lost or run out of their medication. The prescriber explained how he worked within his competencies according to his own prescribing framework which he had developed as part of his training. He had considered some of the risks and adjusted his practice to mitigate these; for example, he confirmed he did not prescribe controlled drugs or issue prescriptions for children because of the additional risks involved. He used Clinix software to record consultations. These records were not inspected. He explained most consultations were conducted face to face, but he occasionally conducted video consultations as the system permitted this,

The workflow in the dispensary and the shelves were well organised. Dispensed by and checked by boxes on dispensary labels were completed to provide an audit trail. Prescriptions were stamped and each team member initialled to show which stage of the assembly and hand out process they were involved on. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The team members knew which high-risk medicines should be targeted for extra checks and counselling. The pharmacist was aware of the valproate pregnancy prevention programme.

Care cards were supplied with any dispensed medication.

The pharmacy supplied a small number of people with multi-compartment compliance packs. These were well managed with an audit trail for changes to medication. Medicine descriptions were usually included on the packaging to enable identification of the individual medicines. Packaging leaflets were included so people had access additional information about their medicines. Disposable equipment was used. Most requests for packs were initiated following agreement with the person's doctor.

The pharmacists completed occasional NMS and offered people blood pressure (BP) checks as part of the NHS hypertension case finding service. An ambulatory BP monitor could be requested from one of the other pharmacies in the group if additional monitoring was required. The pharmacist had referred a couple of people with higher BP readings to their GP for further investigation.

The pharmacy offered a full range of travel vaccinations including yellow fever and antimalarials. There were policies and procedures explaining how this service operated. Vaccinations and antimalarials supplied or administered by pharmacists who were not able to prescribe were authorised as patient specific directions (PSDs) by the pharmacist prescriber (pharmacy manager). The process outlined in the SOPs explained how an assessment of the patient was completed and this was sent it to a pharmacist prescriber who confirmed if the medicines could be issued or administered. But there was no evidence to show the supplies had been authorised before medicines were issued or administered. Both the RP and pharmacist prescriber confirmed the assessments were usually reviewed and signed off retrospectively. This meant the medicines were effectively being supplied unlawfully.

Saxenda for weight loss was provided under a patient group direction (PGD). There person's BMI was measured to check they fulfilled the criteria of the PGD. The ear wax removal service was introduced as local surgeries had stopped offering this option. The service was provided in conjunction with a third-party specialist company who provided equipment and software for recording consultations, and training for the pharmacists who provided the service. The pharmacy also provided covid PCR testing, phlebotomy services, and drug, alcohol or DNA testing on behalf of third-party providers in partnership with accredited laboratories who provided training and equipment to support the services.

The MCA understood which medicines must be sold in the presence of a pharmacist and knew that codeine containing medicines could be misused. The pharmacy did not sell codeine linctus and the pharmacist knew this could be abused.

Recognised licenced wholesalers were used to obtain stock medicines. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out although this was not documented so the pharmacy could not show when checks were completed. Expired and unwanted medicines were segregated and placed in designated bins for disposal by recognised contractors. CDs were stored in appropriately secured cabinet. Obsolete CDs were segregated in the cabinet, but a large amount had accumulated, and a destruction was needed.

Alerts and recalls were received via email messages from the Medicines & Healthcare products Regulatory Agency (MHRA). These were monitored by the team in case any action was needed and usually filed for reference.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has equipment and facilities it needs for the services it provides. The team members maintain the equipment so that it is safe, and they use it in a way that protects people's privacy.

### Inspector's evidence

Internet access was available, and the pharmacy team had access to reference sources, including the BNF and the children's BNF. Clean, calibrated measures were available for dispensing purposes, and the pharmacy had equipment for counting loose tablets and capsules as well as disposable containers and boxes for dispensing medicines. The pharmacy team had access to personal protective equipment and sundries necessary for the provision of phlebotomy and vaccination services including anaphylaxis equipment, sharps and clinical waste bins. Equipment used for other services included scales and measures, a blood pressure meter, an otoscope, and a portable micro suction device for the ear wax service. The equipment used for the ear wax removal service was maintained by the third-party partner.

There were two fridges for storing medicines, including one in the consultation room. Storage temperatures were monitored daily, and records indicated they were within a suitable range. However, the actual readings during the inspection were higher than the maximum limit. The pharmacy had computer terminals in the dispensary and a laptop in the consultation room, which was sufficient for the volume and nature of the services. Computer screens could not be viewed by members of the public. Access to computer systems was password protected and pharmacists used individual smartcards to access NHS data. The pharmacy had a dedicated telephone line. 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.