

# Registered pharmacy inspection report

**Pharmacy Name:** The Pharmacy at Embankment Place, 1  
Embankment Place, London, WC2N 6RH

**Pharmacy reference:** 9011499

**Type of pharmacy:** Closed

**Date of inspection:** 08/09/2021

## Pharmacy context

This pharmacy first registered in December 2020. It is situated within a private primary care clinic at PricewaterhouseCoopers (PWC) office complex in central London. The clinic is registered with the Care Quality Commission and it provides healthcare services to employees of PWC. The pharmacy sells a few over the counter medicines but it mainly dispenses private prescriptions which are issued by the clinic's doctors. It is not open to the general public. The 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

The pharmacy has systems in place to make sure it manages the risks associated with its services. And it keeps the records required by law. The team members clearly understand their responsibilities and know how the pharmacy operates. They keep people's personal information safe and they understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacy service was managed by the superintendent pharmacist (SI) who worked as the regular responsible pharmacist (RP). Pharmacy standard operating procedures (SOPs) had been developed by the SI. Team members had signed to confirm they had read and agreed to follow the procedures. The dispenser had a clear understanding of her responsibilities and could explain how tasks were completed. The locum pharmacist had access to the SOPs and could refer to them if needed. SOPs covered the main activities, but they did not always specifically explain the scope of the pharmacy services. For example, there was only limited information on sales of medicines and the procedures did not explain the pharmacy's scope of practice in relation to controlled drugs (CDs). So new or less experienced team members might not always know what to do or fully understand the limitations of the service.

Team members followed covid secure procedures. They wore face masks and used hand sanitiser regularly. Lateral flow tests were completed by team members twice weekly.

The final accuracy check of prescription medicines was done by the RP. Dispensing labels included an audit trail which identified who was involved in the assembly process. The pharmacy had records of some near misses. The dispenser explained how these mistakes were discussed with the pharmacist. She was intending the complete training on look-alike-sound-alike medicines and some shelf edge stickers were used to highlight common picking errors. The pharmacy had a complaints procedure and an incident reporting process; any concerns or issues were usually shared with the clinic manager.

The pharmacy kept the records required by law, including an RP log and private prescription records. An RP notice was displayed. The RP usually left the pharmacy for a rest break at lunchtime and the dispenser was aware of what activity could and could not be undertaken in the RP's absence and they were contactable. This absence was not recorded in the RP log which could cause ambiguity if a query arose. Private prescription records were in order and prescriptions were filed by month. The pharmacy did not supply schedule 2 CDs and therefore a CD cupboard was not needed. And the pharmacy had not made any emergency supplies or dispensed any unlicensed medicines, so there were no associated records. Professional liability indemnity insurance was arranged with a recognised pharmacy insurer.

The pharmacy followed PWC's confidentiality and data protection policies. Confidential material was stored and disposed of securely. Computer systems were password protected. The clinic had a safeguarding policy and any concerns were reported the nursing manager who was the clinic's safeguarding lead. The locum pharmacist and SI had completed level 2 safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage the workload. Team members are appropriately qualified for the roles they are working in. They work in a supportive environment and have access to appropriate training resources to make sure they keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy team consisted of the SI and an NVQ2 qualified dispenser. They both worked full-time. Locum cover was organised with an agency when either team member was absent. A locum pharmacist and the dispenser were working at the time of the inspection. The workload was low and easily manageable.

The dispenser had undertaken her training at another pharmacy and provided a copy of her training certificate. She explained that the SI was supporting her to complete some additional training including relevant modules from the Centre for Postgraduate Pharmacy Education which she was able to complete during working hours. Both team members had completed PWC in-house training as part of their induction, including modules on health and safety, and the General Data Protection Regulation. The pharmacy team reported to clinic director and the dispenser could raise issues directly with them if needed. There was a company whistleblowing policy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are professional in appearance and suitable for the provision of healthcare services.

### Inspector's evidence

The pharmacy occupied a small purpose-built room within the clinic. Fixtures and fittings were new and well maintained. The pharmacy was clean, bright and professional in appearance. Air conditioning controlled the ambient room temperature. There was sufficient bench space for dispensing. People were greeted at a hatch from the clinic reception area. The pharmacy did not have a dedicated consultation room but a small room next to the pharmacy or a quiet area of the clinic could be used for confidential conversations if needed. Access to the pharmacy was restricted to pharmacy team members only using individual key cards. PWC security had access to the pharmacy out of hours if there was an emergency but this was audited.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy operates safely and effectively. It gets its medicines from licensed suppliers and the team stores and manages them appropriately, so they are fit to supply.

### Inspector's evidence

The clinic and pharmacy were open Monday to Friday 9am to 5.30pm. Access to the clinic was on an appointment basis only. The pharmacy was accessible to those with mobility difficulties. The pharmacy has a dedicated telephone line so people could contact the pharmacy team directly if needed.

The pharmacy dispensed prescriptions issued by the clinic doctors. These were mostly for acute conditions or lifestyle medications. The pharmacy did not dispense any schedule 2 or 3 CDs. The volume of dispensing was low. The pharmacy staff could signpost to other pharmacies in the locality or near the patient's home address if needed.

People could opt to collect their prescription themselves or the pharmacy could send it to their home address by courier or using Royal Mail Special Delivery, so these could be tracked. The pharmacy team could contact patients directly if needed and they worked closely with the clinic doctors so they could discuss any issues or queries as they arose. People could request to buy over the counter medicines such as pain killers although this rarely happened. Patient medication records were maintained by the pharmacy. Prescription medicines were suitably labelled, and patient information leaflets were supplied. Batch numbers and expiry dates were included on labels for medicines which were not supplied in their original container. The pharmacy did not usually supply medicines for the treatment of ongoing conditions, or those considered to be high-risk. But the pharmacy team were aware which types of medicines required extra counselling or advice, and they were aware of the valproate pregnancy protection programme.

The pharmacy had a small stock holding of medicines which were obtained from licensed wholesalers. Stock medicines were delivered to PWC loading bay in sealed containers and signed for by the PWC facilities staff. Logs were kept of delivery consignments to make sure the pharmacy received them and so this could be audited.

Stock medicines were stored securely, and dispensary shelves were neat and tidy. A stock control system was in place so the pharmacy could account for the medicines it ordered and supplied. The dispenser explained the pharmacy's date checking process and short dated stock was marked. Cold chain medicines were stored in the fridge and maximum and minimum temperatures were checked on a daily basis to make sure they were within the required range. The pharmacy was subscribed to receive MHRA drug safety alerts and recalls, and associated audits trails were kept showing these had been actioned.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy's equipment and facilities were suitable for services provided. The team had access to current versions of reference sources including the BNF, a standardised measure for liquid medicines, counting triangles, medicine containers and a medical fridge which could be locked. There was a small dispensary sink with hot and cold running water. The pharmacy's computer terminals were positioned so they were not visible from the hatch.

### 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.