

Registered pharmacy inspection report

Pharmacy Name: John Bell & Croyden, 50-54 Wigmore Street,
LONDON, W1U 2AU

Pharmacy reference: 1041345

Type of pharmacy: Community

Date of inspection: 16/10/2024

Pharmacy context

This pharmacy is situated in central London close to Harley Street. It sells over-the counter medicines, dispenses prescriptions, and it provides other pharmacy services such as health checks and vaccinations. Most services are offered privately, and uptake of NHS services is relatively low. The store has a busy retail business selling health and wellbeing products which are also available through an online shop. Some other healthcare services operate from the premises such as a private GP service, chiropody and osteopathy. The pharmacy also has a Wholesale Dealer's Authorisation. These services are not regulated by the General Pharmaceutical Council.

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
1. Governance	Standards not all met	1.1	Standard not met	Pharmacy-only medicines, including medicines liable to misuse, are available for sale in the retail area and sold by staff who are not healthcare trained. The pharmacy is unable demonstrate that it manages the risks associated with this.
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 not all met

Summary findings

Pharmacy-only medicines, including medicines liable to misuse, are available for sale in the retail area and sold by staff who are not healthcare trained. The pharmacy is unable to demonstrate that it has sufficiently managed the risks of doing this. Otherwise, the pharmacy adequately manages the risks associated with its other services, including the dispensing service. Team members know how to protect the welfare of vulnerable people. The pharmacy generally keeps the records it needs to by law. And team members record and regularly review any dispensing mistakes to help make the pharmacy's services safer.

Inspector's evidence

In September 2023, John Bell & Croyden was acquired by Bestway Healthcare Group which includes Well pharmacies. The core policies and procedures from Well pharmacies had been incorporated into the working practices of the pharmacy following the change of ownership. Some aspects of the service were unique to the business, such as the third-party working arrangements with local clinics and doctors. This meant that some procedures had been developed and tailored specifically to local needs. A pharmacy manager was responsible for the overall management of pharmacy team and services. A general manager oversaw the retail services and other aspects of the business. The responsible pharmacist (RP) managed the daily dispensing activities and delivery of pharmacy services. Most the pharmacy's team members had received training on the standard operating procedures (SOPs) except newer team members who were still completing their induction. Pharmacy team members were able to describe their individual responsibilities and understood the limitations of their roles.

Corporate compliance audits were conducted every six months and the pharmacy manager was informed of any areas requiring action or improvement. The pharmacy had a process for managing dispensing errors. These were recorded on the pharmacy computer and a copy was sent to the superintendent pharmacist's team. A recent error involving an incorrect quantity of Elvanse had been investigated and reported to the superintendent and the Controlled Drugs Accountable Officer. The incident had identified that the relevant SOP was not being followed and pharmacists had been reminded not to miss any steps specified in the procedure. The pharmacy manager explained that team members discussed any near miss incidents that happened during the dispensing process so that they could learn from them. Monthly reviews of any incidents and errors highlighted to help identify any common mistakes or emerging trends and focus areas for action. The pharmacy manager had recently identified that near misses were not always being recorded on the electronic system as team members felt they did not always have time to do this. This meant reviews were less meaningful, and the team could miss out on opportunities to learn from their mistakes. To address this, the pharmacy manager had discussed recording near misses on paper with the team so they could be transcribed onto the system later.

Pharmacy (P) medicines, including higher risk medicines, were stored in the retail area in Perspex boxes away from the medicines counter and people could select and make payment at other till points in the store. Retail team members had not received any formal healthcare training and they were not fully aware of the questions they needed to ask when selling medicines to make sure the sales was appropriate. This meant people might not always receive the right advice and information when

purchasing P medicines, including higher risk medicines liable to misuse.

An RP notice was displayed. The pharmacy had a complaints procedure in place and a notice was displayed in the retail area explaining how people could make a complaint or provide feedback. Pharmacy related complaints were escalated to the pharmacy manager if they could not be immediately resolved. A current certificate of professional indemnity insurance was available.

