

Registered pharmacy inspection report

Pharmacy Name: The Pharmacy At Mayfair and Clinic, 4 Shepherd Market, Mayfair, London, W1J 7QB

Pharmacy reference: 9012040

Type of pharmacy: Community

Date of inspection: 06/11/2023

Pharmacy context

This community pharmacy is located in small square alongside other shops and businesses in Mayfair, London. It sells retail goods including over the counter medicines, and it dispenses prescriptions. The pharmacy offers other services including flu vaccinations and a private doctor/GP service operates from a consultation room on the premises. This service is regulated by the Care Quality Commission.

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

Overall, the pharmacy manages the risks associated with its services. It largely maintains accurate records so it can show how it supplies medicines safely. And it keeps people's private information safe. The team understands its role in supporting and safeguarding vulnerable people. But there are weaknesses in some of the pharmacy's governance arrangements which means the team might not always work effectively. It has some standard operating procedures, but it does not make effective use of these to make sure team members always understand their responsibilities. And it has not fully considered the risks or developed appropriate policies for its pharmacist led prescribing service, so it can demonstrate that this service is safely managed.

Inspector's evidence

The superintendent (SI) usually worked as the regular responsible pharmacist (RP). He was the sole director of the company which owned the pharmacy. An RP notice was displayed in the dispensary. The pharmacy had professional indemnity insurance for the services provided and the SI provided a copy of the current insurance certificate.

Standard operating procedures (SOPs) were based on commercial templates. The procedures were comprehensive and covered most of the pharmacy's operational activities. SOPs weren't dated to show when they had been implemented and they did not always align with the pharmacy's processes. One of the medicines counter assistants correctly described which activities could only be carried out if the RP was present. But team members had not read or signed the SOPs relevant to their roles. This meant they might not fully understand their responsibilities.

The SI was responsible for managing any complaints and concerns. He said dispensing incidents were reviewed to promote learning and improvement. He described the action taken following an incident involving a switch between sildenafil and sertraline and how these two medicines had been separated on the shelves to prevent further selection errors, and how he had informed the locum pharmacist involved. But he could not provide any recent near miss or dispensing error logs to demonstrate recording and review of incidents was embedded in the pharmacy's processes.

The SI was an independent prescriber. He had recently introduced a pharmacist led prescribing service and he occasionally prescribed medicines for acute conditions related to the ear, nose, throat, or skin. The SI explained that he would not treat people under 18 or prescribe certain high-risk medications, and how he would refer complex conditions to the onsite GP service. But there was no written risk assessment or service specification with inclusion and exclusion criteria for the pharmacist-led prescribing service. Or policy explaining how a person's health information was verified, or in what circumstances a person's usual doctor would be informed if medication was prescribed and supplied.

The pharmacy used a patient medication record (PMR) system to record prescription supplies. The RP log appeared to be suitably maintained, although the RP had entered the time they anticipated finishing in advance. This could lead to inaccuracies and could make it harder to confirm who was responsible at a given point in time. The private prescription register was incorporated into the PMR. The small sample

of records seen contained the right information. The pharmacy often supplied prescriptions at the request of the prescriber in advance of the prescription being received. A copy of the prescription was sent by email which the pharmacy then supplied. However, the pharmacy did not record these appropriately so show the circumstances of the supply. This made it harder for the team to audit and reconcile any missing prescriptions, and it could make it harder for the pharmacy to show what has happened in the event of a query. Dispensed private prescriptions were usually retained and filed in date order. Private CD prescriptions were photocopied, and the original was sent to the appropriate authority for auditing purposes. The pharmacy's controlled drugs (CDs) registers were suitably maintained. A random balance was checked and found to be accurate. The team completed occasional CD audits. The pharmacy did not have a specific CD destruction record for unwanted CDs returned to the pharmacy, however the SI agreed to set up a register to record the receipt and destruction of patient returned CDs. The pharmacy did not have any 'specials' records as it did not often supply any unlicensed medicines on prescription, but the SI was aware of the record keeping requirements.

The pharmacy explained its privacy policy on its website. Team members understood the principles of data protection and confidentiality, and their obligations were outlined in their employment contracts. One of the medicines counter assistants described how they segregated and disposed of confidential waste. Prescriptions and confidential material were stored out of view in staff only areas. The SI had completed level two safeguarding training and understood how to support vulnerable people. Safeguarding information was included in the SOPs folder. Other team members hadn't completed any specific safeguarding training, but they knew to refer any concerns to the pharmacist. The pharmacy had a chaperone policy. People's written consent was obtained for services such as flu vaccinations, but there wasn't a similar process for people requesting consultations with the pharmacist prescriber.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Team members work under supervision, and they have completed appropriate training for their roles. But the pharmacy does not have a structured approach to staff training, which means the pharmacy cannot easily demonstrate that team members have the necessary skills.

Inspector's evidence

The SI and two medicines counter assistants were working at the time of the inspection. Another pharmacist was shadowing the SI and they were due to take over some regular shifts as the RP. This meant the SI would have more flexibility to offer other services and undertake management responsibilities. The foot fall was steady. People were greeted promptly, and the workload was manageable. Team members had to request holiday and it was approved by the SI. Usually only one team member was permitted leave at a time. The SI explained the pharmacy had recruited a trained dispenser who was due to start working the following week to support the RP with dispensary tasks and permit more flexibility within the team.

