



# Registered pharmacy inspection report

**Pharmacy Name:** Babylon Health, 57 Uxbridge Road, Shepherds Bush, LONDON, W12 8NP

**Pharmacy reference:** 1041517

**Type of pharmacy:** Community

**Date of inspection:** 12/06/2024

## Pharmacy context

This community pharmacy is located on a busy local high street in West London. The pharmacy mainly dispenses NHS prescriptions and sells medicines over the counter. It also provides the New Medicine Service, a phlebotomy service and the flu and travel vaccine services.

## 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	There is a lack of clarity regarding the pharmacy's standard operating procedures (SOPs). And some SOPs are not always available for members of the team to refer to. The pharmacy has also made supplies when there is no valid Patient Group Direction in place for the travel vaccination service.
		1.5	Standard not met	There are inadequate processes to ensure that the pharmacy has current indemnity insurance.
<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	N/A	N/A	N/A
<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 appropriately manage the risks associated with its services. The pharmacy team members are unsure of which written procedures should be followed and the procedures do not cover how to deal with dispensing errors. The pharmacy doesn't have adequate systems in place to make sure its services are always covered by appropriate indemnity insurance. Or to ensure that the supplies it makes under patient group directions are always valid. However, people who use the pharmacy can provide feedback. And team members are provided with some training about safeguarding to ensure that incidents are dealt with appropriately. The team members do not routinely record dispensing mistakes that get corrected before they reach people so they may be missing opportunities to learn from these events. And the pharmacy doesn't always complete its essential records fully in line with legal requirements.

### Inspector's evidence

The pharmacy had two sets of standard operating procedures (SOPs) but staff couldn't easily locate the SOPs at first and the superintendent pharmacist (SI) was not entirely sure which of the two sets was the version in current use. This could increase the chance that team members don't always work safely and effectively. Some SOPs were not available at the time of inspection, for example, the procedure to follow if an incident occurred. Team members said they had read both sets of SOPs, but audit trails were not always maintained. The SI said she would update the SOPs and ensure that all members of the team had read them.

The pharmacy team had not recorded any dispensing mistakes which were identified before the medicine was handed to a person (near misses) for some time. A folder containing near miss logs was found but the last near miss was recorded in 2020. The SI said that the pharmacy team had not identified any near misses since then, but a second, regular pharmacist, who was contacted by telephone during the inspection, said that the team had identified some but did not always record them. The SI also said that near misses were recorded on the person's electronic medical record, which was not in line with the pharmacy's SOPs, but could not provide any examples. The procedure for dealing with dispensing mistakes which had reached a person (known as dispensing errors) could not be found. The SI said that the pharmacy had not made any dispensing errors for some time.

The responsible Pharmacist (RP) sign displayed at the start of the inspection did not show the correct details for the RP on duty. This was corrected during the inspection. The RP record was kept electronically but was not completed in line with legal requirements. For example, the SI noted their Royal Pharmaceutical Society number rather than their General Pharmaceutical Council registration number. Samples of the private prescription and emergency supply records were generally in order. It appeared that the incorrect quantity of a medicine had been supplied against a private prescription, but the SI could not explain how they had arrived at that quantity. Some of the controlled drug (CD) registers comprised of some loose papers that were not bound together. This could increase the likelihood of misplacing a register or losing track of the chronological order. Following the inspection, the second pharmacist said that bound registers had been ordered. Some CD entries were also missing the year on which they had been entered. A random stock check of a CD did not agree with the recorded balance. Following the inspection, the second pharmacist said that they had investigated the discrepancy and updated the register. Several private CD prescriptions (FP10CD forms), some dated

2019, had not been sent to the relevant body. The SI said that they would make sure these prescriptions were sent in a timely manner.

People were able to provide feedback verbally or online. Team members were able to describe how they would deal with a complaint. When checked during the inspection, the pharmacy did not have current indemnity insurance cover. The SI contacted the insurance provider during the inspection and arranged for cover, which was backdated.

Training on protecting people's confidentiality was provided via courses that team members were enrolled on. Team members described ways they protected people's information, for example, by confirming the person's details before handing out dispensed medicines. Confidential waste was shredded. Computers were password protected and smartcards were used to access the pharmacy's electronic records.

Team members had completed training on safeguarding children and vulnerable adults. The dispenser was able to describe signs of abuse and said she would raise any concerns to the pharmacists. They were aware of the local authority that they could contact and said their details were available in the SOP folder.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services. Team members complete some ongoing training to help keep their knowledge and skills up to date. And they feel comfortable about raising any concerns.

### Inspector's evidence

During the inspection there was the SI and a qualified dispenser. Another regular pharmacist also covered some shifts. This was a relatively quiet pharmacy and team members were able to manage their workload. The dispenser was involved in managing stock, administrative tasks, dispensing, serving customers, and selling Pharmacy-only medicines (P-medicines). They were aware of the RP requirements and described the tasks they would not carry out in the absence of the RP. The dispenser was observed signposting a person to their GP after they presented with chest pain and fever.

