

# Registered pharmacy inspection report

**Pharmacy Name:** The GHC Pharm Ltd, 103 Holloway Road, London, N7 8LT

**Pharmacy reference:** 9012320

**Type of pharmacy:** Private

**Date of inspection:** 09/10/2024

## Pharmacy context

The pharmacy is in an office in Islington. It does not provide any NHS services but dispenses medications against private prescriptions. It also offers consultations with a pharmacist and provides private flu vaccinations using Patient Group Directions (PGDs). And offers laser therapy for pain management and has a limited delivery service.

## 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 manages risks well and keeps the records it needs to by law. Team members protect people's information and have the relevant training to safeguard the welfare of vulnerable people using their services. People using the pharmacy's services can easily provide feedback in several ways, and the pharmacy has procedures to minimise errors and learn from its mistakes. The pharmacy has written procedures to help team members deliver safe and effective services.

### Inspector's evidence

The responsible pharmacist (RP) sign was correct and visible at the time of inspection, and the RP record was completed fully. Standard operating procedures (SOPs) had been updated recently. Team members had read them, and they were available to reference when required. The pharmacy had current indemnity insurance.

The pharmacy did not hold stock of controlled drugs (CDs) requiring safe storage, process unlicensed medicines or issue emergency supplies. The SI said that CDs would be ordered as required to fulfil a prescription. No CD registers were currently being used at the time of the inspection. Private prescription records contained the required information.

The pharmacy had logs available to record dispensing mistakes that were identified before reaching a person (near misses). The SI explained that due to the low number of items the pharmacy dispensed, it had not yet experienced any near misses. And there had been no reported dispensing mistakes which had reached people (dispensing errors). Feedback or complaints from people using the pharmacy's services could be received in person, via telephone, email or through the pharmacy's website and online review sites. If a complaint was received, team members could escalate issues to the SI and there was an SOP in place for reference if required.

The computer was password protected meaning that confidential electronic information was stored securely. Confidential paper waste was shredded on-site. The SI had registered with the information commissioner's office (ICO) and had completed information governance training through ECG Healthcare. The SI understood safeguarding requirements and was able to describe some of the signs to look for and the actions they would take to safeguard a vulnerable person. The SI had completed level two safeguarding training and was aware they could refer onto safeguarding authorities if required. Contacts for local safeguarding boards were listed in the safeguarding SOP for reference.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient levels of staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice, and team members do additional training to help develop their skills. Team members can raise concerns if needed.

### Inspector's evidence

The team consisted of the SI, who worked part-time, and one additional part-time pharmacist who mostly worked remotely but was available to cover absences or planned leave to ensure business continuity. There were no numerical targets set for the services offered and there was no backlog of workload.

There was no formal appraisal process for the additional pharmacist, however the SI described working openly and honestly with their team and had informal discussions around concerns and feedback. The SI had certificates of competency for the K-laser therapy service. And completed ongoing learning through the National Pharmacy Association, the Royal Pharmaceutical Society and MORPh resources, including webinars and face-to-face events. Training for safeguarding and basic life support was completed through ECG Healthcare.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it has appropriate space for providing its services safely. The pharmacy premises are also safe, secure, and appropriately maintained.

### Inspector's evidence

The pharmacy was in a building with a few other offices. The front door was always locked and a doorbell was used for people to request access. When entering there was a small corridor with a shared toilet with separate hand washing facilities at the end.

The pharmacy was clean and tidy. It had appropriate lighting and the temperature was suitable for the storage of medicines. There was a clean sink for handwashing, and the SI said that she cleaned the premises daily. There was a notice board to highlight health and safety work, and pharmacy priorities. Seating and a desk were available for completing consultations with people. The pharmacy had some supplements on display above the desk and pharmacy-only medicines were stored in a lockable cabinet with the prescription-only medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy suitably manages its healthcare services. It sources its medicines from reputable suppliers and stores them appropriately. Team members know the right actions to take in response to safety alerts and recalls, to ensure medicines and medical devices are fit for purpose.

### Inspector's evidence

People could access the pharmacy through a doorway just large enough for wheelchairs and pushchairs. There was step free access to the pharmacy. The pharmacy operated by appointments, which could be made by people using their website, and via telephone. And the SI said that they asked people about their accessibility requirements when booking appointments to accommodate people's needs where possible. The SI was multi-lingual.

All medicines were sourced from licenced suppliers and stock was checked routinely for out-of-date medicines. Lockable cabinets were in use for the storage of medicines and an ambient temperature record was kept, with the temperature data logger kept in the cabinet with the stock for accuracy of readings. A spot check of stock revealed no expired medicines. Safety alerts and drug recalls were received through the pharmacy system and there was an audit trail in place to document the action taken in response. 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. A medicinal waste bin was available in the pharmacy and was collected by a waste contractor when required.

Information on the dispensing labels could be made larger for people if required. Higher-risk medicines had not been dispensed by the pharmacy. However, the SI was able to describe some of the appropriate checks to perform before dispensing a prescription of this nature. The SI had not dispensed any prescriptions for valproate products, but they were aware of the risks and current guidance surrounding these, including checking whether people were on a Pregnancy Prevention Programme (PPP) where appropriate.

The pharmacy had a valid PGD in place for providing the flu vaccination service and the SI confirmed they had completed the appropriate training, however the service had not yet started. The pharmacy provided K-Laser therapeutic services for pain management. The SI showed the sign that was used on the pharmacy entrance to make sure people did not enter when laser therapy is in progress. Consultation forms were seen to be completed well and pain monitoring was completed for each person, each session, to assess the efficacy and appropriateness of the treatment.

The pharmacy offered a limited delivery service to people who lived locally. All deliveries were made within the pharmacy's opening hours by the SI. Medicines would be returned to the pharmacy if people were not home, however this had not occurred. The pharmacy had contact numbers for people receiving deliveries and arranged this with them before attempting to deliver.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. 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 blood pressure monitor and temperature data loggers were calibrated annually. And the K-laser was also serviced annually. Anaphylaxis kits were available, along with sharps bins for the safe disposal of vaccines. The pharmacy's computer was password protected to safeguard information, and a portable telephone enabled the SI to ensure conversations were kept private where necessary. Separate mops were available for cleaning different areas of the premises such as the shared corridor, toilet, and pharmacy.

### 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.