

# Registered pharmacy inspection report

**Pharmacy Name:** Viva Pharmacy and Clinic, 102A Brompton Road,  
London, SW3 1JJ

**Pharmacy reference:** 9012232

**Type of pharmacy:** Community

**Date of inspection:** 19/08/2024

## Pharmacy context

This pharmacy is situated in a retail premises on a busy main road in Knightsbridge, London. It first registered in October 2023, and it is open seven days a week. The pharmacy sells over-the-counter medicines, and a range of wellbeing and skin care products, and it dispenses occasional private prescriptions. It works in partnership with a private doctor service which is registered with the Care Quality Commission. People who use the pharmacy are more likely to be tourists rather than local residents or workers. The pharmacy does not provide any NHS services. Aesthetic and laser clinics operate from the same site as the pharmacy.

## 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 generally manages the risks associated with its services. Members of the pharmacy team keep people's private information safe, and they know how to safeguard people who may be vulnerable. The pharmacy has written procedures to make sure the team works safely. But team members haven't read some important procedures relevant to their roles, so they might not always know what to do or what is expected of them. And the pharmacy does not have a written policy explaining its responsibilities regarding the private doctor service that it works in partnership with. This means it could find it harder to justify its actions if there was a query or concern relating to this aspect of its service.

### Inspector's evidence

The pharmacy was one of two pharmacies under the same ownership. The company's other pharmacy was located in Mayfair, and it had been trading for a number of years. The superintendent pharmacist worked regularly at the pharmacy as the responsible pharmacist (RP) and was present at the inspection.

An RP notice identified the pharmacist on duty. It was positioned at the back of a shelf, so it was not easy for people to see. The notice was moved to a more prominent position when this was pointed out.

The pharmacy had a set of standard operating procedures (SOPs) based on commercially available templates. SOPs had been approved by the superintendent in September 2023. SOPs covered the main operational activities, but some were not relevant to the pharmacy. For example, some SOPs referred to NHS activities or services that were not provided. Team members working at the pharmacy had read some of the SOPs and signed to confirm their agreement. But team members had not signed the SOP which explained the activities that could and could not take place when the RP was absent, so they might not know what to do if this happened. The superintendent agreed to make sure this oversight was rectified as soon as possible.

The pharmacy had a book for recording incidents and near miss errors. The pharmacy had only reported one near miss since opening. There didn't appear to be a separate process for recording dispensing incidents which might require a more detailed explanation of the action taken and the learning involved. The superintendent agreed to review the incident reporting procedures to make sure all the necessary information was recorded and shared with the team members so they could learn from mistakes. The volume of dispensing at the pharmacy was very low which might explain the lack of recording. Complaints were managed by the superintendent. The pharmacy did not display any information explaining how people could provide feedback or complain, which may discourage reporting.

The pharmacy worked closely with a private doctor service. The doctors who worked for the service sometimes conducted consultations at the pharmacy, although the service mainly operated from the other pharmacy. The superintendent explained that people visiting or contacting the pharmacy who requested prescription medicines were referred to the private doctor service after an initial assessment by the pharmacist. The pharmacy usually dispensed prescriptions that were then issued by the private doctor. The pharmacy did not have a written procedure explaining the working arrangements with the private doctor service, identifying who was responsible for what, or showing how the pharmacy managed risks associated with this activity. This could make it harder for the pharmacy to justify its actions if there was a query involving this aspect of its service.

The pharmacy had professional indemnity insurance in place for the services it provided. The RP record met requirements. The pharmacy used a recognised patient medication record (PMR) system to record supplies of prescription medicines. Private prescription records were integral to the PMR system, and a sample of records were viewed. Most private register entries contained the correct information although the prescriber's address was sometimes missing. This was highlighted to the superintendent who agreed to make sure records contained the correct information. He explained that the pharmacy did not usually make any emergency supplies and it only supplied prescription medicines if a valid prescription was presented.

The pharmacy was registered with the Information Commissioners Office, but it did not display a privacy notice so people could be assured about how it handled their data. Confidential information was stored and disposed of securely. The retail assistant understood the basic principles of data protection and confidentiality, but it was unclear if team members signed a confidentiality clause or information governance SOP as confirmation of their understanding. Regular pharmacists had completed safeguarding training. The superintendent said there was a safeguarding SOP, although this could not be located during the inspection to confirm if team members had read it.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a small team, but this is sufficient for its current workload. Team members work under the supervision of a pharmacist. And the pharmacy provides appropriate training so team members can develop the skills necessary for their roles. But the pharmacy doesn't have a clear process to empower team members to provide feedback or report concerns, so they may feel discouraged from doing this.