The dispenser felt well supported by the SI and second pharmacist. They were an overseas pharmacist but had completed a dispensing assistant course in the UK. They kept their skills and knowledge up to date by reading pharmacy magazines and leaflets and tried to familiarise themselves with UK medicines by reading the British National Formulary. The pharmacists also provided verbal training and updates, for example, about the yellow card scheme, stock supply issues, and product recalls.

Monthly performance reviews were held with the dispenser, but these were not documented. The dispenser had the opportunity to ask questions and discuss patient cases. They said that the pharmacy had a whistleblowing policy which they could find in the SOP folder, but they were comfortable about raising any concerns directly to the pharmacists.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally suitable for the provision of services, and it is kept secure from unauthorised access when closed. Because the consultation room can only be accessed down some steps, some people may find it harder to have a private conversation with pharmacy staff.

### Inspector's evidence

This was a relatively small pharmacy. There was retail area with one chair available for people wanting to wait for a service. A small medicine counter was located to the side of the shop and P-medicines were stored behind this counter. Although a tensor belt was fitted to stop people moving behind the medicines counter, some P-medicines that could be abused were still accessible. The dispenser said that they would review the storage of these medicines. A small dispensary was located behind the medicines counter, and this comprised of some shelves, a desk and a small worktop. Fittings had not been updated for some time but were fit for purpose.

A consultation room was available in the basement and was accessed via some steps and had a swing door fitted with a locking bolt. At the time of inspection, the room was filled with bags of litter and waste medicines. Team members said that they had been cleaning the pharmacy for the last two days and had temporarily placed the bags in the consultation room. Following the inspection, the second pharmacist sent photographs of the consultation room to confirm that it had been cleared and cleaned. The SI said that consultations were sometimes conducted in the dispensary for people with accessibility issues. This meant that confidential information and prescription-only medicines could be accessible to these people. The SI said that they would stop this practice.

There was a small sink in the dispensary with hot and cold water. There was a small storage room behind the dispensary, and this was used to store dispensed medicines. It also contained a small staff area, with a microwave and kettle.

## Principle 4 - Services Standards not all met

### Summary findings

Most people can access the pharmacy's services. The pharmacy has some systems in place for making sure that its services are organised. It orders its medicines from reputable sources and largely manages them properly. But it could do more to ensure that people taking higher-risk medicines are identified and provided with up-to-date advice about their medicines.

### Inspector's evidence

Access into the pharmacy was step-free but not the consultation room. There was sufficient space in the retail area, and this assisted people with restricted mobility or using wheelchairs.

The pharmacy provided multi-compartment compliance packs to a small number of people who required assistance taking their medicines. A diary was used to keep track of the service. Packs were assembled by the pharmacists. Prepared packs observed were not labelled with product descriptions. This may mean that people, or their carers, may not be able to identify the medicines easily. Patient information leaflets were not routinely supplied. The SI said that they would be supplied in the future.

The Patient Group Directions (PGDs) for the travel vaccine service could not be found during the inspection. The SI said that the pharmacy had not administered any travel vaccines in 2024, however, several patient records were found indicating that it had. Following the inspection, the second pharmacist sent a PGD covering the Meningitis ACWY vaccine service but this was dated on the day of the inspection. The second pharmacist said that the previous PGD had expired, and that some supplies had been made in the absence of an in-date PGD. They said that a process had been implemented to ensure that PGDs were renewed on time in the future.

The dispenser had not read the guidance about sodium valproate and did not know what additional checks the pharmacy had to make when dispensing this medicine. They said that they would familiarise themselves with the guidance. Prescriptions for other higher-risk medicines were not routinely highlighted to ensure that additional checks were made, and that counselling was provided. And prescriptions for Schedule 3 and 4 CDs were not highlighted, which could make it harder for the team member handing it out to know if the prescription was still valid. A prescription for diazepam tablets, dated 3 May 2024, and therefore no longer valid, was found in the prescription retrieval system. The dispenser believed, incorrectly, that the prescription was still valid and said that they would supply the medicine. The SI said that they would implement a system to highlight higher-risk medicines.

The pharmacy provided a private phlebotomy service. The SI was not sure whether the pharmacy required registration with the Care Quality Commission (CQC) to provide the service and said that they would check. Following the inspection, the second pharmacist confirmed that the service had been suspended. The service was managed by the second pharmacist and people were asked to contact the pharmacy and book when the second pharmacist was available. Phlebotomy equipment was found stored inside bags, and in a disorganised manner, in the consultation room.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. The pharmacy team said that they checked the expiry dates of medicines at regular intervals, but this was not reflected in the date-checking record displayed. Two date-expired medicines were found on the shelves in a random

check in the dispensary. The fridge temperature was monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. The SI said that drug alerts and recalls were received electronically and actioned, but they did not know if the pharmacy maintained audit trails of the action taken in response to them. The SI said they would make sure alerts and recalls were actioned appropriately, and audit trails were maintained.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate range of equipment and facilities it needs to provide its services adequately.

### Inspector's evidence

Computers were password protected and screens faced away from public view to protect people's confidentiality. The pharmacy had several clean glass measures, with some used to measure certain liquids only. There were several clean tablet counting triangles. The blood pressure monitor was several years old and had not been calibrated. The SI said this would be replaced. The medicines fridge was also used to store food items. Team members said they would remove these. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

### 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.