

# Registered pharmacy inspection report

**Pharmacy Name:** The French Pharmacy, 10 New Cavendish Street,  
London, W1G 8UL

**Pharmacy reference:** 9011483

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 15/03/2022

## Pharmacy context

This pharmacy first opened in December 2020. It is located in an affluent area of central London close to Marylebone High Street. It sells beauty and wellbeing products which are also offered through its website [www.thefrenchpharmacy.co](http://www.thefrenchpharmacy.co). And it supplies over-the-counter medicines, dispenses private prescriptions, and provides some private healthcare services, such as covid tests for people travelling overseas. It does not provide any NHS services. This inspection was undertaken during the Covid-19 Pandemic.

## 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

Overall, the pharmacy adequately identifies and manages the risks associated with the services it provides. Its team members understand their roles and responsibilities, and the pharmacy has some written procedures to help make sure that they work safely. The pharmacy has insurance for the services it provides, and it keeps appropriate records. The pharmacy team members manage people's personal information safely, and they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering the core activities. Pharmacy team members had signed to confirm they had read and agreed to follow the procedures. SOPs were based on templates and they were not always tailored to the business. For example, there was no SOP relating to covid testing services. However, team members knew what to do and how this service was provided. Team members explained their individual roles and knew their limitations. They worked under the supervision of the responsible pharmacist (RP). A notice was displayed identifying the RP on duty.

The RP worked alone in the dispensary and was required to self-check, but they were not working under pressure and they could assemble medicines away from distractions. Pharmacists initialled dispensing labels to show they were responsible for a supply. There was an SOP explaining how dispensing incidents were recorded although the RP was not aware of any recent errors. Team members explained how issues or complaints relating to the pharmacy services were communicated to the superintendent (SI). The pharmacy's complaints procedure was explained on the website. The pharmacy had appropriate professional indemnity insurance cover.

The RP log was maintained electronically using the facility in the patient medication record system (PMR). Private prescription records were held electronically. A sample checked contained most of the relevant details although occasionally the prescriber's address was missing. The pharmacy retained dispensed prescriptions, and these were filed in date order. The pharmacy did not stock or supply any schedule 2 controlled drugs (CD) and it did not have a CD register. The RP could not recall the pharmacy dispensing any unlicensed medicines and 'specials' records were not inspected.

The pharmacy was registered with the Information Commissioner's Office. A privacy notice was included on the website. Pharmacy team members signed a confidentiality agreement when they started working at the pharmacy and they understood that people's personal details should not be disclosed. Confidential material was stored out of public view. A shredder was used to destroy confidential paperwork.

The SI had completed level 2 safeguarding training. Team members had completed level 1 training and they had read the pharmacy's safeguarding policy, so they knew what signs to look for and how to raise a concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage the workload. Team members receive appropriate training for their roles. They work under supervision of a pharmacist and they can raise concerns if needed.

### Inspector's evidence

The RP was working with two trainee medicines counter assistants and a new team member who was responsible for assembling online orders. Footfall was low and the workload was manageable. People visiting the pharmacy were greeted promptly.

The RP was a locum pharmacist who worked occasional days at the pharmacy. A communications book was used to share information and handover to the pharmacist working the following day. The SI worked several days each week at the pharmacy so team members could approach her if they had a concern. She was usually contactable when absent. Team members confirmed they were made aware of the whistleblowing policy when they first started working at the pharmacy.

The pharmacy employed two more trainee MCAs and rotas were used to make sure there was enough staff cover during opening hours. The team members worked flexibly to cover any absences. MCAs were completing training with an accredited provider. Part of their induction involved reading and signing the SOPs and they understood the purpose of these. The MCAs could identify which over-the-counter medicines were considered high-risk and what sort of queries should be referred to the pharmacist. The pharmacy did not set commercial targets for the team member and they could exercise their professional judgement in people's best interest when supplying medicines or offering services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for the provision of healthcare services. And the pharmacy has facilities to enable the team members to provide services and speak to people in private.

