

# Registered pharmacy inspection report

**Pharmacy Name:** Chel Pharmacy, 173 Great Portland Street,  
LONDON, W1W 5PH

**Pharmacy reference:** 1041287

**Type of pharmacy:** Community

**Date of inspection:** 18/11/2019

## Pharmacy context

This is an independent retail pharmacy and local post office situated in a commercial area of central London. It is open from Monday to Friday and sells a range of health and beauty products. People who use the pharmacy are mainly local workers and visitors to the area; there are relatively few residents. NHS dispensing levels are very low and the pharmacy mainly supplies private prescriptions. It also offers flu vaccinations and some other life style medications under Patient Group Directions (PGDs).

## 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 written procedures to make sure the team work safely, but these are not necessarily followed in practice, so there may be occasions when they might not always work effectively. People are able to give feedback and make a complaint about the services and the team members understand how to protect people's private information.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the main tasks and activities. These had been reviewed by the superintendent pharmacist in 2017. Training records indicated that current team members had not signed to show they had read and agreed them, so they might not always be followed in practice. An RP notice was displayed and was visible from the retail area. Other team members' roles were not immediately clear, but they could explain their responsibilities and they worked under the supervision of the pharmacist during the inspection.

There were some basic risk management processes in place in relation to dispensing procedures. Dispensing labels were usually initialled to indicate who was responsible for each supply. There was an incident reporting process and some examples were seen which included details of the remedial action taken. The pharmacists were routinely required to self-check, but they explained how they separated the assembly and checking processes in order to minimise the possibility of errors. This had been reiterated to the other regular pharmacist following a recent dispensing error. A trainee dispenser had also been recruited so they could provide dispensing support and enable a second check to be completed in the future. Near misses were not systematically recorded so additional learning opportunities might be missed.

There was a complaint procedure and a notice was displayed in the retail area promoting its availability, however some of the contact details needed updating. Any concerns were referred to the superintendent, so they could deal with them. Most issues were resolved informally. The pharmacy sought feedback through annual NHS patient satisfaction surveys. The results of the most recent survey for 2019 were available on the [www.NHS.uk](http://www.NHS.uk) website and they were positive. The superintendent also monitored any online reviews about the pharmacy in case anything was raised that might need addressing or suggest that improvements were needed.

The pharmacy was indemnified by the NPA and a current insurance certificate was displayed in the dispensary. The team members used a recognised patient medication record (PMR) system to document prescription supplies and they maintained all the records required by law, including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were generally in order, although occasionally the time the pharmacist ceased undertaking the RP responsibility was not captured in the RP log, and the doctor's name was not always included in the private prescription register on the PMR, and specials records did not include some of the required details. This missing information could make it more difficult for the pharmacy to demonstrate what has happened in the event of a query. Private prescriptions were filed by month but private prescriptions for CDs were not always submitted to the NHSBSA at the end of the month for auditing purposes.

Team members understood about data protection and the importance of maintaining patient

confidentiality. Most of them had signed a confidentiality clause. Confidential material was generally stored out of public view. Confidential paper waste was shredded. Pharmacists used individual NHS smartcards for accessing the NHS data. People provided signed consent for services such as flu vaccinations. A privacy notice was not displayed explaining how people's information was processed and safeguarded as required under the General Data Protection Regulation.

The pharmacist was level 2 safeguarding accredited and able to access local safeguarding contacts. Team members said they would refer any concerns about patients' welfare to the pharmacist. But they had not completed any formal safeguarding training and there were no safeguarding SOPs or guidance for them to follow. So, they may be less confident identifying issues or raising any concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services. Team members can act in the best interests of the people who use the pharmacy, and this is not affected by any targets. They work under the supervision of a pharmacist and can raise concerns if needed. But the unstructured approach to staff training means that some team members might not always acquire all the skills relevant to their role and there may be gaps in their knowledge.

### Inspector's evidence

At the time of the inspection the superintendent was working as the responsible pharmacist. She was supported by three other team members; a full-time medicines counter assistant (MCA), a new recruit under taking a trial period, and a post office counter assistant. The team greeted the steady flow of customers promptly and managed the workload without any major issues during the inspection. The pharmacist said prescriptions were generally received and processed on the same day. Walk-in prescriptions were supplied without a significant wait.

The pharmacy employed another full-time counter assistant who had worked at the pharmacy for a number of years and managed the retail side of the business. The pharmacy had also recently recruited a pre-registration who was working pending re-take of her exams next summer. A regular locum worked three days a week when the superintendent was off. Holidays were planned so only one person was off at one time.

The pharmacy did not have comprehensive records or documentation relating to staff training, although the certificate for one of the counter assistants was displayed. The new recruit had worked at another pharmacy previously and been enrolled on an accredited dispensing course there. He intended to complete this once his probationary period was over. The post office counter assistant had not completed any formal training, but did not undertake any pharmacy activity. The other counter assistant who acted as the pharmacy manager had completed a GPhC accredited MCA course.

