

# Registered pharmacy inspection report

**Pharmacy Name:** 29 Fleet Street Limited, 29 Fleet Street, London, EC4Y 1AA

**Pharmacy reference:** 9010697

**Type of pharmacy:** Community

**Date of inspection:** 17/10/2023

## Pharmacy context

This pharmacy is located within a private clinic in central London. It dispenses a few prescription-only medicines as part of 'travel packs' which people can purchase online via the clinic's website [www.fleetstreetclinic.com](http://www.fleetstreetclinic.com). People cannot visit the pharmacy in person, and instead it arranges for medicines to be delivered to people's homes. The clinic's activities are regulated by the Care Quality Commission.

## 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 |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately manages the risks associated with its services. It has systems in place to make sure the team works safely. And it generally keeps the records it needs to by law. Team members effectively protect people's personal information, and they understand their role in safeguarding vulnerable people.

### Inspector's evidence

The clinic provided private GP services, travel and flu vaccinations, and corporate health services including occupational health assessments and support. The clinic and pharmacy were owned by the same legal entity. Team members explained that the clinic effectively operated as a dispensing doctor and the pharmacy was not involved in the supply of medication for patients of the clinic. The pharmacy operated on an occasional basis dispensing 'travel packs' which people requested via the clinic's website. The packs were intended for the treatment of travellers' diarrhoea.

The superintendent (SI) worked as the responsible pharmacist (RP) and managed all pharmacy activities. A dispensing assistant provided support when needed. She was clear about her responsibilities and understood that pharmacy activities could only take place under the supervision of the RP.

The pharmacy had standard operating procedures (SOPs) which had last been reviewed by the SI in 2022. The SOPs were based on industry templates. They had not been tailored specifically to the business, so they did not always reflect the pharmacy's systems and processes, but team members were able to clearly explain how they completed tasks safely.

A procedure was in place for dealing with dispensing errors. The SI was responsible for investigating and managing any incidents and pharmacy related complaints. They worked closely with the clinic team and medical director. Any incidents and concerns were discussed with the wider team to help promote learning. No recent pharmacy dispensing incidents had been reported. Clinic contact details including an email address and telephone number were displayed on the website. Any pharmacy related queries were referred to the SI.

The pharmacy had current indemnity insurance cover. The RP notice was displayed in the pharmacy. The pharmacy's RP record was generally in order although it had some gaps where the RP had forgotten to log out. The private prescription record contained most of the required details although the prescription date was missing. The pharmacy did not provide emergency supplies, unlicensed medicines, or controlled drugs.

Only pharmacy team members could access the pharmacy. Confidential waste was collected by an approved waste contractor and computer systems were password protected. Pharmacy paperwork and documents were stored securely. The clinic was registered with the Information Commissioner's Office. Team members followed the clinic's information governance policies. The website was encrypted, and the clinic had recently been awarded ISO accreditation for information security management. The SI and dispenser had both completed safeguarding training. The clinic had a safeguarding policy and a nominated safeguarding lead whom they could escalate concerns to if needed.



## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its current workload. Its team members work well together, and they understand their roles and responsibilities.

### Inspector's evidence

The SI and dispenser were present at the inspection. The SI was the only pharmacist who undertook the role of the RP. She attended the pharmacy on an ad hoc basis according to orders received for the travel packs. The dispensing assistant was a registered nurse who usually worked in the clinic as her main role. She had completed a dispensary assistant's course. As both pharmacy team members were healthcare professionals, they completed continuing professional development on an ongoing basis. They were knowledgeable and experienced in their roles and had worked at the clinic for several years. Team members felt comfortable raising concerns or making suggestions, and seeking advice from the medical director if they felt this was necessary. The clinic had a human resources department to support management of staff, and the team members were aware of the clinic's whistleblowing policy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is compact and simple in design, and it is suitable for the services it provides. The clinic website provides essential information about the pharmacy.

### Inspector's evidence

The pharmacy comprised of a small room located on the third floor of the clinic. It was equipped with a desk and shelving units. The room was clean and well organised. Space was limited and it was only large enough to accommodate one or two people working at a time. The room temperature was monitored and suitable for the storage of medicines. Lighting was adequate. The pharmacy was kept locked when not in use and it was only accessible to pharmacy team members.

The clinic's website displayed the pharmacy's GPhC registration number on the home page. Other details about the pharmacy including the name of the superintendent pharmacist and how to check the registration details were displayed on the 'shop terms' page. People were required to complete an online travellers' diarrhoea consultation before being permitted to purchase travel packs.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective. It obtains its medicines from licensed suppliers, and it stores them securely, so they are suitable for people to use.

### Inspector's evidence

The travel services were promoted on the clinic's website. The website contained information and advice on travel related healthcare topics. People could book a face-to-face travel consultation with one of the clinic's team if they preferred. They could not visit the pharmacy in person and travel packs were supplied to people's homes using by Royal Mail next day delivery. People were able to contact the clinic by telephone or email, and any pharmacy related queries were referred to the SI to deal with.

People completed an online questionnaire for travellers' diarrhoea which gathered information on existing medical conditions and medication, allergies, as well as a broad indication of the travel destination to help determine whether treatment was appropriate. Exclusion criteria included children, vulnerable adults, and people with complex health conditions. If the questionnaires flagged any concerns, people were asked to contact the clinic and book an appointment for a more in-depth consultation. Otherwise, people were offered the opportunity to purchase a simple course of antibiotics for travel diarrhoea or a travel pack. Packs contained antibiotics, anti-sickness, and anti-diarrhoea medication as well as rehydration sachets, antacids, and other useful related sundries.

People completing the online questionnaires were requested to read statements confirming that the medication was for their own use, that they would use the antibiotic or other prescription medication in accordance with the instructions given in the pack and that they had accurately reported all current medication and any medical conditions. The person's credit and delivery address had to match but the pharmacy did not use any other form of identity or age checks. People were required to provide their telephone number and email so the pharmacy team members could contact them directly if needed.

The medical questionnaires were screened by the medical director before they issued prescriptions for the medication. The pharmacy team then assembled the medication and/or kit. The pharmacy used a bespoke system to generate dispensing labels. It did not have a patient medication record system so people's purchasing history could only be checked manually by looking through consultation records. But this was not a significant issue due to the low volume of supplies. Audit trails for dispensing and checking of each supply were maintained in the private prescription book. Customised instructions and patient leaflets were provided with medication orders. Protective packaging was used to dispatch medication.

Medicines were obtained from licensed wholesalers. The pharmacy stocked only a few packs of medication including azithromycin, ondansetron and loperamide. Expiry dates were checked as part of the dispensing process. No expired stock was found on the shelves. Drug alerts and recalls were received from the MHRA and actioned by the pharmacy team in a timely manner. The clinic had a contract with an authorised contractor to enable the safe disposal of clinical and pharmaceutical waste.





## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members store equipment appropriately.

### Inspector's evidence

The pharmacy team were able to access to reference resources through internet access. Basic equipment for assembling and packaging medicines were stored in drawers in the pharmacy. Team members had access to handwashing facilities in the clinic.

### 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.  |