

Registered pharmacy inspection report

Pharmacy Name: My Private Chemist, Office G002, Longcroft House,
2-8 Victoria Avenue, London, EC2M 4NS

Pharmacy reference: 9011648

Type of pharmacy: Private

Date of inspection: 06/06/2024

Pharmacy context

The pharmacy is in an office block near Liverpool Street station in London. It offers consultations with a pharmacist and provides services for a range of conditions such as acid reflux, asthma, weight management, hair loss, erectile dysfunction, and nausea. The pharmacy does not provide any NHS services and supplies medications against private prescriptions. The superintendent pharmacist (SI) is a pharmacist independent prescriber (PIP), and prescribes for minor ailments. And occasionally prescribes regular medications in exceptional circumstances.

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 appropriately identifies and manages the risks associated with its services. It has undertaken a risk assessment for its face-to-face prescribing service. And written procedures are available for staff to refer to. The pharmacy monitors the safety and quality of its prescribing service, using an external reviewer to perform regular audits and provide improvement ideas. And it keeps appropriate records for this service. The pharmacy keeps its records up to date and accurate and it protects people's personal information well. Team members understand their role in protecting vulnerable people and people using the services can provide feedback.

Inspector's evidence

The responsible pharmacist (RP) sign was correct and visible at the time of inspection and the RP record was completed fully. The RP was able to show evidence of a current pharmacy indemnity insurance certificate, which was stored electronically.

Standard operating procedures (SOPs) had recently been updated and were available on-site for the team to refer to. The RP had signed all SOPs to demonstrate that they had read and understood them. Other team members were still to sign the revised SOPs, as they were on leave. The pharmacy used patient group directions (PGDs) to provide many of their services and these were valid and signed by the team members using them. Individual risk assessments were completed for people requiring travel vaccines and this included documented consent for administration. The assessment also included space for the RP to sign and tick for confirmation that they were acting under the direction of the PGD. And that they had provided relevant information of the treatment and a patient information leaflet (PIL) had been given to the person.

The pharmacy did not hold controlled drugs requiring safe storage, process unlicensed medicines or issue emergency supplies. Private prescription records contained the required information and were well organised with reference numbers corresponding to the prescriptions which were filed separately. The SI was a PIP and had issued some prescriptions. The pharmacy had improved its record keeping for the prescribing service since the last inspection. And now kept a comprehensive written record of all patient consultations and interventions on its internal systems. This included all the parameters that would be expected in a written medical consultation, including details of the presenting complaint, the person's medical history, allergies, examination findings, specific safety netting, and notes on differential diagnosis. The pharmacy obtained consent to share information with the person's regular prescriber and was able to demonstrate evidence of sending onward communication to a person's GP where they had consented to share this information.

Following the last inspection, the pharmacy had undertaken a risk assessment which identified the clinical and operational risks for the face-to-face prescribing service it offered to the public. The pharmacy mainly initiated medication for minor conditions after undertaking a consultation with the person. And prescribed regular medication in exceptional circumstances when a person was able to demonstrate proof of regular prescribing. The risk assessment combined with the pharmacy's prescribing policies appropriately reflected clinical risks for each condition. For example, there were clinical justifications for the request of medicines for the conditions based on the history of the presentation, the relevant exclusion criteria based on precaution or red flag symptoms and the use of

diagnostic equipment.

The pharmacy had improved how it monitored the safety and quality of its prescribing service since the last inspection, and was able to demonstrate that it now undertook periodic audits of its prescribing activity. The most recent prescribing audit was seen following the inspection, which had been undertaken by an external medical lead. This identified compliance to clinical guidance as well as areas for improvement. The sample sizes were small, which could make the audit less effective. The SI said due to the increase in prescribing volume they recognised that extending the timeframe to encompass a longer period would be of greater benefit for future audits.

Feedback or complaints from people using the pharmacy's services could be received via telephone or email. The RP reported that the team encouraged people to feedback through online review platforms, and that they had not received any recent complaints. If a complaint was received, team members knew to follow the complaints procedure and escalate to the SI. A document was available to record dispensing mistakes that were identified before reaching a person (near misses). The RP explained that they often dispensed and self-checked and said that due to the small number of items dispensed, they had not yet needed to use the document. The RP was aware of how to report a dispensing mistake which had reached a person (dispensing error) and to refer to the SI, but they were not aware of any recent errors.

Access to the pharmacy's computer was password protected, meaning that confidential electronic information was stored securely. Confidential paper waste was shredded before being placed with general waste. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) training on General Data Protection Regulation (GDPR).