The MCA spoke openly about their work and felt confident raising issues with the pharmacist. But there was no formal appraisal process or whistleblowing policy in place. No specific targets were set for the team, so team members were able to use their professional judgement without feeling influenced.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is reasonably well maintained and suitably secure. But the layout and lack of suitable consultation facilities means that people's privacy and dignity is not always protected. These issues are likely to be resolved on completion of a full refurbishment of the premises planned to take place in 2020.

### Inspector's evidence

The pharmacy was situated in an older retail unit. There was a medicines counter situated at the rear of the retail area next to a small open plan dispensary. The dispensary had less than two metres of bench space, so it was quite cramped and made the working environment challenging. Access to the dispensary was not effectively restricted and people often stood at the entrance whilst waiting, which could cause distractions.

The pharmacy did not have a dedicated consultation room. A small recessed area with a single chair next to the dispensary was used to administer a flu vaccination during the inspection. It was in full-view of the counter where other people were waiting, so did not afford any privacy. And the layout at the counter impeded the customer flow.

The pharmacy décor and fittings were old and were worn and tired in appearance. The pharmacy had air conditioning, so the room temperature could be controlled. Lighting was adequate. There was a tiny staff kitchen area and basic staff toilet facilities. The retail area was reasonably tidy, but the dispensary and rear areas were less well organised due to the lack of space.

The superintendent provided floor plans as a refit was planned for early 2020. A contractor had been employed to complete the works. The plans included a new consultation room, more spacious dispensary and better separation of the pharmacy and post office counters.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy suitably manages its services and supplies medicines safely. People receive appropriate advice about their medicines when collecting their prescriptions. The pharmacy gets its medicines from licensed suppliers and stores them securely. But stock medicines could be better organised, and the pharmacy could manage some of its medicines more effectively than it does.

### Inspector's evidence

There was a non-automated door at the entrance and a small step. There was a door buzzer so staff could offer assistance if needed. A portable ramp could be employed for those with wheelchairs or buggies. The pharmacy's services and contact details were available on the pharmacy website [www.chelpharmacy.co.uk](http://www.chelpharmacy.co.uk). People could also request their repeat prescription via the website or complete a patient satisfaction survey. Most prescriptions were presented as walk-ins, but people could nominate the pharmacy to receive their electronic NHS prescriptions. The pharmacy provided ad-hoc deliveries for mainly housebound patients.

The pharmacist dispensed and checked all prescription medication. Medicines were suitably labelled, and patient information leaflets were routinely supplied. The pharmacist handed out most prescription medication and provided frequent counselling and advice. The pharmacy was close to Portland Hospital for women and children, and a proportion of the private prescriptions were issued by the hospital. But the pharmacy was also close to Harley Street which has numerous private clinics and doctors. Some private prescriptions issued were for larger amounts as some patients were from overseas, and there was some atypical prescribing as prescribers were often specialist consultants. The team ordered repeat NHS prescriptions on behalf of a small number of patients. The pharmacy did not supply any medicines in multi-compartment compliance packs.

The pharmacist was aware of the risks of the supplying of valproate-based medicines. They did not have any stock of medicines containing valproate or any current patients in the at-risk group. The appropriate patient literature could not be located, which meant it may not be possible to supply the necessary information if valproate was dispensed. But the pharmacist said she would search for these online. The pharmacist was able to access Summary Care Records and had completed the relevant training to supply medicines and flu vaccines under PGDs. These were supplied in accordance with the protocols and suitable records were maintained.

Pharmacy medicines were stored behind the counter, so sales could be supervised. The counter assistants described the questions they would ask when selling over the counter medicines and how they would ask the pharmacist if they were unsure about anything. They understood the restrictions on selling codeine-based medicines. The pharmacist could easily supervise and intervene as the dispensary and counter were in close proximity.

Stock medicines were sourced through a range of licensed wholesalers. There was no clear stock control system and the pharmacy was not currently compliant with requirements of the European Falsified Medicines Directive (FMD). Stock medicines were stored on open shelves which were untidy in places. There was evidence of date checking and a random check of the shelves found no expired items.

The pharmacy fridge was fitted with a maximum and minimum thermometer and the temperature was checked on a daily basis by the medicines counter assistant. Records of this could not be found on the day. So the pharmacy could not demonstrate it was being monitored properly on an ongoing basis.

CDs were stored in a cabinet. CD stock was not stored in a particularly organised manner. An expired item was found amongst active stock. Other expired, patient returned medicines and used sharps were placed in appropriate designated waste containers, prior to collection by waste contractors. A box of midazolam was found in the medicines waste container which should have been segregated for denaturing. The pharmacist agreed to remove this and re-visit the procedures for handling patient returns with the team.

Alerts and recalls for faulty medicines and medical devices were received via email. These were checked by the pharmacist and actioned if necessary. Recent alerts had been received but there was no clear audit trail confirming the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment that it needs to provide its services and the team uses the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had disposable medicine containers, calibrated glass measures and counting equipment for dispensing medicines. The team could access the internet and suitable reference sources such as the British National Formularies and Drug Tariff.

The computer terminal was suitably located so it was not visible to the public and the PMR system was password protected. Telephone calls could be taken out of earshot of the counter if needed. There was a small CD cabinet and a fridge used for storing medicines. CD denaturing kits were available. Anaphylaxis equipment for use alongside vaccinations was 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.