### Inspector's evidence

The pharmacy was situated in a traditional retail unit arranged over two floors. The ground floor consisted of a retail area with a counter to the rear. A room next to the counter was used as a dispensary and office area. There was a staff toilet with a sink and handwashing facilities behind the counter.

The dispensary had a small amount of bench space, a cupboard and a couple of shelves used to store medicines. All areas were clean, tidy and well presented. A clear screen was fitted to the counter to help prevent transmission of covid infection.

Stairs from the retail area led to the basement which had two treatment rooms, a customer waiting area, additional storage cupboards and a toilet. The rooms were used for beauty and aesthetic treatments. One of the treatment rooms was usually vacant and could be used by the pharmacy team members for confidential conversations or to provide other services if needed.

The pharmacy's website contained the GPhC logo and information about the company including the superintendent's details. Only beauty and wellbeing products could be purchased via the website.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are suitably managed. It supplies medicines safely and provides people with healthcare advice. The pharmacy gets its medicines from reputable sources. And it stores and manages them appropriately, so they are safe to use.

### Inspector's evidence

The pharmacy traded seven days a week. Access to the pharmacy was reasonably unrestricted. People could contact the pharmacy by email or telephone, and contact details were included on the website. Many of the people who visited the pharmacy were French speaking as were most of the staff. This meant they were able support and provide healthcare advice to these people in their own language.

The pharmacist supervised all supplies of medicines. Prescriptions were usually received as walk-ins. The pharmacists assembled, checked and usually handed prescription medication out. Prescription interventions were recorded on prescriptions. There were SOPs identifying some high- risk medicines and the extra checks that were required. The pharmacy did not have any stock of valproate and the RP had never supplied it. She was not fully familiar with the pregnancy prevention programme but agreed to check the MHRA's advice for healthcare professionals, so she was aware of the requirements when supplying valproate to people in the at-risk group.

The pharmacy dispensed a number of prescriptions written by EU doctors, mainly from France. These were commonly for French people who were living or working in the UK. The RP explained she made additional checks and verified these prescriptions by contacting the prescriber directly if she had any concerns.

The pharmacy provided fit-to-travel covid tests in partnership with authorised laboratories. The SI was accredited to provide a range of prescription medicines under patient group directions (PGDs) and a folder was available with copies of these. The RP had recently completed training and was able to provide oral contraceptives under a PGD.

The beauty services, which included aesthetic treatments, were not provided by the pharmacy. The SI confirmed that she checked treatment providers had appropriate insurance and training for the services they offered.

Stock medicines were obtained from UK licensed wholesalers. OTC medicines were stored behind the counter so they were not directly accessible to members of the public and so sales could be supervised. Prescription medicines were stored in the dispensary. The pharmacy did not stock or supply any schedule 2 controlled drugs. Cold chain medicines were stored in a medical fridge. The fridge temperature was monitored and recorded to show it was within range. Dispensary stock was stored in organised manner. No out-of-date medicines were found on the shelves. Obsolete medicines were segregated and disposed of using an authorised waste contractor. The RP was familiar with the MHRA's alerts and recalls process for defective medicines and medical devices. MHRA email alerts were received by email and checked on a daily basis.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services safely. Equipment is used in a way that protects people's privacy.

### Inspector's evidence

The pharmacy team had access to the current British National Formulaires. The internet could be used for research and if additional information was needed. Hand sanitiser was available. Cartons and counting equipment were available for dispensing purposes. A calibrated glass measure was used for preparing liquid medicines. The basin used for dispensing purposes was damaged and presented a health and safety hazard. The SI subsequently confirmed the basin had only recently been damaged and was being replaced the following week. The PMR system was password protected and the computer screen was located out of public view. Telephone calls could be taken in the dispensary so they could not be overheard. Electrical equipment appeared to be in good working order.

### 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.