General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Same Day Clinic, 208 Upper Richmond Road, London, SW15 6TD

Pharmacy reference: 9012404

Type of pharmacy: Community

Date of inspection: 05/11/2024

Pharmacy context

This private pharmacy is located within an aesthetics and medical services training centre in Putney. The pharmacy opens six days a week. It sells medicines over the counter. It doesn't provide any NHS services. But it dispenses people's private prescriptions. People can visit the pharmacy to have their blood pressure checked. And they can have their ear wax removed. The pharmacy offers a face-to face prescribing service for a range of conditions including treatments for minor ailments, some long-term conditions, travel medicines, Vitamin B12 deficiency and weight-loss. And a pharmacist independent prescriber (PIP) prescribes these medicines.

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 its risks appropriately. It has written instructions to help its team members work safely. It mostly keeps the records it needs to by law. It has the insurance it needs to protect people if things do go wrong. And people can share their experiences of using the pharmacy and its services to help it do things better. People who work in the pharmacy can explain what they do, what they are responsible for and when they might seek help. They keep people's private information safe. And they understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had a notice that told people who the responsible pharmacist (RP) was at that time. It had standard operating procedures (SOPs) for the services it provided, which were held electronically. And some were scheduled to be reviewed within the next year. People who worked at the pharmacy knew what they could and couldn't do, what they were responsible for and when they might seek help. Their roles and responsibilities were described in the SOPs. And they were required to read the SOPs relevant to their roles. But they hadn't signed the SOPs to show they understood them and agreed to follow them. A team member explained that they couldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist.

The pharmacy provided a walk-in PIP-led prescribing service. And currently this was only provided by the RP. People accessing the prescribing service were aged 18 or over and usually lived locally. They were seen in person by the prescriber in the consulting room. And they could choose to have a chaperone with them during their consultation. The pharmacy had prescribing SOPs or policies for minor ailments, some long-term conditions, travel medicines, Vitamin B12 supplementation and weight-loss treatments. But more information, such as inclusion and exclusion criteria, could be added to strengthen these. And, for example, the policy for weight-loss treatments could have included further detail about when a treatment should be stopped. The pharmacy had a general risk assessment for its dispensing and prescribing services. And it had a written risk assessment for the weight-loss treatments it prescribed. But it could do more to make sure an appropriate risk assessment was in place for each condition its PIP prescribed for. The prescriber needed to check the patient they were seeing was who they said they were. And proof of previous prescribing by the person's GP and, if necessary, supporting information, such as recent test results, were asked for before medication for a long-term condition was prescribed. But the prescriber recognised the limits of their knowledge and signposted people to their GP or regular clinician when something was not within their scope of practice. The prescriber worked in line with local and national prescribing guidance. And this included, for example, National Institute for Health and Care Excellence (NICE), antimicrobial stewardship and National Travel Health Network and Centre (NaTHNac) guidelines. The prescriber asked the patient for their consent to share the details of the consultation and the treatment they received with their GP. And patients were given a letter they could send to their GP.

The pharmacy had a process to deal with incidents. And this included, for example, dispensing mistakes that were found before reaching a person (near misses) and those which weren't (dispensing errors). The pharmacy team were required to discuss and log the mistakes it made to learn from them and help stop the same sort of things happening again. But it hadn't made any mistakes since it opened. The RP

had recently carried out an audit looking at antimicrobial prescribing at the pharmacy. But more could have been done to make sure the overall outcome and actions from this audit were made clearer. The RP also planned to complete audits and reviews of the pharmacy's weight-loss treatment service, its prescribing in general and the records its kept.

The pharmacy had a complaints procedure. People could share their views and make suggestions about how the pharmacy could do things better. And the layout of the pharmacy was changed following feedback. But the details of the superintendent pharmacist included in the complaints policy on the pharmacy's website needed to be updated. The pharmacy and its prescriber had insurance arrangements in place, including professional indemnity, for the services they provided. The pharmacy didn't prescribe or supply any controlled drugs (CDs). It didn't supply unlicensed medicinal products. And it didn't make emergency supplies of medicines. The pharmacy kept appropriate records to show which pharmacist was the RP and when. And it kept a written record of the private prescriptions it supplied. But it could do more to make sure the details of the prescriber, including their address, were recorded. The pharmacy kept paper consultation records for each patient in line with the Royal Pharmaceutical Society's prescribing framework. But its prescriber could do more to make sure any subsequent entries or new information added to these records were in chronological order and dated making them clearer and easier to understand and review. The prescriber used a comprehensive prof-forma during weight-loss consultations. But they didn't always complete all the sections on this form. And they sometimes didn't document when they administered a weight-loss injection. The RP gave assurance that steps would be taken to review and strengthen the process for how consultation records were made, accessed and stored.

People using the pharmacy couldn't see other people's personal information. And the company that owned the pharmacy was registered with the Information Commissioner's Office. The pharmacy had a data protection and confidentiality policy. It had arrangements to make sure confidential information was stored and disposed of securely. And its website told people how their personal information was gathered, used and shared by the pharmacy and its team. And its team needed to complete a self-assessment each year and declare to the NHS that it was practising good data security and it was handling personal information correctly. The pharmacy had a safeguarding SOP. And the RP had completed level 2 safeguarding training. People who worked at the pharmacy knew what to do or who they would make aware if they had a safeguarding concern. People were asked to complete a mental health screening questionnaire as part of the weight-loss consultation. And the prescriber also checked if the patient had the capacity to make decisions about their care. The pharmacy had a chaperone policy. And a chaperone was available and present if the prescriber needed to examine someone who was of a different gender to them.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough people in its team to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They are comfortable about giving feedback to help the pharmacy do things better. And they know how to raise a concern if they have one.

