

Registered pharmacy inspection report

Pharmacy Name: One Welbeck Pharmacy, 1 Welbeck Street, London, W1G 0AR

Pharmacy reference: 9012391

Type of pharmacy: Hospital

Date of inspection: 23/10/2024

Pharmacy context

This pharmacy is situated within a private multi-disciplinary clinic in the Harley Street area of central London. The clinic offers consultations, diagnostics and treatments across several medical specialties. The pharmacy primarily dispenses prescriptions for people visiting the medical specialty centres. It also sells a limited range of 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 ensure it operates safely, and it keep appropriate records. Team members keep people's private information safe, and they know how to safeguard people who may be vulnerable.

Inspector's evidence

The pharmacy's primary activity was dispensing outpatient prescriptions issued by clinicians working for the medical speciality centres. Each medical speciality was owned by a different company registered with Care Quality Commission but operated under the One Welbeck group. The pharmacy first registered in April 2024. It was insured through an overarching policy for the Welbeck group.

The superintendent pharmacist provided leadership and worked in the pharmacy several days a week. A responsible pharmacist (RP) was nominated each day to supervise the dispensing activities. An RP notice was displayed so people could identify the pharmacist on duty. Pharmacy team members had clearly defined roles and worked within their capabilities.

A range of policies and procedures issued by the One Welbeck group covered matters such as risk management, information governance, health and safety, and safeguarding. Team members completed mandatory training on these as part of their induction. Pharmacy specific procedures covering matters such as medicines management, the RP requirements and sales of medicines had been developed by the superintendent pharmacist. SOPs were being continually reviewed updated as the pharmacy services developed. For example, an SOP for deliveries was being drafted as the pharmacy had started recently offering a delivery service. All policies and procedures were available to the team members electronically. Training records were integral to the system and completion was monitored by the superintendent pharmacist.

There was complaints policy for the One Welbeck group and people could use QR codes to provide instant feedback about any of the services, including the pharmacy. No formal complaints about the pharmacy had been received since opening. The pharmacy had installed a hearing amplifier system at the reception desks to help improve communication in response to feedback from service users.

The pharmacy had systems for recording and managing near miss and dispensing errors. Any errors or patient safety issues were discussed with the team to ensure learnings were identified and improvements implemented. A few labelling near miss errors had led the team to request some system updates to include pre-formatted dosage codes to minimise the likelihood of similar incidents happening again. Patient safety incidents were also reported centrally and discussed at wider clinical meetings which the superintendent attended.

The pharmacy had access to the One Welbeck group integrated clinical management system. This was used to record prescription supplies and generate dispensing labels. The private prescription register was integral to the system. The system could not generate a private prescription record with all the required details at the time of the inspection. However, the superintendent subsequently confirmed this issue had been resolved and the pharmacy could produce a report with the correct fields.

Dispensed private prescriptions were scanned and retained with the person's clinical record. A paper RP log was maintained. Lunch break absences were not always recorded properly, but this was highlighted to the superintendent who agreed to remind the team to do this. The pharmacy supplied occasional controlled drugs (CDs). CD registers were appropriately maintained. The pharmacy recorded supplies of unlicensed medicines to show how they had been sourced and supplied.

The pharmacy was registered with the Information Commissioner's Office. Information sharing agreements across the group were implicit. Confidential material was stored securely and disposed of safely. Computer systems were password protected. A chaperone policy was in place. Pharmacy team members had completed level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy services are provided by team members who work as part of a wider clinical team. They receive appropriate training for their roles, so they have the right skills and knowledge. And they are effectively supported and able to make professional judgement decisions.

Inspector's evidence

The pharmacy employed a second pharmacist, a pharmacy technician and a dispenser in addition to the superintendent pharmacist. They all worked full-time. Staffing was planned to ensure continual cover. A part-time locum pharmacist and an agency pharmacy technician were also supporting the team at the time of the inspection. All team members were DBS checked and qualified for their roles.

Team members worked well together and communicated openly with each other. The superintendent held regular team briefings to make sure team members were kept informed of operational and professional matters. The pharmacy team held training sessions each month. Recent training included sessions on medicines used to treat skin conditions and support weight loss.

The pharmacy team members worked as part of the wider clinical team. The superintendent attended regular team meetings. They had contributed ideas when setting up the pharmacy services and felt supported in their role by the management team. There were various staff policies covering matters such as whistleblowing and freedom to speak up processes.

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 close to the reception area. It was clean and well organised, and a suitable size for the workload. It had enough bench space and storage units, and there was a small office for administrative tasks. Fixtures and fittings were newly fitted and in good order. The pharmacy was well lit and air conditioning controlled the room temperature.

The pharmacy had two low level reception desks with screens so people could drop off their prescriptions and collect their medication. It had a dedicated consultation room, if people needed a private space to talk with one of the pharmacy team members.

Only members of the pharmacy team could access the pharmacy using individual key card swipe access. It was alarmed and locked when not in use and not accessible to clinic staff out of hours. Pharmacy keys were held securely, and access to keys was auditable.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy operated 9am to 6pm Monday to Friday. The healthcare centre was not generally accessible to members of the public and people attended on an appointment basis. The pharmacy was signposted. People were greeted at the reception desk. The amplifier system included and hearing loop. The team had access to translation services if needed. Team members could signpost people to other local pharmacies nearby for a service not offered or if the pharmacy did not stock the medicine requested on the prescription.

Team members completed a 'prescription checklist' when prescriptions were presented to check details were correct and highlight any allergies or potential clinical issues. Pharmacists could access the person's internal clinical records when screening prescriptions to support their assessment. Dispensing labels and prescriptions including audit trails identifying the team members involved in the supply of the medicine. Clinical interventions were recorded on the prescription or the person's clinical record. Around 300 consultants worked with the One Welbeck group across the various medical specialties. A directory contained basic information about each consultant and their contact details.

People could collect their medicines in person or prescriptions could be delivered to people's home using postal and courier services. The pharmacy could message people when their prescription was ready to collect. Otherwise, people could opt to use a paging system so they could wait in the reception area and be alerted when their prescription was ready. Deliveries were auditable and the pharmacy team usually telephoned the person in advance to check they were able to receive the medicines. Fridge lines and CDs were not routinely delivered.

Pharmacists provided extra counselling when supplying higher risk medicines such as isotretinoin, methotrexate, valproate. Team members were aware which medicines required a Pregnancy Prevention Programme. All sales and supplies of medicines were conducted by the pharmacist. The pharmacy occasionally supplied over-the-counter including P medicines since opening. All sales were conducted by qualified staff.

Medicines were obtained from licensed suppliers and stored in an organised manner in the pharmacy. The agency pharmacy technician was a procurement specialist in sourcing unusual medicines. A date checking system was in place and checks were recorded. No out-of-date medicines were found on the shelves. All areas used to store medicines were temperature monitored. Fridge temperatures were monitored using probes which alerted team members if they were out of range. Obsolete medicines were stored separately in the pharmacy until they were collected by an authorised waste contractor. Drug and device alerts from the Medicines and Healthcare products Regulatory Authority were received centrally by the clinical governance team and cascaded to the pharmacy. A response was sent to the clinical governance team to confirm they 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's equipment including two large medical fridges, a suitably secured CD cabinet and a small sink with hand washing facilities. Other equipment for preparing medicines was available, such as cartons and measures. The pharmacy had enough computer terminals for the workload. Electronic records were stored on a cloud-based system, so they were retrievable. Pharmacy team members could access appropriate reference sources via the internet. Team members could also access professional support from the National Pharmacy Association. All electrical equipment was clean, well maintained, 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.