The RP had completed level three safeguarding training through CPPE. If the RP had any concerns around safeguarding people, they would raise this with the SI and follow the SOP in place for safeguarding adults and children. This included the contact information for local safeguarding boards. The RP could describe what signs of abuse she would look out for when providing services, particularly around drug testing and emergency hormonal contraception (EHC).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely, and team members do the right training and have the skills for the services they provide. Team members do some ongoing training to help keep their knowledge and skills up to date. They have opportunities to raise concerns and give feedback in a formal setting. And they feel comfortable to discuss ideas about improving the pharmacy's services.

Inspector's evidence

The pharmacy team consisted of the SI and two other pharmacists (one of whom was the RP). Staffing levels were sufficient for volume of work the pharmacy had. When asked, the RP reported feeling comfortable raising concerns with the SI and felt able to make professional judgements.

The SI was able to demonstrate that he had undertaken training and supervision with a medical prescriber about prescribing for a number of acute minor conditions. They had completed a CPPE module for minor ailments, as well as training modules for all PGDs through the clinical services package provider. The RP had also completed training through CPPE which included travel health, sexual health, yellow fever, and consultation skills. The RP had also completed phlebotomy training to be able to offer the blood testing service.

There was a formal process for performance reviews for the team. The RP was able to show a copy of the appraisal paperwork which included sections to provide feedback to the SI, on what they enjoy about the role and what they feel can be improved. The team also had a feedback form which included space for change ideas to be submitted, they explained that a group meeting would be held to discuss feedback and ideas following completion of this.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. There is sufficient space and appropriate measures in place for the safe storage of medicines. People can have a conversation with a team member in a private area.

Inspector's evidence

The office building in which the pharmacy was located had a staffed reception, with an electronic sign-in system and seating for people waiting to be seen by the pharmacy team. The pharmacy premises were spacious with adequate workspace and shelving for the storage of medicines. Conversations at a normal level of volume in the pharmacy could not be heard from outside the room. Appropriate security measures were in place and the premises were clean and tidy, with good ventilation and they were well-lit. There was air conditioning available to maintain a suitable temperature for the storage of medicines. Handwashing facilities were available in the pharmacy. Shared toilets with separate handwashing facilities were available in the main building, as well as a staff room where team members could take an uninterrupted break.

The pharmacy's website was easy to navigate, with information available on the treatments and services offered. Contact information and details of the SI were clearly displayed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well and people with a range of needs can access them. The pharmacy gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps ensure that medicines and devices are safe for people to use.

Inspector's evidence

The pharmacy operated by appointments only, which could be made by people using their website, they also received referrals for overseas students via an external provider. Access to premises was step-free through a door wide enough to accommodate the use of wheelchairs and pushchairs. Some members of the team were multilingual and able to translate for some people where necessary.

All medicines were sourced from licenced suppliers and team members regularly checked for out-of-date medicines. The team used an electronic calendar to record a list of medicines with a short expiry date and removed these from the shelves as required. Safety alerts and drug recalls were received through the pharmacy email and the RP explained that they would make a note of what action had been taken in response to them. And forward this to the pharmacy inbox to ensure an audit trail was created. The pharmaceutical fridge was in range at the time of inspection and records were well kept, showing no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius.

The SI prescribed for a range of conditions, but did not frequently prescribe high-risk medicines that require ongoing monitoring. The pharmacy offered a service to prescribe medicines which were initially authorised by a different prescriber. In these cases, the original prescriber would be contacted before writing a prescription to ensure that the supply was appropriate. This was only for medicines where the person had been taking them on a long-term basis. The RP explained that the SI had occasionally prescribed a medicine that fell into the high-risk category, however, it had been a supply in an emergency to cover a very short period whilst someone was travelling. The RP said that they drafted prescriptions for this service. The SI then performed the relevant background checks and accuracy checked the prescription, before signing it and handing to the person. The RP commented that these prescriptions were not usually dispensed at the pharmacy as they did not hold a large amount of stock to be able to dispense items straight away.

The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks. Information on the dispensing labels could be made larger for people if required. And when an original pack was split for dispensing smaller quantities, team members would ensure that the batch number and expiry date was included on the carton. Prescriptions that were written by the SI were dispensed and accuracy checked by the RP to ensure that the processes were kept separate to help make dispensing safer. The pharmacy offered a delivery service, and it used postal methods where the person had to sign for the delivery.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses its equipment to help protect people's personal information. It maintains its equipment so that it is safe to use and has adequate resources to provide information.

Inspector's evidence

The pharmacists had access to and used current and relevant reference sources for clinical checks and providing advice. The pharmacy used suitable, clean standardised conical measures for measuring liquids and the blood pressure monitor was replaced in line with the manufacturer's guidance. The pharmacy's computer was password protected to safeguard information, and a portable telephone enabled the team to ensure conversations were kept private where necessary.

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.