

Registered pharmacy inspection report

Pharmacy Name: King Edward VII Hospital, Medical Centre,
Pharmacy Department, 50-54 Beaumont Street, London, W1G 6DW

Pharmacy reference: 9011932

Type of pharmacy: Hospital

Date of inspection: 11/07/2023

Pharmacy context

This pharmacy is situated in the outpatient department of an independent hospital in central London. The hospital provides a range of private healthcare services. The pharmacy's main activity is dispensing outpatient prescriptions for people attending clinics managed by the hospital. The hospital activity is regulated by the Care Quality Commission (CQC). The pharmacy is registered with the General Pharmaceutical Council so it can sell a very limited range of over-the-counter medicines and dispense occasional prescriptions issued by external prescribers or clinics which are not part of the hospital.

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 suitably manages the risks associated with its services. It has policies and procedures to help make sure the team works effectively, and it keep the records it needs to by law. The pharmacy team reviews its ways of working and makes changes to improve patient outcomes. Pharmacy team members keep people's confidential information secure, and they understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy first started operating in autumn 2022. It had standard operating procedures (SOPs) covering the main activities designed to support team members to complete tasks in the right way. The pharmacist demonstrated how staff could access SOPs and other policies through their personal account on the hospital's intranet. The system confirmed when each team member had read and agreed procedures, and it flagged any outstanding training needs.

The pharmacy had a digital system for recording mistakes made during the dispensing process. The system could be accessed online using a log-in or by scanning a QR code using a personal mobile phone. Error logs and patient safety incidents across the hospital site were reviewed centrally and discussed at weekly clinical governance meetings which pharmacy team members attended. Changes to processes were implemented if needed. For example, the pharmacy team had developed a colour coded system so it could more easily locate people's drug charts when this had been highlighted as an issue.

There was a hospital complaints procedure. Pharmacy related concerns were dealt with by the superintendent pharmacist (SI). The hospital obtained additional feedback through surveys and a suggestions box that was available in the reception area.

Professional indemnity for pharmacy activities was covered under the hospital insurance policy. A responsible pharmacist (RP) notice was displayed identifying the pharmacist on duty and the pharmacy's electronic RP log was accurately maintained. The team recorded prescription supplies using a clinical medication recording system. Private prescription records were captured electronically. A sample of records checked contained all the required details. Prescriptions were scanned and filed each month. Paper copies were retained for two years. Scanned copies were archived alphabetically so they could be easily located for reference if needed. The pharmacy supplied some unlicensed medicines and appropriate records were maintained although these did not always identify the prescriber. Controlled drug (CD) registers were not inspected as they were not relevant to current registerable activity.

Confidentiality and data protection training was mandatory for all pharmacy staff. Confidential material was stored securely in designated bins, and confidential waste was segregated prior to removal and disposal by suitable waste contractors. A notice at the front counter explained the hospital's privacy policy. Safeguarding level 2 training was mandatory for pharmacy team members. The pharmacist explained how they would report any concerns about vulnerable people to the hospital's nominated safeguarding lead.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staff profile and skill mix are suitable for the services provided. All team members have professional qualifications relevant to their role. They work in an open culture which supports ongoing learning and development.

Inspector's evidence

The pharmacist was working alone at the time of the inspection. The workload was easily manageable. A pharmacy technician sometimes provided support in the afternoons when the pharmacy was busier. A second pharmacist was employed to cover the days when the pharmacist was off. And the hospital had an in-patient pharmacy, so the team members worked flexibly across the two sites. Leave was planned to ensure the pharmacy had enough staff cover.

All pharmacy staff were qualified and had completed mandatory hospital training. The pharmacist could contact the SI or other members of the clinical team for advice and support. And the pharmacy had regular team meetings when ideas and learning could be shared. The hospital had mechanisms so staff could provide feedback or report whistleblowing concerns. Provision of pharmacy services was not incentivised.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is bright, clean and professional in appearance. It provides a suitable environment for healthcare.

Inspector's evidence

The pharmacy department was located on the ground floor close to the outpatient reception area. It consisted of a small room with dispensing, storage and administration areas. It was bright and clean, and professional in appearance and fittings were well maintained. Work areas were clear. The room temperature was controlled. Staff had access to handwashing facilities.

People were greeted at a hatch from the reception/waiting area. Confidentiality could potentially be compromised if more than one person was being attended to. But the pharmacy was not busy, so the likelihood of this happening was small, and people were encouraged to take a seat whilst waiting so they were less likely to overhear conversations. There was no dedicated pharmacy consultation room, but consultation rooms nearby could be used for private conversations and counselling if needed. The pharmacy was secured when closed and out of hours access was not permitted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. The pharmacy team members support people taking higher-risk medicines by making extra checks and providing counselling where necessary. It obtains medicines from licensed suppliers, and it carries out checks to make sure that they are kept in good condition.

Inspector's evidence

Access to the main building was unrestricted. The pharmacy was located on the ground floor and easy to locate. It was open from 8am to 8pm Monday to Friday. The pharmacy stocked a very small range of over-the-counter medicines and there were sales of medicines procedures in place. Pharmacists supervised all sales.

Prescriptions supplies were screened and checked by a pharmacist. Interventions were usually recorded. But it was unclear if this was done consistently as additional checks relating to a recent supply of a medicine prescribed by an EU doctor had not been documented. Medicines were appropriately labelled, and patient information leaflets were routinely supplied. Most medication was supplied in original packs. The pharmacy supplied less than 10 external prescriptions each day. These were generally presented as walk-ins and so were collected by the patient or their representative.

The pharmacist handed out most prescription medication so there was an opportunity to provide people with advice. The pharmacist was aware of the risks and requirements associated with taking valproate and isotretinoin during pregnancy. The pharmacy had not supplied any valproate since opening. It sometimes supplied isotretinoin and the team provided warning cards and asked people in the at-risk group to sign an acknowledgement form when commencing treatment.

The pharmacy sourced its medicines from licensed suppliers. The stock holding was fairly small. Medicines were stored in an orderly manner. The pharmacy had stock control and date checking systems to prevent over ordering and ensure medicines were suitable for supply. CDs were stored in accordance with the regulations. Monthly balance checks of CDs were completed. Pharmaceutical waste was stored separately and collected periodically for disposal by an authorised contractor. Drug and device alerts and recalls were circulated by the hospital's governance team. The pharmacy team were required to notify the governance team of any action taken. The pharmacist described an occasion when affected stock relating to a recall had been quarantined and returned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

Inspector's evidence

The team had access to relevant reference sources including the British National Formularies, and they could use the internet for further research if needed. Pharmacy equipment was suitably maintained. The dispensary had a large medical fridge, a sink, and a suitably secured CD cabinet. The medical fridge temperature was monitored to make sure it was suitable for the storage of cold chain medicines. The pharmacy computer terminals were located so they were not visible to members of the public. Computer systems were password protected. And the pharmacy had a dedicated telephone line, so people could contact the team directly. All 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.