An electronic controlled drugs (CD) register was in use and appeared to be in order. Running balances were recorded and a weekly audit was carried out to check the register balances against stock. Patient returned CDs and their destruction were recorded separately. The RP record had recently been transferred from a paper record to an electronic system so only a small number of historical records could be viewed. The record was accurately maintained. The pharmacy kept a bespoke electronic private prescription register which consisted of the scanned prescription with the corresponding date of supply. These were stored securely and retrievable. The pharmacy supplied some unlicensed medicines or 'specials', and supplier documentation was retained. But the pharmacy did not keep a complete record showing the date of supply, patient and prescriber details, so there wasn't a complete record from source to supply. The pharmacy manager agreed to review this with the team to ensure the required information was retained as a record.

An information governance (IG) policy was in place and all staff received mandatory IG training. Confidential waste was collected separately and disposed of in dedicated bins for destruction by a specialist contractor. A notice in the retail area explained how the pharmacy handled people's personal information, and further information was available on the website. A safeguarding policy was in place and pharmacists had completed level three training. The rest of the team had all completed in-house training. Safeguarding flow charts were available in the dispensary to support escalation of concerns. The pharmacy had a chaperone policy, and this was clearly advertised to people using the consultation rooms.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members manage the workload effectively. They receive the training they need for the jobs they do. Team members work well together and are supportive of each other. The pharmacy encourages team members to raise concerns and provide feedback so it can make improvements.

Inspector's evidence

Pharmacy team members working during the inspection included the pharmacy manager who was a pharmacist, the RP who worked at the pharmacy full-time, a regular locum pharmacist, an accredited checking pharmacy technician (ACPT), three dispensers and two healthcare assistants. The ACPT was working off site during the inspection providing occupational flu vaccinations. Staff levels were adjusted according to business needs across the working day. The pharmacy employed additional staff to cover the weekend opening hours. Clinical services were not provided over the weekend, so the pharmacy's staffing levels were slightly reduced. There was a vacancy for a dispenser, but additional locum cover could be requested if needed during the recruitment process. The pharmacy's workload appeared manageable during the inspection. Team members worked well together and were responsive to people visiting the pharmacy.

The induction process required pharmacy team members to complete mandatory training modules on matter such as health and safety and information governance. They were also required to complete training on SOPs. Team members completed qualifications relevant to their roles, and they had access to e-learning modules to keep their knowledge up to date. A recently recruited dispenser spoke positively about the support they'd received during their induction period. Regular pharmacists were accredited to provide clinical services, including provision of patient group directions (PGDs). The ACPT had recently completed flu vaccination service training so was able to provide this service without supervision. One of the dispensers was trained as a phlebotomist to support the blood testing services.

Team briefings were held regularly, and the pharmacy manager communicated important communications to team members by email. The pharmacy had a whistleblowing policy and promoted a 'freedom to speak up' campaign. The pharmacy manager confirmed some performance targets were set in relation to pharmacy services, but these were mostly focused on customer experience, and team members did not feel under undue pressure to meet them.

A retail team provided customer service assistance on the shop floor. Administrative staff and teams responsible for the wholesale and online retail operations worked in the basement of the building. Non pharmacy team members completed essential elements of the mandatory training, but they were not healthcare trained.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is professional in appearance, and it provides a suitable environment for the services it provides. It has consultation facilities so people visiting the pharmacy can receive services and have a private conversation with team members.

Inspector's evidence

The pharmacy occupied a large retail site on a busy street. The building was traditional in style, and the pharmacy presented a professional image. An open plan dispensary was situated centrally with a medicines counter and reception area. There were two pharmacy consultation rooms and a waiting area with seating. Consultation rooms were well equipped and fitted to a good standard.

