

Registered pharmacy inspection report

Pharmacy name: A.P.Chemist Ltd

Address: 129 High Street Colliers Wood, LONDON, SW19 2HR

Pharmacy reference: 1125513

Type of pharmacy: Community

Date of inspection: 15/01/2026

Pharmacy context and inspection background

This pharmacy is set next door to Colliers Wood underground station. The pharmacy opens six days a week. It dispenses people's prescriptions, sells over-the-counter medicines and offers health advice. And it provides a range of other NHS services. The pharmacy supplies homeopathic remedies that it makes up instore and it offers a pharmacist-led private prescribing service for minor ailments, weight-loss treatments and Vitamin B12 injections.

This was a full inspection of the pharmacy. The pharmacy was last inspected in September 2016.

Overall outcome: Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

Standards not met

Standard 1.1

- The pharmacy hasn't adequately identified and managed the risks associated with its private prescribing service or when it extemporaneously prepares homeopathic remedies. The pharmacy doesn't have standard operating procedures (SOPs) for its private prescribing service or the

manufacture of homeopathic remedies. And it hasn't reviewed the SOPs it does have for some time to make sure they reflect current practice and are up to date. The pharmacy doesn't have prescribing policies for each of the conditions covered by its prescribing service. And there's a lack of procedural evidence to demonstrate effective antimicrobial stewardship and safeguard against the inappropriate use of antibiotics. The pharmacy can't always show that it checks the identity or health information of individuals accessing the service or that it, with their consent, routinely informs their regular GP or clinician of the prescribing outcome. This raises concerns about the clinical appropriateness and safety of the service.

Standard 1.6

- The pharmacy doesn't consistently keep adequate consultation records relating to its pharmacist prescribing service and sometimes these lack important details. This raises concerns about the robustness of clinical governance and the ability to review or justify prescribing decisions effectively. The pharmacy doesn't always maintain appropriate records as required by law. It keeps a log to show who its Responsible Pharmacist (RP) is at any given time, but this often contains the details of the wrong pharmacist and doesn't include the RP's registration number. The pharmacy doesn't keep records of the unlicensed medicines it extemporaneously prepares and supplies. It doesn't complete all the supplier's details in its controlled drugs register. And its records for the emergency supplies it makes are incomplete or missing. This affects the reliability of the records and makes it harder for the pharmacy to show how it operates safely in the event of a query.

Standard 4.3

- The pharmacy team dispenses prescriptions and sells medicines when there's no pharmacist at the pharmacy. The pharmacy cannot show that all its medicines it needs to keep in a refrigerator have been stored at the right temperature.

Standards that were met with areas for improvement

Standard 1.2

- The pharmacy team keeps a log of the dispensing mistakes it makes. But it doesn't always review this to help spot patterns or trends. This means team members maybe missing opportunities to learn or improve from their mistakes.

Standard 1.3

- Members of the pharmacy team don't always fully understand what they can and can't do when a pharmacist isn't present at the pharmacy. This means the pharmacy could operate unlawfully.

Standard 1.7

- The pharmacy largely manages information appropriately to protect the privacy, dignity and confidentiality of people who use its services. But its team members sometimes use an NHS smartcard belonging to another team member. This is not in line with published guidance.

Standard 3.1

- The pharmacy is generally tidy in the areas people using its services can see. But it isn't always tidy in the areas they can't see and its team could do more to keep the premises clear of clutter. This would help improve the overall professional image of the pharmacy.

Standard 4.2

- The pharmacy team doesn't always provide patient information leaflets for the medicines it supplies in multi-compartment compliance packs. This means that people don't always have all the information they need to take their medicines safely.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 1: Inspection outcomes for standards under principle 1

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
1.1 - The risks associated with providing pharmacy services are identified and managed	Not met	
1.2 - The safety and quality of pharmacy services are regularly reviewed and monitored	Met	Area for improvement
1.3 - Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability	Met	Area for improvement
1.4 - Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate	Met	
1.5 - Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided	Met	
1.6 - All necessary records for the safe provision of pharmacy services are kept and maintained	Not met	
1.7 - Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Met	Area for improvement
1.8 - Children and vulnerable adults are safeguarded	Met	

Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 2: Inspection outcomes for standards under principle 2

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
2.1 - There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	Met	
2.2 - Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	Met	
2.3 - Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the best interests of patients and the public	Met	
2.4 - There is a culture of openness, honesty and learning	Met	
2.5 - Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services	Met	
2.6 - Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff	Met	

Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 3: Inspection outcomes for standards under principle 3

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
3.1 - Premises are safe, clean, properly maintained and suitable for the pharmacy services provided	Met	Area for improvement
3.2 - Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Met	
3.3 - Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Met	
3.4 - Premises are secure and safeguarded from unauthorized access	Met	
3.5 - Pharmacy services are provided in an environment that is appropriate for the provision of healthcare	Met	

Principle 4: The way in which pharmacy services, including management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 4: Inspection outcomes for standards under principle 4

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
4.1 - The pharmacy services provided are accessible to patients and the public	Met	
4.2 - Pharmacy services are managed and delivered safely and effectively	Met	Area for improvement
4.3 - Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely	Not met	
4.4 - Concerns are raised when medicines or medical devices are not fit for purpose	Met	

Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 5: Inspection outcomes for standards under principle 5

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
5.1 - Equipment and facilities needed to provide pharmacy services are readily available	Met	
5.2 - Equipment and facilities are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; and appropriately maintained	Met	
5.3 - Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services	Met	

What do the summary outcomes 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.