General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Life Pharmacy, Unit 10 Park House, 489 Oxford Street, London, W1C 2AU

Pharmacy reference: 9011276

Type of pharmacy: Community

Date of inspection: 11/05/2021

Pharmacy context

This retail pharmacy first opened in December 2019. It is situated on Oxford Street close to Marble Arch. It trades extended hours over seven days a week. Currently, the main focus of the business is Fit to Fly covid-19 PCR testing. The pharmacy dispenses private prescriptions and it sells over-the-counter (OTC) medicines and other health and beauty products. It also has pharmacist prescribers who are able to offer consultations. The pharmacy does not provide any NHS services. This inspection took place during the covid-19 pandemic.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 team members understand how to keep people's private information safe and they understand their role in protecting vulnerable people. The pharmacy keeps the records it needs to by law. It generally manages the risks associated with its services. But it lacks a formal approach to risk management, and its policies and working procedures do not fully explain the scope of its services or how the pharmacy operates. This means risks might not always be effectively identified and team members might not fully understand their responsibilities or what is expected of them.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) covering some of its operational tasks such as dispensing and stock management. SOPs did not identify who had produced them or the date they were implemented. They were not always tailored to the business as some activities, such as covid testing and prescribing services, were not covered. However, the superintendent did provide copies of policies and procedures relating to covid testing after the inspection. Sales of medicines SOPs were basic and did not include high-risk medicines liable to abuse. The medicines counter assistant (MCA) was aware of the activities which required supervision by a pharmacist, there was no clear indication she had read or signed the relevant SOPs. The pharmacy did not have a nominated manager. Team members reported to the superintendent (SI) pharmacist who usually worked at another pharmacy in Knightsbridge.

The pharmacy had some risk management processes in relation to the dispensing service. Pharmacists usually worked alone but dispensing levels were very low, so they were not working under pressure. A near miss chart was available in the SOP folder which showed some learning points had been considered.

The team members generally wore face masks when they were in public facing roles or when they were working in close proximity. Most team members had received their first covid vaccination and they were completing regular covid tests to make sure they were infection free when working.

The pharmacy was on the Government's current list of private providers for general covid-19 testing so was UKAS stage 2 accredited. The pharmacist prescribers issued occasional prescriptions following consultations. It was unclear if formal risk assessments had been completed in relation the prescribing service. Most of these patients were from overseas. The scope of the prescribing service was not outlined in an associated policy, and it was unclear how the pharmacy mitigated the risks associated with prescribing for patients who are managed by overseas practitioners.

Complaints were usually managed and resolved by the pharmacist. Concerns could also be reported by email and these would usually be resolved by the SI. A contact email address was available on the website used to promote the covid PCR testing service. The RP said they had very occasionally dealt with issues where the laboratory they worked with had lost a person's PCR test, but they had resolved this by offering an express service second test. The pharmacy was insured with Pharmacy Guard and the current policy details were displayed in the dispensary.

An RP notice was displayed in the retail area and a paper log was maintained. The pharmacy used a recognised patient medication record system to record and label prescription supplies. Private prescriptions were those recorded in a book and records checked included all the relevant details, although sometimes patient's full address details were missing. These were also sometimes missing on the prescription. A Patient Assessment Form was used by the pharmacist independent prescribers (PIPs) when completing consultations and a prescription was issued. This form included the patient details and captured their consent. A simple set of questions requested information about existing medical conditions, current medications, allergies and symptoms. There was a section for recording generic consultation notes but it did not prompt to explain why the supply was needed or whether the patient clinical status was stable.

The pharmacy did not dispense any schedule 2 controlled drugs (CDS) and therefore it did not have a CD register. The RP could not recollect making an emergency supply or dispensing an unlicensed medicine but said he would make appropriate records of these if he did.

The pharmacy was registered with the Information Commissioner's Office. Team members understood that people's personal information should be protected. The administrative assistant believed he had signed a confidentiality clause but had not received formal training on information governance or the General Data Protection Regulation. Confidential material was stored out of public view. A shedder was used to destroy patient sensitive paperwork.

The RP had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE) and knew how to escalate a concern. The MCA knew what safeguarding meant and said she would report any concerns about people presenting at the pharmacy to the pharmacist.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage the workload. The team members receive the basic training needed to undertake their roles. But they do not benefit from any further formal training and development to make sure they keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the RP was working upstairs with an administrative assistant who managed the bookings and emails associated with the COVID PCR testing service. An MCA was working on the counter greeting people. A new recruit was cleaning the health and beauty shelves in the retail area.

The company had a second pharmacy in Knightsbridge. The company directors were both pharmacists. One acted as the SI and both were qualified as independent prescribers. The pharmacist offering aesthetic treatments had some of her training certificates displayed in the consultation room. She was not qualified as an independent prescriber.

A third pharmacy in the group was also located on Knightsbridge although it operated under a different company. Team members sometimes worked between these pharmacies and could provide cover for each other.

The pharmacy had several pharmacists who worked regular full-day shifts. The working hours were long; the RP said they took a break when they could. Other team members worked shorter hours covering either an early or a late shift. The pharmacist usually worked with one or two members of staff. The MCA said she had completed a Buttercups accredited course. Some other team members' completion certificates were available in the SOP folder, but her certificate could not be located. The pharmacy employed several other retail assistants who were not involved in selling medicines and they had not received any pharmacy related training. There was no evidence of formal appraisals or ongoing training for support staff.