Both MCAs worked full time. One had some previous experience of working in a pharmacy and confirmed he had completed a healthcare assistant's course, although the SI was not aware that he had completed a course. The other MCA said she had completed her training in the pharmacy. But the pharmacy did not keep up to date training records, so it could not easily demonstrate that team members had appropriate skills and competence for their roles. Team members felt able to discuss any issues with the SI. The pharmacy had a whistleblowing policy, but this had not been circulated amongst the team members, so they may be less confident about seeking support or raising a concern externally.

Team members worked under the supervision of the RP. One of the MCAs who had worked at the pharmacy for some time was aware which OTC medicines were considered high risk and explained how she would refer unusual requests to the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for the delivery of healthcare services. It has consultation rooms, so people can receive services and speak to the pharmacist in private.

Inspector's evidence

The pharmacy had previously operated from the premises next door and had relocated to new premises approximately 11 months ago. The building was older and traditional in style, but the premises had been fully refitted prior to the move, and the interior was modern and well presented. The pharmacy was arranged over two floors. The dispensary, retail area and pharmacy consultation room were situated on the ground floor. GP's consultation and waiting rooms, staff facilities and additional storage space were located in the basement which was accessed by stairs

The dispensary overlooked the medicines counter so the RP could easily intervene and supervise sales. It had enough bench and storage space for the dispensing operation although the benches were cluttered in places. The consultation room was small but suitably equipped with a desk and two chairs.

The pharmacy was clean and well maintained. Lighting levels were appropriate and air conditioning controlled the room temperature. The staff toilet had hand washing facilities. The pharmacy was suitably secured overnight.

The pharmacy's website <https://www.pharmacymayfair.co.uk/> promoted its services. People could purchase a range of beauty and wellbeing products via the website. The pharmacy did not sell any medicines online. The website provided information about the company which owned the pharmacy. But some information on the website was no longer relevant, and it did not include the pharmacy or the superintendent's registration details so people could easily check this if they wanted to.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally delivers its services safely. It obtains medicines from recognised suppliers and stores them securely. But the pharmacy does not retain records of consultations with the pharmacist prescriber to show how decisions are made and why medicines are prescribed.

Inspector's evidence

The pharmacy was open Monday to Saturday. There was a small step at the entrance, so the pharmacy might not be easily accessible to people with mobility difficulties, but staff could offer help if needed. And the SI explained they would occasionally offer home deliveries if people were unable to visit the pharmacy in person. People could also contact the pharmacy by telephone or email.

The pharmacy had an NHS contract, but it dispensed very few NHS prescriptions, and it mainly dispensed private prescriptions. The pharmacist usually dispensed and checked prescription medicines. Dispensed medicines were appropriately labelled, and patient leaflets were supplied. Dispensing labels had 'dispensed' and 'checked' boxes so the pharmacist responsible for the supply could be identified. Baskets were used to keep prescriptions separate during the assembly process. Interventions were recorded on the PMR notes. The pharmacists were aware of the risks of valproate and isotretinoin to people in the at-risk group and the requirements for a Pregnancy Prevention Programme, and that valproate should only be supplied in manufacturer's packs. The pharmacy did not have any valproate products in stock. Isotretinoin was occasionally dispensed, and packs contained the required warning information.

The pharmacist provided a private flu vaccination service under a Patient Group Direction. Appropriate records were maintained. The SI had only recently initiated the pharmacist led prescribing service. People usually presented on a walk-in basis. The volume of prescribing was very low as most people preferred to use the GP service if it was available. Prescriptions were only issued for acute conditions or for medication the person had been prescribed before. For example, the SI had recently prescribed a topical treatment for a minor skin condition. He said he would usually record consultation notes on the person's PMR, but there appeared to be no record of this consultation.

Medicines were sourced from licensed wholesalers. Pharmacy (P) medicines were stored behind the counter. POMs were stored in an orderly manner in the dispensary. A random check of stock found no expired items. The fridge temperature was within the recommended range. The pharmacy had record records showing the minimum and maximum temperatures had been recorded but these had lapsed in recent months, which meant the pharmacy could not demonstrate that medicines were always stored in appropriate conditions.

The SI said he would make sure that monitoring and recording of fridge temperatures was reinstated. Sharps, clinical waste and obsolete medicines were segregated in designated bins. Several full bins were awaiting collection by an authorised waste contractor. The SI said the pharmacy was subscribed to receive MHRA email drug and device alerts. He demonstrated recent alerts had been received. But the pharmacy did not have a proper system in place so it could not demonstrate these were always received and actioned promptly.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses equipment in a way that keeps people's information safe.

Inspector's evidence

Computer screens were not visible to the public and electrical equipment appeared to be in working order. The PMR system was password protected. Pharmacists used their own NHS smartcards. Internet access was available so the team could access appropriate reference sources. Basic equipment for dispensing purposes was available including cartons and liquid measures. The dispensary sink was clean. A medical fridge was used for storing medicines; it was clean and well organised. The CD cabinet was suitably secured. A blood pressure meter and vaccination equipment including adrenaline for anaphylaxis and sharps bins were kept in the consultation room. The SI said he had other diagnostic equipment to support the pharmacist led prescribing service including strep A throat swab tests, an otoscope and a stethoscope.

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.