General Pharmaceutical Council

Enforcement action summary (Improvement notice)

Pharmacy trading name: Pro Chemist

Pharmacy address:

Unit 5, Central Business Centre, Great Central Way, London NW10 0UR

Premises registration number:

9011162

Enforcement action taken:

Issuing of an improvement notice - (Article 13 of the Pharmacy Order 2010)

Effective date:

05/08/2026

Premises standards failed:

4.3

Summary:

There are system-wide failures in the pharmacy's approach to governance and the management of risk. There is insufficient evidence that its written procedures have been fully implemented into the day-to-day running of the pharmacy. And the procedures its staff were seen to be following do not ensure the pharmacy operates safely. The pharmacy was undertaking registerable activity in non-registered premises and storing patient-returned controlled drugs there without ensuring they were complying with safe custody regulations.

Improvements required:

1. You must appropriately dispose of all returned, out-of-date or obsolete medicines and make arrangements for them to be removed from the premises and destroyed and not reused. You should obtain a list of medicines returned by each care home and retain those lists or be able to evidence the returned medication, as well as any copies of waste collection notes.

2. You must ensure all registerable activity only takes place on registered pharmacy premises, under the supervision of a responsible pharmacist.
3. You must ensure that all controlled drugs covered by The Misuse of Drugs (Safe Custody) Regulations 1973 are stored on the registered pharmacy premises in accordance with those regulations and secure from unauthorised access. And you must be able to demonstrate that you have robust systems to correctly store, record and account for out-of-date or patient-returned controlled drugs, including their denaturing and safe disposal.
4. You must ensure that running balance audits of schedule 2 controlled drugs are carried out at least once every month. Any discrepancies must be investigated within a timely manner. And any that cannot be resolved must be reported to the Controlled Drugs Accountable Officer.
5. You must demonstrate that medicines requiring refrigeration are stored in accordance with the manufacturer's recommendations. And you must be able to show that you have robust systems to monitor and record the fridge temperatures on an ongoing basis clearly showing what action has been taken when the temperature of any fridges exceeds the recommended range.
6. You must ensure that all medicines are date checked in accordance with the relevant SOP and team members have signed and dated training records to demonstrate their understanding. And you must be able to demonstrate that you have robust systems to maintain an audit trail that records the dates and areas checked. You must keep a record of those medicines identified as having passed their expiry date and been safely disposed of. You must also ensure that all medicines held in stock are stored with their expiry date and batch number clearly identifiable.
7. You must be able to demonstrate that pharmacy services are provided by trained staff in accordance with the standard operating procedures. Training records must be available showing their training and qualifications, together with records to show which SOPs they have read and agreed to follow. You must develop and implement an audit plan to monitor compliance with SOPs.
8. You must be able to demonstrate that near misses and incidents are reported in accordance with the relevant SOP and team members have signed and dated training records to demonstrate their understanding. And you must be able to demonstrate that they are regularly reviewed to identify trends, minimise risk and prevent recurrence. You must also be able to evidence that the findings and learning outcomes are shared with the team.

Deadline for compliance:

02/09/2026

Outcome:

Ongoing