Team members felt able to discuss issues with the pharmacist and they could contact the SI independently. The RP said he regularly communicated with the pharmacy directors. The pharmacy did not have a formal whistleblowing policy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy was situated in a modern purpose- built retail unit. It was spacious, clean and fitted to a high standard. Most of the ground floor was dedicated to retail space. A counter was located to the rear of the retail area. Seating was arranged so people were socially distanced whilst waiting for their covid test.

A lift or stairs could be used to access the first floor. Public access to this area was restricted. The first floor was mainly open plan and part of it was used as a dispensary. Other areas were allocated to office space and a staff kitchen. The kitchen sink was used occasionally for dispensing purposes. There was a staff toilet with handwashing facilities. A small partitioned room on the first floor was used by the aesthetic practitioner to administer treatments. And a screened area near to the lift exit was used to conduct covid PCR tests.

The location of the dispensary meant it was difficult for the pharmacist to directly supervise the counter, especially as they spent a large proportion of their time upstairs conducting covid tests. CCTV monitors in the dispensary covered the retail area so the pharmacist could see what was happening. Team members could call the pharmacist for advice and request their assistance downstairs if needed. The RP felt this was not an issue as sales of OTC medicines were not a significant part of their work.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally manages its services safely. It gets its medicines from licensed wholesalers and its team members carry out some checks to help make sure that medicines are fit for supply. Although the pharmacy's prescribing service accounts for a small part of the overall activities, it could improve the way it manages this, so it can consistently demonstrate people are receiving medicines that are appropriate for their needs.

Inspector's evidence

The pharmacy was open from 9am to 11pm Monday to Sunday. The entrance from the street was step free. People could book a PCR test on the telephone or via www.pcrtester.com which allowed people to select their preferred testing site. Terms of service, the privacy policy and FAQs were included on the website.

The covid-19 PCR testing service was operated in partnership with an accredited laboratory who provided the test kits. The RP said he'd received training from a third party provider before commencing the service. People were required to provide passport details and photo ID when presenting for a test. They completed a questionnaire with relevant details on arrival and followed a one-way system during the testing process to ensure social distancing was maintained. The pharmacist screened questionnaires and then completed the swab test, labelled the sample and packaged these for dispatch with the relevant paperwork. Samples were sent by courier to the laboratory which was based in London. Test results were usually sent to the pharmacy within 24 hours and Fit to Fly certificates were emailed directly to the individual concerned. The laboratory reported any positive tests to NHS Test and Trace and the person concerned was informed and advised to self-isolate. The RP said they also offered antibody testing, but they rarely received requests for this. People could opt to have the test done at the pharmacy or take it home. The RP confirmed they counselled people requesting these tests to explain their limitations.

The pharmacy dispensed less than 10 private prescriptions each week. A small number of these were written by the PIPs. The RP believed these were usually following a face-to-face consultation. Most prescriptions were issued to people who were visiting the UK who were receiving ongoing treatment by a doctor in their own country. They usually required more medicine as they had run out of it. Prescriptions covered a range of conditions including mild infections, acne and long-term conditions such as depression and diabetes, including some prescriptions for Ozempic. Only one prescription was noted for a schedule 4 CD. A patient assessment form had been completed for each prescription issued by one of the PIPs. Consultation notes did not always provide sufficient information to clearly indicate the basis for prescribing. On the assessment form, the patient could request a copy to be sent to their doctor, but people rarely consented to this. As pharmacist prescribers did not always share relevant information with other healthcare professionals responsible for a person's ongoing care, it was not always clear how they confirmed a patient's diagnosis, their past medical and drug histories, or whether they were being monitored. This could mean people might receive treatment that is not always appropriate or needed.

Another regular pharmacist had trained as an aesthetic practitioner and was intending to

offer aesthetic treatments whilst working at the pharmacy. This service had not been fully implemented and it was not inspected.

Pharmacy medicines were stored behind the counter so sales could be controlled. The MCA pointed out which over the counter medicines were considered high-risk and what should be referred to the pharmacist. She understood the restrictions when selling codeine containing medicines.

The pharmacy obtained its medicines from licenses wholesalers. It had a very small stock of dispensary medicines. As the level of dispensing had reduced during the pandemic, many if these medicines were due to expire. Dispensary shelves were tidy and short dated stock was clearly marked. The pharmacy had a waste contract with a recognised company. Pharmaceutical and sharps waste was segregated in designated bins. The pharmacy did not stock or supply any CDs requiring safe custody. The pharmacy fridge maximum and minimum temperature was monitored and in an acceptable range. The SOP folder contained evidence of action taken in response to drug alerts and recalls. The RP said they were subscribed to receive these by email.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had a medical fridge used to store medicines. A couple of glass measure and cartons were available for dispensing purposes. The team had access to Personal Protective Equipment including face masks, gloves and hand sanitisers. The RP wore gloves when completing PCR tests. The team had access to the internet and the current British National Formularies.

Electrical equipment appeared to be in working order. Computer systems were password protected and all screens were positioned out of public view to protect privacy. Cordless telephones were available to enable conversations to take place in private.

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.