Inspector's evidence

The pharmacy team consisted of the RP and a trainee dispensing assistant. The pharmacy depended upon its team or a locum pharmacist to cover absences. The people working at the pharmacy during the inspection included the RP and the trainee dispensing assistant. The RP was the pharmacy's regular pharmacist. They were also the pharmacy's PIP, superintendent pharmacist and a director of the company that owned the pharmacy. They were solely responsible for the pharmacy's prescribing service. They were also responsible for leading the pharmacy and its team. And they supervised and oversaw the supply of medicines and, in some circumstances, administered them.

The trainee dispensing assistant had recently started an accredited training course relevant to their role. And they received ongoing support from the RP with their training. The RP worked and continued to work in general practice. And they had completed training in areas relevant to their scope of practice and what they prescribed at the pharmacy. The RP had a post graduate qualification in advanced clinical practice. And they participated in peer reviews into their prescribing role as part of their general practice work. But the pharmacy didn't currently have any in-house peer reviews for its prescribing service.

Team members could discuss their development needs and any clinical governance issues with one of the directors. The RP was required to keep their professional skills and knowledge up to date as part of their annual revalidation process. The pharmacy didn't set any targets or incentives for its team or its prescribing service. And it had a whistleblowing policy. Members of the pharmacy team felt able to make decisions that kept the people they cared for safe. They were up to date with their workload. They knew who they should raise a concern with if they had one. And they were comfortable about making suggestions on how to improve the pharmacy and its services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable environment to deliver it services from. And people can receive services in private when they need to.

Inspector's evidence

The registered pharmacy premises were set on the ground floor of a training centre. They were air-conditioned, bright, secure, clean and tidy. And they were only accessible to authorised personnel. The pharmacy had a counter, a dispensary and a retail area. And it had enough storage and workspace for its current workload. The pharmacy had a consulting room which was appropriate for the services it offered that required one or if someone needed to speak to a team member in private. And this was locked when not in use to make sure the things in it were kept secure. The pharmacy had some sinks and a supply of hot and cold water. And its team and a cleaner were responsible for keeping its premises clean and tidy.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services that people can access. Its working practices are generally safe and effective. And it gets its medicines from reputable sources. And it stores them appropriately and securely. Members of the pharmacy team are friendly and helpful. They can make decisions to keep the people they care for safe. They carry out checks to make sure the pharmacy's medicines are safe and fit for purpose. But they could do more to make sure unwanted medicines are disposed of properly.

Inspector's evidence

The pharmacy provided its services in person and not over the internet. But people could make an appointment online to visit the pharmacy or access a particular face-to-face service. The building the pharmacy was in didn't have an automated door. But its entrance was level with the outside pavement and the door was opened when necessary to help someone gain access. The pharmacy had a notice that told people when it was open. And a seating area was available for people to use when they wanted to wait. Members of the pharmacy team were friendly and helpful. And they took the time to listen to people. So, they could help and advise them, and signpost them to another provider if a service wasn't available at the pharmacy.

The trainee dispensing assistant described the questions they would ask when making over-the-counter recommendations. They explained that they would refer requests for treatments for animals, babies or young children, people who were pregnant or breastfeeding and people with long-term health conditions to the pharmacist. The RP largely dispensed the medicines they prescribed. But people could choose to have their prescriptions dispensed elsewhere if they wanted to. The RP took care to reduce the risks when supplying any medication they had prescribed. And they separated the prescribing and dispensing stages with a mental break. But more could be done to make sure a second suitably competent person was involved in carrying out the final accuracy check and the check for clinical appropriateness. The pharmacy had the anaphylaxis resources it needed for the treatments the RP administered. But it could do more to make sure a person's consent to receive a treatment and the details of the treatment administered were routinely recorded. The pharmacy team kept the dispensing workstation tidy. And medicines and medical devices were kept in an organised fashion within their original manufacturer's packaging. The pharmacy used a propriety patient medication record (PMR) system to generate appropriate labels when dispensing people's prescriptions. Its team kept the pharmacy and its workstations tidy. And it supplied patient information leaflets with the medicines it dispensed. So, people had the information they needed to take their medicines safely.

Members of the pharmacy team knew that women or girls able to have children mustn't take a valproate unless there was a pregnancy prevention programme in place. They knew that people in this at-risk group who were prescribed a valproate needed to be counselled on its contraindications. They were aware of the rules on dispensing valproate-containing medicines in the manufacturer's original full pack. And they had access to the resources they needed when they dispensed a valproate.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. Its team checked the expiry dates of medicines at the point of dispensing and at regular intervals which were recorded to show it had done so. The pharmacy stored its stock, which needed to be refrigerated, at an appropriate temperature. It had a process and suitable bins for the storage and disposal of clinical waste and spent

sharps. And it had procedures for handling the unwanted medicines people brought back to it. But it could do more to make sure it had an appropriate pharmaceutical waste bin to put these in. The pharmacy had a process for dealing with the alerts it received from the Medicines and Healthcare products Regulatory Agency (MHRA). And a team member described what actions they took and demonstrated what records they made when the pharmacy received an MHRA medicines recall.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. And its team makes sure the equipment it uses is clean and is suitable for what it's being used for.

Inspector's evidence

The pharmacy had some glass measures to measure out liquids. And these were cleaned before being used to measure out medicines. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team checked the refrigerator's maximum and minimum temperatures on the days the pharmacy was open. The pharmacy had suitable equipment for the diagnostic services it offered. This included a blood pressure monitor, a measuring tape, an otoscope and weighing scales. And this equipment appeared to be well maintained. The prescriber routinely checked a person's weight and confirmed their height during a weight-loss consultation. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. It restricted access to its computers and PMR system. And only authorised team members could use them when they put in their password.

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.