General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: King's Pharmacy, 16 Thayer Street, London, W1U 3JU

Pharmacy reference: 9012304

Type of pharmacy: Community

Date of inspection: 31/07/2024

Pharmacy context

This pharmacy is located alongside other retail businesses in Marylebone, London. It first registered in February 2024. The pharmacy sells over-the-counter medicines, and it dispenses private prescriptions. It works in partnership with a private doctor provider which is registered with the Care Quality Commission. People who use the pharmacy are often visitors from Middle Eastern countries. The pharmacy does not provide any NHS services.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 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 some written procedures, so team members know what is expected of them. But it does not have a written policy explaining its responsibilities regarding the private doctor service that is 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 a short distance away on Edgware Road and it had been trading for a number of years. The pharmacy had a set of standard operating procedures (SOPs) which covered the main operational activities of the pharmacy. These had been approved by the superintendent. Team members working at the pharmacy had read the SOPs and signed to confirm their agreement. There were procedures for recording and reviewing incidents and near miss errors although the pharmacy had not reported any in the few months since opening. The volume of dispensing was very low which might explain the lack of recording. Complaints were usually resolved at the time but could be escalated to the superintendent if needed. The pharmacy did not display any information encouraging people to provide feedback or complain, which may inhibit reporting.

The pharmacy worked closely with a private doctor service which operated from the basement of the other pharmacy, and it regularly dispensed prescriptions issued by the private doctors who worked for the service. The director of the pharmacy who was present at the inspection, explained that the doctors were not currently conducting in person consultations at the pharmacy due to maintenance issues with the premises, and as a result the doctors offered telephone consultations instead. The pharmacist explained that people requesting prescription medicines were referred to the private doctor service. People were asked to complete a simple consent form and answer some basic healthcare questions and they were asked to provide proof of the medications they were taking. But it was unclear who was responsible for requesting this information from the person. If the private doctor prescribed medication, they usually contacted the pharmacy and requested an emergency supply of the medicines so the patient or their representative could collect it immediately. The doctor then provided the prescription to the pharmacy at a later date and the records were reconciled. A few prescriptions were provided to the patient to take to the pharmacy themselves. The pharmacist was able to contact the doctors and request more information to make sure the supply was safe and appropriate. However, 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 director and pharmacist acknowledged these issues and to agreed address them with the superintendent.

The pharmacy had professional indemnity insurance in place for the services it provided. A responsible pharmacist (RP) notice was displayed identifying the pharmacist on duty. The RP record met requirements. The pharmacy used a patient medication record (PMR) system to record supplies of

prescription medicines. Private prescription and emergency supply records were integral to the PMR system, and a sample of records were viewed. Some of the pharmacy's emergency supply records from earlier in the year were not correctly annotated to indicate if they had been made at the patient's or doctor's request. The pharmacist explained he'd identified this as a training issue which had since been resolved and more recent records appeared to be correct. A number of private prescriptions and emergency supply records had missing or inaccurate information. For example, the patient's address was not always recorded, and prescriber details were sometimes incomplete. This was highlighted to the pharmacist who agreed to make sure both prescriptions and records contained the correct information. The pharmacy very occasionally supplied unlicensed medicines. Batch details were usually recorded at the time of the supply, but information about how the medicine had been obtained was not always recorded, which could make it harder for the pharmacy to show that these supplies were obtained from approved sources.

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. Team members signed a confidentiality agreement when they started working at the pharmacy. The pharmacist had completed safeguarding training. Safeguarding SOPs and contact details were available.

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.

Inspector's evidence

The RP was working alone in the pharmacy initially but was later joined by the director who provided support and worked as a medicines counter assistant. She had completed accredited training for her role. The pharmacy employed two other team members on zero-hour contracts, but they hadn't started working at the pharmacy as the workload had not warranted it. Both team members had already been enrolled on pharmacy assistant training courses. The RP worked at the pharmacy regularly and three locum pharmacists provided cover on the days when he was not working. Very few people entered the pharmacy during the inspection and team members could easily manage the workload. The superintendent pharmacist usually worked at the other pharmacy, but she was easily contactable.

The RP was qualified as a prescriber, but he was not undertaking any prescribing at the pharmacy. He felt able to exercise his professional judgement in the best interests of patients and could refuse to supply a prescription if he felt it wasn't appropriate.

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 in a small retail unit. It was arranged over two floors. The retail area was on the ground floor. There was a medicines counter and small open plan dispensary at the back of the retail area. The pharmacy was bright, clean and fitted to a good standard. Air conditioning controlled the room temperature. Stairs from the retail area led to the basement where there was additional storage space, consultation rooms, and an office. There was a staff toilet with handwashing facilities.

The pharmacy was mentioned on https://kingsmedicalcentre.london/ website. The website primarily promoted the private doctor service. It contained information about the pharmacy and some of its team members, but it did not provide the pharmacy's GPhC registration or the superintendent's details, so people using the services may not be able to easily make additional checks about the registration status if they wanted to. The director agreed to update the website to include this information.

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. But the pharmacy doesn't have a system for managing medicine alerts and recalls, which means it might not always deal with these promptly.

Inspector's evidence

The pharmacy operated extended opening hours seven days a week. People could contact the pharmacy by telephone or email. The pharmacist spoke Arabic which was useful as many of the people who used the pharmacy, and the associated private doctor service, were from Middle Eastern countries.

The pharmacist usually dispensed and checked prescription medicines, and they signed 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 dispensed some walk-in prescriptions issued by private clinics in the locality, but the majority of prescriptions it dispensed were issued by the private doctor service. Most of the patients of the private doctor service were from overseas and usually only their country of residence was recorded on the prescription by the prescriber. Prescriptions were for a range of medicines, but a number were for weight loss injections. The pharmacist described how he advised people to use these medicines and provided them with an instruction booklet. As many of these patients were travelling with these injections, the pharmacist also provided advice about storage conditions and provided cold packs and insulated packaging to make sure the medicines were kept at the correct temperature during transit.

The pharmacy sold a range of over-the-counter medicines, and health and well-being products. Pharmacy medicines were stored behind the counter. Team members knew which medicines were considered high risk and liable to abuse, and when to refer to the pharmacist.

Medicines were sourced from licensed wholesalers and suppliers based in the UK. A few overseas products were found on the shelves. The team members were unsure how these had been sourced as they'd been sent from the other pharmacy, but they agreed to obtain this information. Medicines were stored in an orderly manner in the dispensary. A random check of stock found no expired items. Date checking was recorded. 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. Waste medicines were separated. The pharmacy had a contract with an authorised waste contractor. 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 pharmacist knew that medicines and medical device alerts needed to be actioned and he was

aware of some alerts that had been issued in the last six months since the pharmacy opened, such as the reclassification of codeine linctus. But he was not able to demonstrate the pharmacy's system for managing alerts. During the inspection, he subscribed the pharmacy to the MHRA alerts system and agreed to make sure alerts were promptly actioned in future. And he agreed to check the historical records for any alerts that may have been missed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It maintains equipment so it suitable for use. And team members use equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources. Internet access was available. Patient records were stored electronically, and the system was password protected. The computer screen was positioned so it 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 dispensary sink, a medical fridge and a small CD cabinet. Equipment was clean and well maintained.

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.