General Pharmaceutical Council

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: 11/09/2023

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 usually live or work locally, but it also serves tourists who are visiting the area. 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 has a private travel clinic. It also offers ear wax removal and a phlebotomy service in conjunction with an accredited laboratory. A private GP service operates from a consultation room in the basement. This activity is regulated by the Care Quality Commission and so outside the scope of this inspection.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 adequately manages the risks associated with its services. It has written procedures to help make sure its team members work safely. Members of the pharmacy team are clear about their roles and responsibilities. They usually record and discuss their mistakes so that they can learn from them. The pharmacy keeps appropriate records although occasional details are missing, which could make it harder for the team to demonstrate how it supplies medicines safely. Team members protects people's private information and they understand their role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy was part of the Greenlight group of pharmacies. Standard operating procedures (SOPs) outlining the operational activities had been developed by head office. SOPs were available electronically on a shared drive so team members could refer to them. SOPs were version controlled and it was clear when they had last been reviewed and updated. Several SOPs had been recently reviewed. For example, the SOP for the travel clinic services. The system held an electronic record to show which team members had read and signed an SOP. Records showed the responsible pharmacist (RP) and trainee pharmacist had read and agreed the SOPs relevant to their roles. But the trainee medicines counter assistant (MCA) did not have an SOP training log, but they had a clear understanding of their role and responsibilities.

An RP notice was displayed in the retail area which identified the pharmacist on duty. The pharmacy's current certificate of professional indemnity insurance was also displayed. Team members worked under the supervision of the pharmacist and suitably referred more complex queries to them throughout the inspection.

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 were usually recorded and recent records were available. Errors were discussed with the team members involved and any learning points were identified and shared. The pharmacist explained how the team reported dispensing incidents to head office for review. The team were informed if any further action was required and head office occasionally circulated patient safety information across the pharmacy group. 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 also sought feedback on customer service through mystery shopper schemes.

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 had a risk assessment covering this activity and an SOP explaining how the service was delivered.

The pharmacist described how the team were preparing for the seasonal flu vaccination service which was due to commence the following week. A series of tasks were listed on the company system such as training requirements, documentation, and equipment. Team members entered information on the

system to show when they had finished a task and they were required to complete all elements before they could start delivering the service.

Prescription supplies were recorded on a patient medication record system (PMR), and the pharmacy maintained all of the records required by law. The RP log was suitably maintained but there were occasional gaps where the time an RP ceased their duties had not been recorded. Private prescription records were maintained electronically. A small number of entries did not include accurate information about the prescriber. And the pharmacy's records did not always identify when supplies had been made under a patient group direction (PGD) or against an emailed prescription. This could make it harder for the team to demonstrate how a supply had been made in the event of a query.
The pharmacy had controlled drug (CD) registers which included running balances. Of two balances checked, one was found to be accurate. The second identified a discrepancy although this was immediately resolved. The team completed regular CD balance audits, and the pharmacy had a patient returned CD destruction register which was completed correctly. The pharmacy kept records of supplies of unlicensed medicines on prescription and these were generally in order although one or two of the records had some details missing.

The MCA understood the principles of data protection and confidentiality. The pharmacy had information governance policies and procedures. It 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 usually shredded on site. People were required to provide signed consent when accessing additional services such as vaccinations The pharmacist had completed level 2 safeguarding training, and the pharmacy had a safeguarding SOP. A chaperone policy was advertised next to the consultation room entrance.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members work well together, and they have the right qualifications for the jobs they do. The pharmacy supports team members to develop their knowledge and acquire additional skills. Team members are comfortable providing feedback and they discuss any issues or incidents which occur.

Inspector's evidence

The RP was working with the trainee pharmacist and the MCA during the inspection. This was the usual staffing profile. The pharmacy was relatively quiet, and the workload was easily manageable. Staff holidays were planned to make sure there was enough cover. The team members could work flexibly between the other pharmacies in the group and so cover for unexpected absences was usually available if needed.

The pharmacist worked at the pharmacy regularly providing cover on the pharmacy manager's days off. They were accredited to administer vaccinations, provide phlebotomy services, ear wax removal and the other healthcare testing services that the pharmacy offered. The pharmacy manager had qualified as a prescriber in 2020 specialising in acute minor ailments.

