

Registered pharmacy inspection report

Pharmacy Name: Moorfields Private Pharmacy, Ground Floor

Moorfields Private Outpatient Centre, 9-11 Bath Street, London, EC1V 9LF

Pharmacy reference: 9010515

Type of pharmacy: Hospital

Date of inspection: 11/12/2024

Pharmacy context

This pharmacy is located within Moorfields private outpatient centre in central London. It dispenses outpatient prescriptions generated by prescribers at the hospital. It also sells a small range of Pharmacy-only medicines. This is the pharmacy's first inspection since opening.

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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy does not always ensure that its team members do the required training for their role.
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 identifies and manages the risks associated with its services. It records and reviews any mistakes that happen during the dispensing process. It protects people's personal information well. Team members understand their role in protecting vulnerable people. And the pharmacy largely keeps its records up to date and accurate.

Inspector's evidence

Standard operating procedures (SOPs) were available at the pharmacy. They were held electronically and were easily accessible to the team. All current team members were familiar with the SOPs. The SOPs were last reviewed in 2022 and annotated to reflect this.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were recorded on a paper record which was displayed in the dispensary. This helped ensure that it was filled in as soon as a near miss was identified. Team members said that the pharmacists discussed near misses with the team on a weekly basis and agreed on action to take to help reduce these. There were designated areas for tasks, such as dispensing and checking. This helped create a workflow and reduce dispensing mistakes. A procedure was in place for dealing with dispensing mistakes which had reached a person, or dispensing errors. This included documenting the error, discussing it in the weekly team meetings, and sharing it with senior members of staff.

The pharmacy had in-date professional indemnity insurance. The correct responsible pharmacist (RP) notice was displayed, and the RP record was completed correctly but there was some obliteration. This can make it harder to identify the pharmacist responsible at a time. The pharmacy did not provide emergency supplies. Records for private prescriptions and the supply of unlicensed medicines were completed correctly.

People were provided with a link to share any feedback via a third-party platform. People were able to raise concerns or give feedback directly to the pharmacy team. Team members said they would also refer people to the Patient Advice and Liaison Service.

Team members completed the Trust's mandatory eLearning modules on information governance, which were renewed annually. A consultation room was available for private conversations and services. Computers were accessed via individual log-ins. Confidential waste was stored in separate waste bags which were collected for incineration. Patient-identifiable information was not kept at the front desk.

All members of the team had completed mandatory training about safeguarding and were able describe the steps they would take if they had a concern about a vulnerable person. They said they would raise concerns to the pharmacist or contact the local safeguarding board. The contact details of the local safeguarding team were displayed in the dispensary. The pharmacy had not had any safeguarding concerns.

Principle 2 - Staffing Standards not all met

Summary findings

Not all pharmacy team members are enrolled on or have completed accredited training appropriate for their role. Otherwise, the pharmacy team works well together and feels well-supported at work. And there are enough team members to manage the workload.

Inspector's evidence

During the inspection there was a regular pharmacist and a registered pharmacy technician. Another regular pharmacist, a dispenser, and a pharmacy manager worked at the pharmacy but were not in at the time of inspection. Following the inspection, the pharmacy manager confirmed that the dispenser was involved in dispensing tasks, but they had not completed accredited training. This could mean that they did not have the required skills and knowledge to undertake their role safely.

The technician described asking appropriate questions before selling Pharmacy-only medicines (P-medicines) and was able to name several medicines which were liable to misuse and described when they would refer to a pharmacist. They knew what tasks they could not do in the absence of the RP.

Team members had access to e-learning modules and were informed by the Trust when a new module was made available. These covered a range of subjects including adult and paediatric resuscitation, conflict resolution, COSSH awareness, dementia awareness, human rights, duty of candour, information governance, and learning disability awareness. They said they had access to the Medicines Information department at the hospital if they had any clinical queries. The Trust also shared any updates on their online platform. Training time was provided for all members of the team.

Appraisals were conducted annually. Team members had the opportunity to discuss organisational updates, changes at the pharmacy, areas of improvement and training needs. Team members were happy to give feedback or raise concerns directly to the pharmacy manager. They could also raise concerns anonymously via 'freedom to speak' guardians.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are clean. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was located on the ground floor of the hospital and was clearly signposted. It comprised of a front desk and two rooms connected by a door. One of the rooms was used as an office and consultation room. This room was fitted with a sink with hot and cold water. The other room was fitted with storage shelves and workstations. This room was used to store medicines and for various dispensing tasks. The rooms were both clean, tidy, and organised. There was also a small storage room which was accessed from the office, and this was used to store excess medicine. It was kept always locked.

The front desk was fitted with a lockable swing door which was kept closed. There was a waiting area just near the pharmacy. The cleaning was done daily by a cleaner. The pharmacy was secure from unauthorised access. Air conditioning was available, and the room temperature was suitable for storing medicines. The pharmacy had good lighting throughout.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and organised manner. It obtains its medicines from reputable sources, and they are kept secure and stored properly.

Inspector's evidence

Access into the pharmacy was step-free and via a wide automatic door. There was a waiting area inside the hospital for people wanting to wait for pharmacy services. People found out about the pharmacy via the hospital clinics. Business cards, with the pharmacy's contact details, were available. 'Medication and side effect support' cards were handed out to people should they wish to contact the pharmacy for any advice. Team members described ways in which they helped people identify their medicine, for example, by wrapping elastic bands around the packs, or by providing packs with Braille font. Large-print labels could also be provided.

People were asked to confirm their details when they handed in a prescription and when they collected their medicines. The pharmacist screened the prescription first and checked the person's medical history and allergy status. Another member of the team would then dispense the medicines and place them in a basket. Baskets were placed on a designated checking bench for the pharmacist to carry out a final accuracy check.

Prescriptions were stamped with a screening stamp which was signed by team members involved in screening, dispensing, checking, and handing out a prescription. This helped identify who was involved in these processes. Prescriptions were annotated with additional information, for example, if a person suffered with heart or respiratory conditions.

The pharmacy team confirmed they checked if people taking higher-risk medicines were being monitored. Some medicines required the pharmacy to confirm the loading dose with the clinic. These checks were documented. People were provided with additional counselling and advice when collecting their medicines. Team members said they showed the medicines to people at hand out and checked if people understood how to take each medicine and whether they had any questions.

The pharmacy's stock was obtained through a procurement team within the NHS Trust. The pharmacy kept limited stock of mostly eye drops. Medicines were stored in an organised manner and were date checked regularly to make sure they were safe to supply. Records were kept for these checks. Medicines with a short expiry date were recorded and removed before expiring. No out of dates were found during the inspection. Waste medicine was disposed of in appropriate containers. Fridge temperatures were monitored and recorded daily, and temperature records examined were seen to be within the range required for the storage of medicines. Drugs alerts and recalls were sent by the NHS stock procurement team. These were actioned in a timely manner.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

Computers were password protected and kept locked when not in use. There was a pharmaceutical fridge in the dispensary and this was clean and suitable for the storage of 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.