

Registered pharmacy inspection report

Pharmacy Name: Moorfields Private West End Pharmacy, 50-52 New Cavendish Street, LONDON, W1G 8TL

Pharmacy reference: 1121607

Type of pharmacy: Community

Date of inspection: 16/11/2022

Pharmacy context

This pharmacy is situated within a clinic in the Harley Street area. The clinic trades as Moorfields Private Eye Hospital and it is registered with the Care Quality Commission (CQC). It offers ophthalmology diagnosis and treatments including outpatient appointments and day surgery. The pharmacy primarily dispenses private prescriptions for people visiting the clinic which falls under its CQC regulated activities and is therefore outside of the scope of this inspection. It is registered with the GPhC so that it can sell over the counter medicines and dispense occasional external prescriptions.

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 has policies and procedures to make sure it operates safely. It suitably identifies and manages risks, and it maintains appropriate records. The pharmacy keeps people's information safe, and the pharmacist understands their role in protecting vulnerable people.

Inspector's evidence

The clinic was previously a mixed specialty independent clinic but transitioned to providing solely ophthalmology services after it changed ownership in early 2022. The clinic is owned by Moorfields Private Westend Ltd which is a wholly owned subsidiary of Moorfields NHS Trust. The main purpose of the pharmacy was to supply medicines to people visiting the clinic as outpatients or following day surgery. As part of the clinic, the pharmacy had adopted many of the Trust's core policies covering areas such as information governance and safeguarding. It had local procedures outlining the daily tasks undertaken by the pharmacy covering areas such as the responsible pharmacist (RP) regulations, dispensing tasks and medicines management. The SOPs had been reviewed within the last year following the change of ownership.

The pharmacist dispensed and checked all prescriptions. Dispensing labels included an audit trail identifying the pharmacist responsible for the supply. There was a template for recording near misses. Very few near misses had been recorded; the pharmacist explained he was not working under pressure so was able to take his time dispensing which meant the error rate was low. The pharmacy used the clinic's clinical incident reporting system to record dispensing errors. These were reported to the clinic manager and discussed at multidisciplinary team meetings to ensure learning points were identified and corrective action was taken when necessary. Pharmacy related concerns were usually resolved by the superintendent but could be escalated through the clinic's complaint procedure if needed.

The superintendent provided evidence of professional indemnity insurance for the clinic which covered the pharmacy service. An RP log recorded the details of the pharmacist providing the service at a particular time. A notice with the RP's details was displayed near to the entrance of the pharmacy, so people knew who was responsible for the service. The pharmacy used a recognised patient medication record system (PMR) to record prescription supplies and maintain the private prescription record.

Confidential information was stored and disposed of securely using a shredder. The pharmacist was level 2 safeguarding accredited and the pharmacy followed the Trust's safeguarding escalation procedure.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacist is solely responsible for managing the pharmacy service. The workload is manageable, and the pharmacist can seek advice and support from the wider clinical team if needed.

Inspector's evidence

The pharmacy did not have any dedicated support staff. The superintendent pharmacist was the only employed member of the pharmacy team. He worked as the regular RP from Monday to Friday when the pharmacy was open. His role was salaried, and he was not incentivised through targets. A regular locum pharmacist covered the SI's absence and time off. The pharmacist worked closely with the clinic manager and was able to seek professional support from the Trust's chief pharmacist. Clinic policies included whistleblowing.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises is suitable for the service it provides. It is secure, clean and appropriately maintained.

Inspector's evidence

The pharmacy was situated on the ground floor of the clinic adjacent to the reception and waiting area. It consisted of a small room which was big enough to accommodate a single person working at a time. It was fitted with a small work bench or desk and lockable cabinets used to store medicines. The room was windowless, and some walls were glass partitions to make it feel less enclosed; these were partially frosted to provide privacy for the dispensing operation. The pharmacy was bright, clean, tidy and well organised. Air conditioning controlled the room temperature. A hatch to the pharmacy acted as a counter or reception desk. The pharmacy did not have a dedicated consultation room, but the pharmacist could request to use one of the clinic's consultation rooms if needed. Pharmacy staff had access to the clinic's rest and handwashing facilities. The pharmacy was not accessible to members of the public. Only the pharmacist was permitted enter to the pharmacy, and it was locked when the he left the premises. There was an out of hours policy and associated audit trail whereby clinic staff could access the pharmacy if there was an urgent need.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe. It sources, stores and manages its medicines appropriately.

Inspector's evidence

The pharmacy service was not promoted or advertised outside of the clinic other than on the clinic's website. Information was displayed in the waiting area with the pharmacy opening times. The pharmacist could signpost to other local healthcare services if needed, including nearby NHS pharmacies.

The clinic had approximately 40 consultants with practising privileges. Most consultants generated paper prescriptions which they emailed to the pharmacy so it could prepare them in advance of the person attending. The clinic was moving towards electronic prescriptions which were issued through each consultant's unique account. The pharmacy also supplied some medicines and other items to the operating theatre as stock. It had a wholesale dealer's licence so it could occasionally supply stock medicines to other sites or clinics.

Dispensed medicines were usually supplied in their original packs with packaging leaflets. The pharmacist handed out most prescriptions with the exception of post procedure prescriptions which were handed out by nursing staff. He was aware that counselling was required with high-risk medicines such as valproate and isotretinoin and the risks associated with pregnancy, and he recalled that consultants were required to complete consent forms with the patient before treatment was initiated. However, the pharmacy did not currently supply these medicines. The pharmacy supplied some unlicensed medicines to clinic patients, and these were obtained from reputable sources and supplies were documented. It did not supply any schedule 2 or 3 controlled drugs on prescription. Some over the counter medicines and retail stock was stored in lockable cabinets near to the hatch. Retail sales were supervised by the pharmacist and these were mostly for clinic staff. The pharmacy had not dispensed an external prescriptions since the change in ownership earlier in the year.

The pharmacy obtained stock medicines from licensed wholesalers. Medicines were stored in an organised manner in the dispensary. A designated bin was available to segregate unwanted medicines prior to collection by an appropriate waste contractor. The SI received email notifications when an MHRA medicine or medical device alerts or recall was issued and took action if needed. He sent notification to the clinic manager to confirm any action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. It appropriately maintains and monitors equipment, so it is safe to use.

Inspector's evidence

The pharmacy had a single computer terminal used to access the software systems. The pharmacist could access the internet and appropriate reference sources. Computer systems were password protected. The pharmacy had two medical fridges used to store medicines; one was reserved for wholesale stock. Fridge temperatures and the room temperature was monitored and recorded. All electrical equipment was in good working order. Hand sanitiser was available to help with infection control.

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.