

Registered pharmacy inspection report

Pharmacy Name: Vista Pharmacy, 227 Maida Vale, London, W9 1QJ

Pharmacy reference: 9011220

Type of pharmacy: Community

Date of inspection: 25/11/2019

Pharmacy context

This retail pharmacy opened in August 2019. It is located alongside other local shops on a busy main road in a residential area of North West London. The pharmacy sells a small range of health and wellbeing products. It does not have an NHS contract and so it only supplies private prescriptions. People who visit the pharmacy include local residents and occasional tourists. Footfall is currently low and the pharmacy's trading hours can vary. The pharmacy intends to operate a travel clinic in the near future.

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's working practices are generally safe. It protects people's personal information and keeps the records required by law. But dispensing procedures are not always consistently followed, and details are occasionally overlooked or missing. This could make it harder for the pharmacy to explain what has happened in the event of a query.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) covering the main aspects of the service. These had been developed, implemented and signed by the superintendent pharmacist. The pharmacy did not have any other regular team members other than a counter assistant. They had only recently started working and had not read or signed the SOPs. A responsible pharmacist (RP) notice was displayed on the medicines counter. Roles and responsibilities were outlined in the SOPs.

The pharmacist undertook all pharmacy activity, so they dispensed and checked all prescription medicines. There was a dispensing audit trail on pharmacy labels which identified the pharmacist responsible for the supply. There were systems and templates for recording near misses and dispensing incidents, but none had been documented so far. There was no information available for patients explaining how a complaint could be raised. But any concerns were dealt with by the superintendent.

The pharmacy used a recognised patient medication record (PMR) system to record prescription supplies. RP records were suitably maintained. The private prescription register was held on the PMR. Entries checked did not include the prescriber's details, so they were not fully compliant with the regulations. Only a small number of prescriptions had been dispensed since the pharmacy opened and these occasionally had information missing, such as the patient's or prescriber's address, and one had not been dated. Emergency supplies were recorded on the PMR and included all the required details, but a three-month supply of an oral contraceptive had been supplied which was more than the amount allowed under the regulations. There was a controlled drugs (CDs) register but this had not been used, and the pharmacy did not have schedule 2 or 3 CDs in stock. No unlicensed medicines had been supplied and therefore specials records had not been set up.

The PMR system was password protected and confidential material was suitably located out of public view. Confidential paper waste was shredded. The pharmacy did not display a privacy notice. There was no formal confidentiality agreement for employees or third-party contractors to sign, and the pharmacy was not registered with the Information Commissioner's Office (ICO). But the superintendent agreed to ensure suitable arrangements were in place, and subsequently provided a copy of the ICO certificate. The personal indemnity insurance details for the superintendent pharmacist were seen and the pharmacy's company professional insurance was held with Pharmacy Guard. The superintendent had completed level 2 safeguarding training. There was a basic safeguarding SOP in place, as well a list of the London area safeguarding contacts.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff for the workload. Staff work under the supervision of a pharmacist. The pharmacy does not have any formal staff management and training policies, which could mean new team members might not always feel supported or fully prepared for their role.

Inspector's evidence

The superintendent, who was the sole director of the company, worked as the regular responsible pharmacist. Her husband provided some administrative support but did not undertake any pharmacy activity. Another assistant occasionally worked under supervision on a part-time basis as part of a probationary period; she was not present at the time of the inspection. Footfall was very low only two customers entered the premises to buy over the counter medicines during the inspection, and these were served by the pharmacist.

The superintendent was in the process of completing her prescribing qualification with UCL. And she was accredited to provide travel services, including vaccinations and malaria prevention under patient group directions. This service was due to be introduced in the new year.

The superintendent was aware that team members should complete accredited training and be enrolled on relevant courses within three months of commencing employment. The pharmacy did not have any other formal staff management policies in place such as employment contracts, induction processes or a whistleblowing policy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. A consultation room is available for services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was situated in a small retail unit. It was clean, bright and modern in appearance. Fittings were new and well maintained. Air conditioning controlled the room temperature. An open plan dispensary was located to the back of the premises. It was compact but spacious enough for the volume and nature of the work. The counter was visible from the dispensary, so sales could easily be supervised if the pharmacist was working in the dispensary.

There was a spacious consultation room adjacent to the dispensary equipped with a desk and chairs. It could be accessed from the dispensary or an external side door. There was no stock room or dedicated staff rest area but there was a staff toilet with handwashing facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and they are suitably managed. It sources, stores and supplies medicines appropriately. And the team carries out some checks to make sure medicines are in good condition and suitable for supply.

Inspector's evidence

The pharmacy was usually open from 10am to 6pm Monday to Saturday, but trading hours were sometimes variable. The superintendent was intending to display a notice on the door indicating the intended trading hours that week. There was a single non-automated door at the entrance and the consultation room door was wide enough to accommodate a wheelchair or buggy. Staff could offer assistance if needed, so access to the pharmacy was reasonably unrestricted. The superintendent was able to signpost to other providers nearby if people requested a service they could not provide. People were able to contact the pharmacy by telephone. The pharmacy's website www.vistapharmacy.co.uk had basic contact information about the pharmacy but it did not include the owner's or superintendent's details.

Some of the pharmacy's customers were Arabic-speaking, and the superintendent was able to converse in Arabic. Dispensed medicines were suitably labelled and supplied with packaging information leaflets. Medicines were sourced from licensed wholesalers and stored in an orderly manner. The stock holding was very low. A random check of the shelves found no expired items, a date checking matrix was in use. The pharmacy only had a very small amount of schedule 3 and 4 CDs. It did not have any CDs that required safe custody. The pharmacy was not compliant with the Falsified Medicines Directive. Cold chain medicines were stored appropriately, and fridge temperatures were monitored but not recorded. However, the superintendent agreed to document these in the future. A pharmaceutical contract was being set up with a recognised contractor (Initial Medical Services Limited). The pharmacy was subscribed to receive MHRA medicine and device alerts by email. Alerts dealt with by the superintendent and stock was quarantined and returned if necessary. But there was no associated audit trail, so they might not be able to easily demonstrate this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The team uses equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to suitable reference sources, including the BNF. Internet access was available. Patient records were stored electronically, and the single terminal was suitably located so the screen was not visible to the public. There was a small CD cabinet and medical fridge suitable for the storage of medicines. The dispensary and consultation room had sinks. A shredder was available. The pharmacy did not have any suitable glass measures for preparing medicines, but these were due to be ordered.

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.