

Registered pharmacy inspection report

Pharmacy Name: Prince Pharmacy, 40 Knightsbridge, LONDON, SW1X
7JN

Pharmacy reference: 1092522

Type of pharmacy: Community

Date of inspection: 18/09/2024

Pharmacy context

This pharmacy is situated alongside other local businesses on a busy main road in Knightsbridge. It sells over-the-counter medicines, beauty and wellbeing products, and it dispenses private prescriptions. The pharmacy works in partnership with private doctors. People who use the pharmacy are often visitors from overseas. The pharmacy does not provide NHS services.

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
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 generally manages the risks associated with its services. Members of the pharmacy team keep people's private information safe, and they know how to safeguard people who may be vulnerable. The pharmacy has some written procedures, so team members know what is expected of them. But it does not have policy or procedure explaining its arrangements with the private doctor service that it works in partnership with. This means it could find it harder to explain its involvement if there was a query or concern relating to this aspect of its services.

Inspector's evidence

This pharmacy was one of four pharmacies in West London owned by the same company. A responsible pharmacist (RP) notice displayed next to the medicines counter identified the pharmacist on duty. A copy of the pharmacy's professional indemnity insurance certificate and company details were also displayed. The pharmacy had standard operating procedures (SOPs) which covered the main operational activities of the pharmacy and essential functions such as the RP regulations, dispensing and sales of medicines. The SOPs had been reviewed in June 2024 and approved by the superintendent pharmacist. Team members working at the pharmacy had generally read the SOPs relevant to their roles and signed to confirm their agreement. One assistant had not signed the SOP relating to RP absence. Team members were able to correctly describe the activities which should only take place when the pharmacist was present. SOPs didn't always clearly define roles and responsibilities for individual team members. This could mean they might not always understand what is expected of them and the limitations of their roles.

Dispensing labels included 'checked by' details which identified the pharmacist responsible for the supply. The pharmacy had procedures for recording near miss errors and dispensing incidents. There was a form for recording complaints reported to the pharmacy team and complaints could also be raised via the website. The near miss log contained a recent entry indicating the type and nature of the error. However, the level of recording was low. The pharmacist explained that the level of recording may be due to the low volume of dispensing.

The pharmacy worked closely with several private doctors including one particular doctor who had issued most of the prescriptions that the pharmacy had dispensed recently. The pharmacist explained that people visiting the pharmacy who requested prescription medicines were referred to the private doctor. People usually spoke to the doctor on the telephone or occasionally arranged to meet with them. If the doctor issued a prescription, it was usually sent to the pharmacy electronically using a bespoke system so it could be dispensed. The pharmacist explained that the superintendent had set up the arrangement with the doctor. They believed that they had confirmed that the doctor worked under appropriate registration with the Care Quality Commission. However, there was no documentation or procedure explaining the working arrangements with the doctor or how the prescribing system worked. This made it harder for the pharmacy team to demonstrate its involvement or how the electronic prescription system worked.

The RP record was mostly complete although there were a couple of instances when the pharmacist covering the evening shift had not made an entry on the log. The pharmacist agreed to make sure these

issues were rectified, and that the log was updated accordingly. The pharmacy used a recognised patient medication record (PMR) system to record supplies of prescription medicines. Prescriptions were filed by month. Private prescription records were integral to the PMR system. A sample of records viewed generally contained the correct information, although the prescriber's address was not always recorded in keeping with requirements. The pharmacy supplied some unlicensed prescription medicines as these were often requested by overseas visitors. Unlicensed medicines were imported through approved distributors, and appropriate records were kept when the medicines were supplied, including batch and source details.

The company displayed some privacy information on its website so people could be assured about how it handled their data. Team members understood the principles of data protection. Confidential information was stored safely, and paper waste was disposed of securely using a shredder.

The pharmacy had a safeguarding SOP. The pharmacist confirmed that they had completed a level 3 safeguarding qualification. The pharmacy did not promote a chaperone policy, so people might not be aware this was an option.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload. Team members work under the supervision of a pharmacist. And the pharmacy provides essential training, so team members can develop the skills needed for their roles.