### Inspector's evidence

The superintendent was working alone in the pharmacy at the start of the inspection but was later joined by a retail assistant who worked mainly on the shop floor. She was new in her role and had not completed any formal training yet, although there was an intention to enrol her on a course once she had completed her probation. She worked under the supervision of the pharmacist and referred any healthcare queries to the pharmacist. The pharmacy employed two other team members who both worked part-time. One had completed a dispensing assistants course and the other was qualified as a medicines counter assistant. Copies of training certificates were provided. A second regular pharmacist provided cover as the RP when the superintendent was not working. The team members worked flexibly to cover any absences or holidays. Very few people entered the pharmacy during the inspection and team members could easily manage the workload. The superintendent believed a whistleblowing policy had been implemented at the same time as the SOPs, but a copy could not be located. He agreed to make sure that this was available to team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. It has consultation facilities, so people can speak to the pharmacist in private if needed.

### Inspector's evidence

The pharmacy was situated within a retail premises. The registered area was at the back of the retail area. It consisted of a medicines counter, dispensary, and consultation room. The dispensary occupied a small room behind the medicines counter. It was fitted with shelving and a work bench, and it was fitted with a lock so it could be secured if the pharmacist was absent. There were four consultation rooms on the premises. One was for pharmacy use. The other rooms were used by the GP service and the other clinics. There were toilet facilities and a stock room with staff kitchen at the back of the premises. The premises were clean, secure and suitably maintained. Air conditioning controlled the room temperature. The pharmacy didn't operate a website.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services and supplies medicines safely. It sources medicines from licensed suppliers and team members complete checks to make sure they are safe for people to use.

### Inspector's evidence

The pharmacy operated extended opening hours seven days a week. The superintendent was able to converse in Arabic which was useful as many of the people who used the pharmacy were from Middle Eastern countries.

The volume of dispensing was low. The pharmacy dispensed some walk-in prescriptions issued by private clinics and doctors in the locality, but approximately half of the prescriptions it dispensed were issued by the private doctor service that it worked with.

The pharmacist usually dispensed and checked prescription medicines; but they didn't always sign the dispensing label to show who was responsible for the supply. Dispensed medicines were appropriately labelled, and patient leaflets were supplied. The pharmacist was aware which types of medicines were considered high risk including medicines which required a Pregnancy Prevention Programme to be in place. And he understood the dispensing requirements for valproate containing medicines.

The pharmacy sold a range of over-the-counter (OTC) medicines. Pharmacy medicines were stored behind the counter. The superintendent described which OTC medicines he considered to be high risk and how sales were sometimes refused.

Medicines were sourced from licensed wholesalers and suppliers based in the UK, and stored in an orderly manner in the dispensary. A random check of stock found no expired items. A fridge was used to store medicines requiring cold storage. The fridge temperature was within the recommended range. And the maximum and minimum temperatures were monitored and recorded daily to make sure the fridge was suitable for the storage of medicines. The pharmacy didn't have a pharmaceutical waste bin or a contract with an authorised waste contractor for disposal of unwanted or expired medicines as there hadn't been any need for it as yet, but the superintendent agreed to make sure suitable arrangements were in place. The pharmacy did not have any stocks of controlled drugs (CDs) requiring safe custody. Team members referred people presenting with prescriptions for schedule 2 and 3 CDs to other pharmacies nearby. The superintendent was able to demonstrate how the pharmacy received notification of any MHRA alerts by email, including alerts which had been recently issued. There wasn't a clear audit trail to show these had been read and actioned. This meant the pharmacy may not be always be able to show these are acted on promptly, but the superintendent agreed to set up an email folder for this purpose.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it has suitable facilities to protect people's private information.

### Inspector's evidence

Internet access was available, and the pharmacy team could refer to medicine reference sources. Patient records were stored electronically, and the system was password protect. The computer screen could not be viewed from the public areas of the pharmacy. The pharmacy had the basic equipment needed for the dispensing and storage of medicines including a fridge, a calibrated measure, and access to a sink for the preparation of medicines. Equipment was clean and suitably maintained.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.