General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Prince Pharmacy, 99 Edgware Road, LONDON, W2 2HX

Pharmacy reference: 1112006

Type of pharmacy: Community

Date of inspection: 12/03/2020

Pharmacy context

This is an independent retail pharmacy located on a busy thoroughfare in central London, close to Marble Arch. It is open seven days a week and it sometimes trades late into the evening. The pharmacy does not have an NHS contract and therefore it does not offer any NHS funded services. The pharmacy sells over the counter medicines and it regularly dispenses private prescriptions. It works in close association with private doctors who offer both telephone and face-to-face consultations. The superintendent pharmacist is an independent prescriber and occasionally offers consultations when working at the pharmacy. The pharmacy has many Arabic speaking customers, and a large proportion of people who visit the pharmacy are from overseas or visiting the area.

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	The pharmacy cannot clearly demonstrate how it manages the risks associated with the prescribing services it operates. It does not have comprehensive procedures explaining how this service operates and there is no evidence that it has been properly risk assessed.
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

The pharmacy does not have comprehensive risk assessments or procedures relating to the prescribing services it operates, so the safety of these services could not be properly established. And its system for handling complaints is unclear, so it might not always deal with these effectively. The pharmacy's record keeping does not always comply with the law and there is a lack of documentation supporting the pharmacist prescribing service. The team members keep people's personal information secure and they understand the principles of safeguarding and how to support vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) explaining how everyday tasks should be completed. The SOPs had been recently updated but they did not cover some aspects of the pharmacy's services, such as the private doctor and pharmacist prescriber consultation, so it was not totally clear how these operated or what the parameters for offering these services were. It was unclear if the private doctors' service was registered with the Care Quality Commission. The superintendent explained he did use a prescribing framework and he would only prescribe for adult patients who were mainly from overseas and requested medication they had used before or for treating minor acute conditions. And some SOPs lacked detail; for example, the SOP for record keeping did not explain how records were maintained. Some team members had signed SOPs to show they had read and agreed them, but others had not, so some they might not always fully understand their roles and responsibilities.

The pharmacist usually assembled and checked all prescription medicines. The volume of dispensing was quite low, so they were not working under pressure, which allowed them to take a mental break between assembly and checking, and so reduced the likelihood of mistakes happening. The pharmacist said they would make a record and discuss any dispensing errors with the wider team to make sure they learnt from them and they were not repeated. Any concerns and complaints were dealt with by the pharmacy manager. There were no other mechanisms for receiving patient feedback and there was no information for people explaining how complaints could be raised. A recent complaint had not been referred the superintendent or dealt with formally, so it had not been effectively resolved and the learning from this had not been properly considered.

Professional indemnity insurance was in place with the National Pharmacy Association and a current certificate was displayed in the dispensary. Prescription supplies were recorded using a recognised patient medication record (PMR) and labelling system. The RP log was appropriately maintained and a notice with displayed with the RP's details, but this was not immediately visible from the counter and retails area. The pharmacist agreed to relocate it so people could see it more easily. Private prescription records were captured on the PMR system. A small sample of those checked did not have accurate prescriber details. Private prescriptions were retained and filed. Supplies made at the request of a doctor were recorded as private prescription supplies rather than emergency supplies even though these were supplied in advance of a signed prescription being received. This meant records were misleading and could make it more difficult for the team to explain what has happened in the event of a query. The pharmacists said they did not supply any schedule 2 or 3 controlled drugs, so they did not have a CD register. Unlicensed medicines were rarely supplied on prescription, but the pharmacist said

if they did, they would keep records of these as required by the MHRA. Records relating to pharmacist prescriber consultations were not available although the superintendent said he did document all consultations.

Team members had been briefed on the principles of data protection and confidentiality. The PMR system was password protected, and confidential material was stored appropriately out of public view. Confidential paper waste was shredded. The superintendent said the pharmacy was registered with the Information Commissioner's Office, but confirmation of this was not seen. A privacy notice was not displayed in accordance with the General Data Protection Regulation. There was a consent form which people signed when they accessed the private doctor service, but it was unclear if this was used for the pharmacist prescriber service.

The pharmacist had completed safeguarding training with the Centre for Postgraduate Pharmacy Education. Guidance was included with the SOPs. The pharmacist said that most people visiting the pharmacy were adults, and they had conversations with people when they accessed the consultation services to ensure they were competent and able to understand.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services. The team members work under the supervision of a pharmacist, and they generally receive the right training for their roles. But they have limited access to ongoing training, so they may find it harder to keep their knowledge up to date.

Inspector's evidence

At the time of the inspection the pharmacy manager was working with two assistants on the counter, and this was the usual staff profile. Three other locum pharmacists, and four or five other team members worked regularly and ensured the extended opening hours were covered between them. The superintendent pharmacist was also present during the inspection. He worked at the pharmacy occasionally, but he also supported the company's other three London based pharmacies.

