

Registered pharmacy inspection report

Pharmacy Name: Queen Pharmacy, 240 Edgware Road, London, W2 1DW

Pharmacy reference: 9012372

Type of pharmacy: Community

Date of inspection: 11/09/2024

Pharmacy context

This pharmacy is located alongside other retail businesses on a busy main road. It first registered in March 2024. The pharmacy sells retail merchandise and over-the-counter medicines, and it dispenses 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 often overseas visitors. The pharmacy does not provide NHS services.

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 generally manages the risks associated with its services. Members of the pharmacy team keep people's private information safe, and they have a basic understanding of 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 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 services.

Inspector's evidence

The superintendent pharmacist who was the sole company director worked as the regular responsible pharmacist (RP). An RP notice identified the pharmacist on duty and was displayed next to the medicines counter. The pharmacy had professional indemnity insurance for the services it provided, and a copy of the current insurance certificate was available. The pharmacy had standard operating procedures (SOPs) which covered some of the 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. SOPs covered essential functions such as the RP regulations, dispensing processes and sales of medicines. There were procedures for recording and reviewing incidents and near miss errors although the pharmacy had only reported one near miss in the few months since opening. The pharmacy only dispensed a small volume of prescriptions each day, and the team were not working under pressure, which may explain the low level of reporting. The pharmacy displayed a notice explaining how people could raise a concern or make a complaint.

The pharmacy worked closely with a private doctor service. It regularly dispensed prescriptions issued by the private doctors who worked for the service. The pharmacist explained that people visiting the pharmacy who requested prescription medicines were referred to the private doctor service. People usually used the pharmacy's telephone and consultation room to speak to the doctor. Occasionally, the doctor visited the pharmacy to conduct consultations in person. People completed a consent form and answer some basic healthcare questions when accessing the private doctor service. The pharmacist sometimes assisted with this and undertook some simple assessments on behalf of the doctor, such as measuring people's weight and height when they requested weight loss treatments. If the private doctor conducted a telephone consultation and prescribed medication, they usually emailed the pharmacy and requested that the pharmacist supply the medicine so the person could collect it immediately. The doctor subsequently provided the prescription to the pharmacy and the records were reconciled. 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 services. The superintendent agreed to develop a procedure explaining the working arrangements so this was made clear.

The RP record was completed correctly with the exception of one recent absence where a reason had not been specified. The pharmacist agreed to make sure absences were correctly recorded in future. The pharmacy used a recognised patient medication record (PMR) system to record supplies of prescription medicines. Private prescription and emergency supply records were integral to the PMR

system. A sample of records were viewed. They generally contained the correct information, although the prescription date and the date the prescription was received was not always captured correctly which could make it harder for the pharmacy to explain what had happened. The pharmacist acknowledged this and suggested the pharmacy was developing an App so the private doctor could send prescriptions directly to the pharmacy and avoid the need for the prescription to be reconciled with the record of supply. Prescriptions were filed in date order. The pharmacy occasionally supplied unlicensed medicines, and batch details were usually recorded at the time of the supply.

The pharmacy was registered with the Information Commissioners Office, and it displayed a privacy notice so people could be assured about how it handled their data. Confidential information was stored and disposed of securely using a shredder. Team members understood the principles of data protection. The pharmacist said this was explained when staff first started working at the pharmacy. He was intending formalising this by developing a confidentiality SOP or policy.

The pharmacy had a safeguarding SOP with local safeguarding contact details. The pharmacist hadn't completed a safeguarding qualification recently, but he agreed to complete the Centre for Pharmacy Postgraduate Education training to update his knowledge. The pharmacy did not promote a chaperone policy, so people might not be aware this was an option.

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 essential training so team members can develop the skills needed for their roles.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist, an NVQ3 qualified dispenser, a qualified medicines counter assistant and two trainee medicines counters assistants. Training certificates and course enrolment information was available in a training folder. The pharmacy had also recently recruited a new team member who was working through their induction pending enrolment on a course.

At the time of the inspection the pharmacist was working with one of the trainee counter assistants. Only a few people entered the pharmacy during the course of the inspection and the team members were easily able to manage the workload. The pharmacy did not have a whistleblowing policy, but the superintendent agreed to implement one so team members could access this information if needed.

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 access services and speak to the pharmacist in private if needed.

Inspector's evidence

The pharmacy was situated in a spacious retail unit. It was fitted to a good standard, and bright, clean and professional in appearance. Air conditioning controlled the room temperature. There was a medicines counter and open plan dispensary at the back of the retail area. Behind the dispensary there was an office, kitchen area and staff toilet with handwashing facilities. A small consultation room could be accessed from the retail area. It was fitted with a desk and two chairs. Stairs from the retail area led to a basement but this area was still being refurbished and it was not accessible to staff or members of the public.

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. People could contact the pharmacy by telephone or email. Access from the street was reasonably unrestricted and staff offered assistance if needed.

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. He was aware of the dispensing requirements and recent changes regarding advisory counselling for people who were supplied with valproate containing medicines.

The pharmacy dispensed some walk-in prescriptions issued by private clinics in the locality, but most of the prescriptions it dispensed were issued by the private doctor service. Most of the people accessing the private doctor service were from overseas, including a high proportion of people from Middle Eastern countries. The pharmacist often filled in the details on the prescription when a supply was authorised, ready for the doctor to sign when visiting the pharmacy. But there wasn't always a clear audit trail to show when the pharmacy team had facilitated a telephone consultation. This could make it harder for the pharmacy to explain the pharmacy's involvement if there was a query or concern.

Prescriptions were for a range of medicines. Of the sample viewed, several prescriptions 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 people could purchase 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 well-being products. Pharmacy medicines were stored behind the counter. Team members knew which medicines were considered high risk and liable to abuse, such as codeine containing painkillers, and that sales should be monitored and restricted. They were less familiar with potential for abuse of cyclizine tablets, but this product was removed from display when this was pointed out.

Medicines were sourced from licensed wholesalers and suppliers based in the UK. Dispensary shelves were reasonably tidy. 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 monitored, and records indicated it had been consistently within the recommended range. Waste medicines were segregated. 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 pharmacy was subscribed to receive MHRA drug and device alerts and recalls. Recent alerts had been received and

actioned.

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 is suitable for use. And team members use equipment in a way that keeps people's information safe.

Inspector's evidence

Internet access was available, and the pharmacy team had access to the Electronic Medicines Compendium and range of up-to-date reference sources. The PMR 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. The consultation room had a sink and diagnostic equipment such as weight scales, a height measure, a blood pressure meter, and a glucose monitor. 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.