The dispensary was dedicated to managing walk-in prescriptions. A room in the basement acted as a second dispensary. It was used to assemble prescriptions received from online services or local clinics that the pharmacy worked in partnership with, to relieve pressure on the main dispensary. The room was kept locked when not in use. Both dispensaries were suitably equipped, clean and well organised.

Most of the ground floor was dedicated to retail sales. Two or three consultation rooms towards the back of the retail area were used by third party healthcare providers. The basement area was extensive with offices, storerooms, dispatch areas, staff facilities and rooms dedicated to the wholesale operation.

The pharmacy operated a website www.johnbellcroyden.co.uk. It contained information about the pharmacy and its services. People accessed the online shop through the website. P and prescription only medicines were not available online. The pharmacy's registration details, customer service contacts and the privacy policy were available on the website. The superintendent's details were not included on the website. This meant that people may not have easy access to this information or know who was responsible for the pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

There are risks associated with the display and sale of pharmacy-only medicines. But overall, the pharmacy manages its services and supplies medicines safely. It offers a wide range of healthcare services which are easy for people to access. And it obtains its medicines from licensed suppliers, and the team generally manages medicines appropriately, so they are safe to use.

Inspector's evidence

The pharmacy had step-free access from the pavement and automated doors at the entrance. It was open seven days a week. Services were promoted on the website and in store. Health checks, and vaccinations could be booked through the website. People completed a preliminary online questionnaire when requesting to book an appointment to check they were suitable to receive the treatment or service. The pharmacy offered blood testing services in partnership with an accredited laboratory. Testing followed clear protocols to ensure the safe provision of the service. People were notified of the test results by email, and they could contact the pharmacy team for further information and advice if needed. Pharmacists were accredited to provide PGD services including NHS Pharmacy First service. A wide range of vaccinations were offered including travel, COVID-19, flu, human papilloma virus and shingles. A folder with the different protocols was available for reference. PGD supplies were recorded electronically.

The pharmacy primarily dispensed private prescriptions including both paper and electronic prescriptions. The dispensing operation was well organised, and an audit trail identified the team members involved at each stage of the process. Dispensed medicines were appropriately labelled, and patient leaflets were routinely supplied. Interventions were usually recorded on the patient medication record (PMR). Team members flagged high risk medicines for extra checks. They were aware of the requirements and Pregnancy Prevention Programme for people at risk taking valproate and isotretinoin containing medicines. A large number of prescriptions were presented as walk-ins by people visiting private clinics in the locality. The pharmacy also worked in partnership with some specialist clinics and online GP services. These prescriptions were usually assembled in the basement dispensary by the ACPT and dispenser. Prescriptions medicines were sometimes delivered to directly to the associated clinics or to people's homes using postal and courier services. All medicines deliveries were dispatched in protective, discreet packaging. Deliveries were auditable. The pharmacy did not deliver any fridge lines or CDs.

Medicines were sourced from licensed wholesalers and suppliers. Stock was stored in an organised manner in both dispensaries. Expiry date checks were completed periodically and recorded. A random check of the dispensary shelves found no expired items. Waste medicines were separated in designated bins and stored securely prior to collection by an authorised waste contractor. Cold chain medicines were stored in medical fridges. Fridge temperatures were monitored using data loggers which alerted the team if they were out of range. There was a system to manage drug and device alerts or recalls, and recent alerts had been received and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It has appropriate systems in place to protect people's confidentiality.

Inspector's evidence

Pharmacy team members had access to common pharmacy reference resources. They also used the internet to help them obtain up-to-date information when providing advice to people. Team members used password-protected computers and NHS smartcards when accessing people's medication records. The pharmacy suitably protected information on computer monitors from unauthorised view.

Pharmacy team members had a range of equipment from recognised manufacturers for providing its clinical services such as vaccination and phlebotomy equipment. Equipment for measuring and counting medicines was standardised and separate equipment was used when measuring higher-risk medicines to avoid any risk of cross contamination. Equipment was clean, well maintained and stored appropriately. Electrical equipment appeared to be in good 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.