Inspector's evidence

The pharmacy employed four or five support staff. Five locum pharmacists worked regularly at the pharmacy. Rotas were used to ensure continuous cover over the extended opening hours. At the time of the inspection, the pharmacist was working with two medicines counter assistants. A retail assistant was working on the shop floor. They were not involved in providing any pharmacy services.

The medicines counter assistants were enrolled on accredited courses. The pharmacy employed a couple pharmacy undergraduates to provide additional support when needed. Team members worked flexibly, and additional support could be requested from one of the other pharmacies if needed. The superintendent was usually contactable if there was a query or professional issue. The pharmacist was nominated as the company's whistleblowing champion and team members could contact them to seek support if they needed to raise a concern.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. It has consultation facilities, so people can speak to the pharmacist in private if needed.

Inspector's evidence

The pharmacy was situated in a spacious retail unit. It was arranged over two floors. The retail area was on the ground floor. There was a medicines counter and open plan dispensary at the back of the retail area. A small consultation room was located next to the medicines counter.

The pharmacy was bright, clean and fitted to a good standard. Air conditioning controlled the room temperature. Stairs from the retail area led to the basement which had stock rooms, additional consultation rooms, an office and a staff toilet with handwashing facilities. The downstairs consultation rooms were not in use.

The company operated a website www.princepharmacy.com. It contained contact details for the pharmacy and information about the superintendent pharmacist. But the website didn't identify the registration details of the pharmacy so people could easily check this if needed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services and supplies medicines safely. It sources medicines from licensed suppliers and team members complete checks to make sure they are safe for people to use.

Inspector's evidence

The pharmacy operated extended opening hours seven days a week. People could contact the pharmacy by telephone or email. Access from the street was reasonably unrestricted and staff could offer assistance if needed. Some team members were able to converse in other languages, including Arabic, which was useful given that many of the people who visited the pharmacy were Arabic speaking.

The pharmacist usually dispensed and checked prescription medicines. Dispensed medicines were appropriately labelled, and patient leaflets were supplied. The pharmacist was aware which types of medicines were considered high risk including medicines which required a Pregnancy Prevention Programme to be in place. They were aware of the dispensing requirements and recent changes regarding advisory counselling for people who were supplied with valproate containing medicines.

The pharmacy dispensed some walk-in prescriptions issued by private clinics in the locality, but most of the prescriptions it dispensed were issued by the private doctor that the pharmacy worked in partnership with. Most of the people accessing the private doctor service were from overseas, including a high proportion of people from Middle Eastern countries. SOPs indicated that the pharmacy had access to an in-house pharmacist prescribing service, however the pharmacist confirmed that this service was no longer available.

The pharmacy sold a range of over-the-counter medicines and well-being products. Pharmacy medicines were stored behind the counter. Team members knew which medicines were considered high risk and liable to abuse, such as codeine containing painkillers, and that sales should be monitored and restricted. They were less familiar with potential for abuse of cyclizine tablets, but this product was removed from display when this was pointed out.

Medicines were sourced from licensed wholesalers and suppliers based in the UK. Dispensary shelves were reasonably tidy. A random check of stock found no expired items. Date checking was recorded. A fridge was used to store medicines requiring cold storage. The fridge temperature was monitored, and records indicated it had been consistently within the recommended range. Waste medicines were segregated. The pharmacy did not have any stocks of controlled drugs (CDs) requiring safe custody. Team members referred people presenting with prescriptions for schedule 2 and 3 CDs to other pharmacies nearby. The pharmacy was subscribed to receive MHRA drug and device alerts and recalls. 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 maintains equipment so it suitable for use.

Inspector's evidence

Internet access was available for reference and the pharmacist had access to the British National Formularies. The PMR system was password protected. The computer screen was positioned so it could not be viewed from the public areas of the pharmacy. The pharmacy had the basic equipment needed for the dispensing and storage of medicines including cartons, measures, a dispensary sink and a medical fridge. Equipment was clean and suitably maintained.

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.