

Registered pharmacy inspection report

Pharmacy Name: London Lauriston Clinic Ltd, 34 Great Titchfield Street, London, W1W 8BQ

Pharmacy reference: 9012388

Type of pharmacy: Hospital

Date of inspection: 09/10/2024

Pharmacy context

This pharmacy is situated within a private clinic in central London, near Oxford Circus. The clinic offers consultations, diagnostics and treatments within several specialties. The clinic's services are regulated by the Care Quality Commission. The pharmacy is registered with the GPhC to dispense occasional external prescriptions and so people have the option to buy Pharmacy (P) medicines.

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 suitably manages the risks associated with its services. It has policies and procedures to make sure it operates safely. Team members keep people's private information safe, and they know how to safeguard people who may be vulnerable.

Inspector's evidence

The clinic first opened in July 2024. The business was still in its infancy and only a few speciality clinics were being held each week. The pharmacy mainly dispensed prescriptions for people attending the clinic. It had only dispensed one or two external prescriptions since registering with the GPhC.

The superintendent pharmacist worked as the regular pharmacist. A responsible pharmacist (RP) notice was displayed, and an electronic RP log was appropriately maintained using the patient medication record system (PMR).

The clinic had a range of policies and procedures covering its operational activities which the pharmacist could view on the clinic's computer system. The policies covered matters such as risk management, information governance, health and safety, and safeguarding. The pharmacist had completed mandatory training as part of their induction. There were a range of pharmacy specific procedures covering matters such as medicines management, the RP requirements and sales of medicines. Pharmacy procedures had been developed by the pharmacist and agreed by the clinic's medical director and registered manager. The registered manager was responsible for managing any complaints and a notice advising people of the process was displayed at the pharmacy reception. The medical director was the clinic's safeguarding lead and the pharmacist had completed appropriate training to level 3.

The pharmacy had systems in place for recording and managing near miss and dispensing errors, although none had been recorded since the pharmacy had started operating. The pharmacist explained that they only dispensed a small number of prescriptions each day, and they were not working under pressure so able to take their time when assembling and checking prescriptions. Any errors or patient safety issues were discussed at clinical meetings to ensure learnings were identified and improvements implemented. The private prescription register was integral to the PMR system. Records were audited each month for accuracy. Prescriptions were filed in chronological order. Any external prescriptions were filed separately for ease of reference. The pharmacy had supplied occasional unlicensed medicines on prescription and suitable records were maintained to show batch details and how they were sourced.

The pharmacy services were covered under the clinic's professional indemnity insurance. The company was registered with the Information Commissioner's Office. Confidential material was stored securely. Computer systems were password protected. A chaperone policy was in place, and this was promoted in the reception area.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy services are provided by a pharmacist who works as part of a wider clinical team. They are effectively supported in their role and able to make professional judgement decisions.

Inspector's evidence

The pharmacist worked alone in the pharmacy. The workload was easily manageable. There were no pharmacy support staff although there was the option to employ a technician should the workload increase. Regular locum pharmacists covered any absences of the regular pharmacist.

The pharmacist worked as part of the wider clinical team. They attended regular team meetings and could seek advice from the medical director if needed. The pharmacist had contributed ideas when setting up the pharmacy services and felt supported in their role by the management team. They had completed additional training in some of the clinical specialties provided by the clinic, such as ophthalmology, when preparing for their role. The clinic had various staff policies covering matters such as whistleblowing and it had nominated a freedom to speak up guardian.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is bright, clean and professional in appearance. It provides a suitable space for the delivery of healthcare services.

Inspector's evidence

The pharmacy was located in a room on the ground floor of the building next to the clinic's reception area. It was clean and well organised, and a suitable size for the workload undertaken. It had a desk, drawer storage units and a sink. Fixtures and fittings were in good order. The pharmacy was well lit and air conditioning controlled the room temperature.

The pharmacy had a hatch to the reception area so people could collect their medication. It did not have a dedicated consultation room, but the pharmacist could use one of the clinic's consultation rooms if they needed a private space to talk.

Only the pharmacist could access the pharmacy. It was kept locked when not in use, and the pharmacy was not accessible to clinic staff out of hours.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy 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 9am to 5.30pm Monday to Friday. It was not generally accessible to the public as the clinic mostly operated a closed-door policy with access on an appointment basis. Very little GPhC registrable activity was taking place and the pharmacy primarily dispensed medicines for people attending the clinic.

Only a few prescriptions were being dispensed each day. The pharmacy offered a delivery services using a same day courier service. Deliveries were auditable and the pharmacist usually telephoned the person in advance to check they were able to receive the medicines. Cold boxes were used to transport fridge medicines. People receiving deliveries were provided with the pharmacist's contact details so they could contact them if they had a query or concern. The pharmacist provided extra counselling when supplying higher risk medicines such as methotrexate, valproate or isotretinoin. All sales and supplies of medicines were conducted by the pharmacist. The pharmacy had not supplied any P medicines since opening.

Medicines were obtained from licensed suppliers and stored in an organised manner in the pharmacy. No out-of-date medicines were found on the shelves. A date checking system was in place and checks were recorded. Fridge temperatures were monitored and recorded so the pharmacy could demonstrate cold chain medicines were stored appropriately. The pharmacy had not stocked or supplied any controlled drugs requiring safe custody since opening. There was a process for separating obsolete medicines in the pharmacy until they were collected by an authorised waste contractor. Drug alerts were received by email from the Medicines and Healthcare products Regulatory Authority, and an audit trail was kept showing that these had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the facilities it needs to store and supply medicines safely. It maintains equipment so it is suitable for use.

Inspector's evidence

The pharmacy was suitably equipped with a medical fridge and drawer system for storing medicines. There was a sink with hand washing facilities. Other equipment for preparing medicines was available, such as cartons and measures. A shredder was used to destroy any confidential papers. The pharmacy had a single computer terminal which was sufficient for the workload. The pharmacist could access appropriate reference sources via the internet. All electrical equipment was new and in good working order.

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.