The trainee pharmacist had only recently started working at the pharmacy. She was positive about her experience so far. She attended regular in-house training days with other trainee pharmacists who were completing their training with the Greenlight group. The MCA confirmed that he was enrolled on a training course and that he had completed several modules. Each team member had a folder which included details of their job description and relevant training records. The pharmacy had an induction and review processes for team members.

Team members discussed any issues as they arose. Head office circulated information and updates by email. Team members felt comfortable discussing concerns with the pharmacy manager who was also the 'lead pharmacist' for the Greenlight group. They could also contact the pharmacist who acted as superintendent if needed. A whistleblowing policy was included with the SOPs. The pharmacist felt able to exercise her professional judgment and was not incentivised to deliver services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure, clean, and suitable for the provision of healthcare services. It has consultation facilities so people can receive services and have confidential conversations with pharmacy team members in private.

Inspector's evidence

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

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.

A lift and stairs led to a basement. The entrance to the stairs was height restricted so people visiting the pharmacy usually opted to use the lift. The basement had staff facilities and a toilet, a waiting area with seating, storage areas and two consultation rooms. One consultation room was used by the private GP service. The other room was 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 room was secured by a key coded lock when not in use.

The pharmacy was generally professional in appearance and suitably maintained. Air conditioning could be used to control the room temperature in the dispensary and consultation room.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy to access. Its working practices are suitably safe so people receive appropriate care. The pharmacy obtains its medicines from reputable suppliers, and the team completes regular checks of medicines to make sure they are in good condition. But pharmacists do not always record clinical interventions they make, so the pharmacy may not always be able to demonstrate that supplies are clinically appropriate.

Inspector's evidence

The pharmacy operated Monday to Friday 9am to 6pm and Saturday 9am to 1pm. Details of the services provided by the pharmacy were promoted on the premises and the website 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. The lift could be 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 dispensed some prescriptions for people who visited the private GP service which operated from the pharmacy several days a week. Some private prescriptions had been supplied against emailed copies sent to the pharmacy by prescribers. Printed copies of these were segregated so the team could monitor to make sure original prescriptions were received. The pharmacist explained how extra checks had been completed in relation to a complex prescription written by an EU prescriber for a child, but there was no intervention record demonstrating this which suggested interventions were not consistently recorded.

Prescriptions written by the pharmacist prescriber were usually issued following a face-to-face consultation. The volume of prescribing appeared to be low. Prescriptions had been issued for antibiotics to treat acute conditions and injectable medicines to support weight loss. The prescriber confirmed that he had completed some training on weight loss to expand his scope of practice in this area. Consultation records were not inspected as these were held electronically and the prescriber was not present to demonstrate 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 in. 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.

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 sometimes included so people had access to additional information about their medicines. Disposable equipment was used. Most requests for packs were initiated following agreement with the person's doctor. The pharmacist could use an assessment tool to determine if packs were the most suitable option for a person,

The pharmacist completed occasional NMS and offered people blood pressure checks as part of the NHS Hypertension Case Finding Service, but uptake of these services was low. The pharmacy's travel clinic offered a full range of vaccinations including yellow fever and antimalarials. There were policies and procedures explaining how these services operated. Vaccinations and antimalarials were supplied under PGDs. People were asked for their vaccination records as part of the assessment, and the pharmacy kept records of travel consultations and any medicines it supplied or administered. Other PGD services were provided such as human papillomavirus (HPV) vaccinations. Electronic copies of PGDs were available. These had been developed by the lead pharmacist and agreed by a doctor and the SI.

The ear wax removal 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. If the pharmacist had concerns or a query they could request a review by an audiologist, for example if they suspected an ear infection. The pharmacy also provided 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.

Pharmacy medicines were secured behind the medicines counter. The MCA understood which medicines must be sold in the presence of a pharmacist and knew that codeine containing medicines could be misused.

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 and this was documented. Expired and unwanted medicines were segregated and placed in designated bins for disposal by authorised contractors. CDs were stored appropriately. Obsolete CDs were generally segregated in the cabinet. Alerts and recalls were received via email messages from the Medicines & Healthcare products Regulatory Agency (MHRA). A recently issued alert had been printed with a record explaining the action taken.

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

The pharmacy team could access the internet and appropriate reference sources such as the British National Formulary if needed. 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. 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.