

# Registered pharmacy inspection report

**Pharmacy Name:** Kings Pharmacy, 104 Edgware Road, West 2,  
LONDON, W2 2EA

**Pharmacy reference:** 1086685

**Type of pharmacy:** Community

**Date of inspection:** 17/07/2019

## Pharmacy context

This is an independent retail pharmacy located on a busy thoroughfare in central London. It is open seven days a week and trades late into the evening. A large proportion of people who visit the pharmacy are Arabic-speaking and many are visitors from overseas. The pharmacy sells a range of over-the-counter medicines and health and beauty products. It only dispenses private prescriptions as it does not have an NHS contract. The only other pharmacy services offered are blood pressure monitoring and diabetes screening. There is a private doctor's clinic in the pharmacy's basement which is registered with the Care Quality Commission (CQC). It provides GP services and non-surgical cosmetic procedures.

## 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's working practices are generally effective. It maintains the records it needs to by law and it keeps people's private information safe. It has some written procedures to make sure the team works safely, but these do not always reflect current practice or cover all aspects of the services. So team members might not fully understand their responsibilities. And pharmacy team members have a limited understanding of safeguarding vulnerable people, so they may be less confident identifying issues or raising concerns.

### Inspector's evidence

The pharmacy was managed by the company's two directors, one of whom was the superintendent pharmacist, and who worked as one of the regular responsible pharmacists (RPs). An RP notice was displayed, and a paper RP log was maintained. The staff could explain their roles and responsibilities and worked under the supervision of the pharmacist. Some of them wore badges specifying their role making them easy to identify.

The pharmacy had basic standard operating procedures (SOPs) explaining how tasks should be completed. Team members had signed to show they had read and agreed these. But some aspects of the service were not covered, for example in relation to blood pressure and diabetes screening. The superintendent said they were in the process of being updated and would be more tailored to the pharmacy's practice. A few SOPs had been recently updated following the implementation of the Falsified Medicines Directive (FMD).

The pharmacy had basic systems for reducing risks in the dispensing process. Baskets were used to segregate prescription during the assembly process and there was a dispensing audit trail which helped to clarify who was responsible for the supply of each prescription medication and assisted with investigating and managing mistakes.

There was a near miss book and incident reporting process. There was a complaints procedure and book for recording concerns. The frequency of reporting was low in keeping with the volume of dispensing; one example of an incident report relating to a forged prescription showed that it had been effectively dealt with and reported to the police. The team said they discussed any errors and incidents, so that they learnt from them. Shelf stickers highlighted potential picking errors and shelf separators made sure stock was stored in an orderly manner.

Professional indemnity insurance was in place and a certificate was displayed in the dispensary. Prescription supplies were recorded using a recognised patient medication record (PMR) and labelling system. Private prescription and emergency supplies were recorded in a book, and prescriptions were filed chronologically. The pharmacy had a controlled drugs (CD) register but it was not in use as they did not routinely stock or supply schedule 2 or 3 CDs, and any requests for these or patient returned CDs would be directed to another NHS pharmacy in the locality. Supplies of unlicensed medicines were documented. A random check of the pharmacy's records found they were generally in order.

The PMR system was password protected, and confidential material was stored appropriately.

Confidential paper waste was shredded. The pharmacy was registered with the Information Commissioner's Office, and a copy of the certificate was available. And the team were aware of the requirements under GDPR.

There were local safeguarding contact details in the consultation room, and the pharmacist had an understanding of potential safeguarding issues through his work with the private doctor's clinic. But none of the team members had completed safeguarding training, so they might be less confident in identifying potential issues or raising concerns. The superintendent said he would aim to complete this and provide the team with some additional guidance.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to deliver the services and team members complete basic training for their roles. They work well together and can provide feedback and contribute ideas. But the lack of formal ongoing training could mean their skills and knowledge may not always be up to date.

### Inspector's evidence

The superintendent worked four days a week and additional cover was provided by four regular locums. Pharmacists generally worked split shifts due to the extended opening hours. The other company director was qualified as a counter assistant and managed the team and provided ad-hoc support. The pharmacy employed a full-time NVQ3 qualified dispenser, who also acted as the assistant manager. Another trainee dispenser worked full-time. Three part-time counter assistants provided additional cover but were not present during the inspection.