The counter assistant was enrolled on a medicines counter assistants' (MCA) interact course. The other counter assistant was on an apprenticeship programme. The counter assistant was aware of what activities could not be undertaken in the absence of the pharmacist. The team members felt the pharmacist and superintendent were approachable. The pharmacist said that some of the other support staff were registered healthcare professionals from overseas, so they had not completed any training in the UK but agreed to ensure this was completed so they fully understood the legal framework around the supply of medicines in the UK. Team members had contracts, but the pharmacy did not have comprehensive records or documentation relating to staff training, or other formal management processes in place such as appraisals. Team members had occasional access to additional training, such as information on new products, but there was no formal ongoing training programme.

The superintendent was contactable and there was some guidance on whistleblowing with the SOPs. Some retail targets were set for the team, but these were not enforced, and the pharmacist did not feel there was undue pressure to meet them.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are well-presented, clean, secure and suitable for the pharmacy's services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a standard retail unit. There was a spacious retail area, a medicines counter and a small open plan dispensary to the rear. It had around two metres of bench space and open shelving which were sufficient for the volume of dispensing and the amount of stock held. Fixtures and fittings were suitably maintained. Lighting was adequate and air conditioning regulated the room temperature. The pharmacy was well presented, and work areas were clean and clear. A consultation room was located at the back of the pharmacy; it was spacious and suitably equipped with a desk and chairs and a couch. It was occasionally used as an office. Stairs from the retail area led to a basement which contained storage areas and offices used by the company's administrative team. Staff had access to toilet, hand washing and rest facilities.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy supplies medicines safely. It gets its medicines from licensed suppliers and it stores and manages them appropriately, so they are safe to use.

Inspector's evidence

The pharmacy was usually open from 10.30am until 7 pm Monday to Sunday but the opening hours were flexible, and it was open longer hours in the summer and over Christmas when there was an increased number of tourists. The pharmacy had step free access and staff could offer assistance if needed. The consultation room was accessible to people with mobility difficulties or wheelchair users. Some team members were able to converse in Arabic which was helpful as a large number of the people visiting the pharmacy were from Arabic speaking countries.

Between 10-20 private prescriptions were supplied each day. The majority were issued by the associated doctors prescribing service, but some were walk-ins issued by other local private clinics or hospitals. The pharmacist prescriber occasionally offered face to face consultations when working at the pharmacy and so some prescriptions were issued by him. People usually requested repeat medicines they were already taking, and the pharmacist said they usually asked for proof of this, such as a copy of a previous prescription or the medication packaging. The pharmacist explained that people requesting prescription medication were usually referred to the doctors prescribing service, who they worked in close association with. Consultations could be conducted over the telephone or in person. The doctors usually visited the pharmacy on a daily basis to offer face to face consultations. People were required to complete and sign a consent form when accessing the doctor service which included some basic medical questions. Telephone consultation were common, and the pharmacist said she contacted the prescriber who could ask further questions and authorise a supply of a prescription medicine if necessary. This was then dispensed and supplied to the patient, and the doctor usually provided the pharmacy with a signed prescription later the same day. Prescriptions checked were for medicines used to treat a range of conditions, both chronic and acute, and some were for schedule 4 CDs.

Dispensed medicines were appropriately labelled, and patient leaflets were supplied. The pharmacists understood the risks of taking valproate during pregnancy and that people should be counselled accordingly. Prescriptions and clinical interventions were recorded on the PMR, but this was not done consistently, which could make it harder to explain exactly what has happened. Over the counter sales were supervised by the pharmacist. Pharmacy (P) medicines were stored behind the counter. One of the counter assistants was able to correctly describe the restrictions on codeine-based P medicines, and what type of queries should be referred to the pharmacist.

Medicines were sourced from licensed wholesalers and stored in an orderly manner. A random check of the shelves found no expired items. Short dated items were highlighted using stickers. The pharmacy was not fully compliant with the Falsified Medicines Directive, but some steps had been taken towards this. Cold chain medicines were stored appropriately, and fridge temperatures were monitored. Obsolete medicines were segregated in designated bins prior to collection by a waste contractor. MHRA medicine and device alerts were received by email and checked by the pharmacist. The pharmacists described the most recent action taken in relation to ranitidine, but there was no audit trail confirming

this. So they team could not fully demonstrate that these were always managed appropriately.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services. And it has the facilities to secure people's information.

Inspector's evidence

The team could access the internet and suitable reference sources such as the British National Formularies. The computer terminal was suitably located so it was not visible to the public. Telephone calls could be taken out of earshot of the counter if needed. A small medical fridge was used for storing medicines and there was a dispensary sink for preparing medicines.

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.