Staff had access to accredited training. Some completion certificates were displayed, and team members could explain what training they had completed. The superintendent provided the team with ad-hoc updates on topical issues, such as FMD, but they did not receive any formal ongoing training.

Footfall was low, and the team were able to comfortably manage their workload during the inspection. The pharmacy was busiest during the evening and work patterns were planned accordingly. Staff holidays were planned so they had sufficient cover.

The team members spoke openly about their work. They understood when to refer to the pharmacist and what activity should not be undertaken if they were absent. They were aware of over-the-counter medicines liable to abuse and gave examples of concerns they had identified and referred to the pharmacist. They openly discussed issues with the superintendent or managers if needed. And there was a 'raising concerns' procedure which explained how they could report issues externally. No commercial targets were set for the team.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy was bright, modern and well-presented. Fittings were suitably maintained.

### Inspector's evidence

There was a spacious retail area and open plan dispensary to the rear. It had enough bench space for the volume of work. Air conditioning maintained the ambient room temperature. There were a couple of seats in the retail area for people who were waiting, and a pharmacy consultation room was located next to the counter.

Staff toilet facilities and a kitchen area were situated behind the dispensary. The private doctor's clinic and consultation rooms were located in the basement, with the pharmacy stock room and other staff areas. The pharmacy was clean and well organised, but some parts of the dispensary and consultation room were cluttered which detracted from the overall professional image.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access, and they are generally well managed. It sources, stores and supplies medicines safely. And the pharmacy team carries out some checks to make sure medicines are in good condition and suitable for supply.

### Inspector's evidence

The pharmacy was open from 10am to 12am seven days a week. The threshold was ramped and a single non-automated door at the entrance was wide enough to accommodate a wheelchair or buggy, so access to the pharmacy was unrestricted. The pharmacy consultation room was accessible from the retail area. The team were able to signpost to other providers nearby if people requested a service they could not provide

A large proportion of the pharmacy's customers were Arabic-speaking, and all team members were able to converse in Arabic, and some signage and leaflets were written in Arabic. The pharmacist explained that many of their customers were visitors from overseas who preferred to obtain their medicines in the UK. People who requested prescription only medicines were signposted to the private doctor's clinic, who could provide face-to-face or telephone consultations. A significant number of supplies of prescription medicines were processed as emergency supplies at the request of the prescriber following telephone consultations. The pharmacy team recorded these in the prescription book and usually wrote the details of what was supplied on a prescription template which the doctor signed when he next visited the pharmacy. The private doctor's clinic was not owned or managed by the pharmacy and had been inspected by CQC within the last year.

Dispensed medicines were labelled and supplied with packaging information leaflets. Most prescriptions were issued by the on-site doctor although occasional walk-in prescriptions were dispensed. The dispensary staff had some awareness for high-risk medicines and understood the risks of taking valproate during pregnancy and the relevant cards and patient literature were available.

Medicines were sourced from licensed wholesalers and stored in an orderly manner. The stock holding was quite high considering the volume of dispensing, but the pharmacist explained this was because they often provided six months' supply or more at a time. Date checking was completed regularly, and short-dated stock was highlighted. A random check of the shelves found no expired items. The pharmacy was FMD compliant and was decommissioning medicines with the relevant barcodes at the point of handout. Cold chain medicines were stored appropriately, and fridge temperatures were monitored. Obsolete medicines were segregated in designated bins and stored in a locked room prior to collection by a recognised waste contractor (SCRL). Previous waste consignment notes were seen. MHRA medicine and device alerts were received by email. Alerts were promptly dealt with and details of any action taken was documented and kept in a file.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services.

### Inspector's evidence

The team had access to hand washing facilities and anti-bacterial hand-sanitiser. There was a dispensary sink for preparing medicines. ISO marked measures, counting equipment and medicine cartons and containers were available and stored appropriately. There was a small CD cabinet in the dispensary although this was not in use. The team had access to the internet and suitable reference sources including the BNF.

All electrical equipment appeared to be in working order. The computer terminal was suitably located out of sight of the counter. There was a shredder in the dispensary. A medical fridge was used to store cold chain medicines. Blood pressure and glucose meters were replaced regularly. But there were no associated calibration records to show the glucose monitor was working correctly, however superintendent agreed to implement these.

### 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.