

Registered pharmacy inspection report

Pharmacy Name: Oza Chemist Ltd, 9 Fulham Broadway, LONDON, SW6 1AA

Pharmacy reference: 1041049

Type of pharmacy: Community

Date of inspection: 03/01/2024

Pharmacy context

This pharmacy is located on a busy local high street in West London. The pharmacy serves people of all age ranges and receives most of its prescriptions electronically. It provides flu and Covid-19 vaccinations, ear wax removal, and private prescription service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their 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 adequately manages the risks associated with its services. It keeps the records it needs to by law, so it can show that supplies are made safely and legally. People who use the pharmacy can provide feedback and the pharmacy team have received training to help protect the welfare of vulnerable people. When a dispensing mistake occurs, team members react appropriately.

Inspector's evidence

Standard operating procedures (SOPs) were available, and these were in the process of being reviewed. The superintendent pharmacist (SI) said that SOPs were reviewed at least once every two years, or following any changes, for example, the introduction of a new service. Members of the team had signed the SOPs to confirm they had been read and understood.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were documented electronically and discussed with the team. Team meetings were held to discuss areas for improvement and any learnings. Warning stickers were displayed to highlight higher-risk medicines, for example, those containing soya or nut oil. A procedure was in place for dealing with dispensing mistakes which had reached a person (dispensing errors), which included documenting the mistake and creating an alert on the patient medication record (PMR). The SI said there had not been any for some time.

The pharmacy had conducted a risk assessment before starting the Covid-19 vaccine service. This had covered a range of areas including hygiene, staff training, staffing levels, and the premises. The SI was planning to conduct a risk assessment before starting the new Pharmacy First service, in order to assess how the pharmacy would cope with the demand. SOPs for the prescribing service were available. The SI had not carried out a written risk assessment for the prescribing service but said he would do one in the near future. He described the various elements that he would consider when prescribing, such as inclusion and exclusion criteria. The pharmacy was currently only prescribing on an occasional basis for infected insect bites, and in very low volumes. The SI was also looking into conducting a prescribing audit once the service had been running for six months, so that he had sufficient data.

The pharmacy had current indemnity insurance cover. The correct responsible pharmacist (RP) notice was displayed. Samples of the RP record were seen to be well maintained. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for private prescriptions and emergency supplies. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance. People were able to give feedback or raise concerns online or verbally. The pharmacy had several positive reviews online. It normally conducted annual patient satisfaction questionnaires but had not done these since the start of the pandemic. The SI said that the pharmacy tried to stock particular brands for customers when possible.

Members of the team had completed training on information governance and the General Data Protection Regulation. Confidential waste was collected by an approved contractor, computers were password protected and smartcards were used to access the pharmacy's electronic records. Cordless telephones were available so that members of team could have private conversations away from

people.

The SI had completed Level 3 training on safeguarding children and vulnerable adults. Other team members had completed Level 2 training. They were aware of the 'Safe Space' initiative and said they had not come across any safeguarding concerns. The relevant material and contact details of the local safeguarding team were available for the team.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload, and team members are appropriately trained for the jobs they do. Members of the pharmacy team have opportunities to discuss ideas to help them to improve pharmacy services.

Inspector's evidence

During the inspection there was the SI, a second pharmacist, a qualified dispenser, a qualified medicine counter assistant (MCA), a trainee pharmacist and a work experience student. The pharmacy also employed another MCA, a pharmacy student and a retail assistant. Work appeared to be managed effectively. The SI said that annual and emergency leave was covered by the team. He felt that the pharmacy currently had sufficient staffing levels but would be reviewing these once the new Pharmacy First service started.

The SI, who was the prescribing pharmacist, had specialised in hypertension when completing his prescribing course. He had worked at a GP practice for four years. He currently only prescribed small volumes of antibiotics for infected skin bites and said he followed NICE guidance when prescribing. He completed ongoing training and continuing professional development (CPD) cycles on a regular basis, with more recent topics covering the anatomy of the ear and skin conditions. He also accessed e-learning modules from CPPE and e-learning for health, as well as read pharmacy magazines. The SI and second pharmacist were seen to have good rapport with one another. The second pharmacist clinically checked the SI's prescriptions and said he was happy to challenge the SI if he felt that the prescription was not correct.

Team members were provided with study time to complete ongoing training. Some examples of recent training completed included data protection, safeguarding and the Equalities Act. Certificates and training records were retained at the pharmacy. Team members worked well together and were happy to communicate any issues or concerns to the SI or second pharmacist. Team meetings were held regularly to discuss any areas for improvement, training needs, and any issues. Performance reviews were carried out every six months. The SI regularly sought feedback from his team and provided examples of changes made in response to feedback, for example, the provision of a dedicated area to assemble multi-compartment compliance packs. Service and training targets were set for team members, to help ensure team members were confident when providing and advice and that services were accessible to members of the public.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the services offered and they are kept secure. There is a room where people can have private conversations with a team member.

Inspector's evidence

The pharmacy was spacious, clean, and maintained to a level of hygiene suitable for the provision of its services. Fixtures and fittings were well maintained. There was sufficient work and storage space, and dispensary workbenches were kept tidy. Cleaning chores were shared by the team, and these were done daily. A small consultation room was available for private conversations or other services. The room was easily accessible and was kept clean and tidy. The pharmacy had a spacious basement which it used as a storage area. There were two chairs in the retail area for people wanting to wait for a service.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has organised processes in place and people can access its services. It obtains its medicines from reputable sources and stores as well as manages its medicines appropriately. And it supplies medicines inside multi-compartment compliance packs safely.

Inspector's evidence

Access into the pharmacy was step-free. There was sufficient space in the retail area, and this assisted people with restricted mobility or using wheelchairs. The pharmacy had a small seating area for people to use when they wanted to wait. Some members of the team were multilingual. Services were listed on the window and there were leaflets and newsletters available at the medicine counter. The pharmacy had recently been approached by the local council to provide vaccine services for council workers such as binmen and was open to providing the service.

There was sufficient workspace and baskets were used to separate prescriptions and prevent transfer between people. Dispensing audit trails to identify who dispensed and checked medicines were completed. Prescriptions were attached to bags of medicines awaiting collection and this allowed for a three-way check at hand-out. Team members were observed confirming people's details before handing out dispensed medicines.

Prescriptions for Schedule 3 and 4 CDs were not always highlighted once dispensed. This may increase the risk of handing out these medicines past the valid date on the prescription. The dispenser said that only certain members of the team were involved in handing out medicines and that the prescription retrieval system was generally cleared every four weeks to remove older prescriptions. A prescription for tramadol, dated 09/10/23, and which therefore had expired was found in the retrieval system. During the inspection, the SI briefed the team on how to utilise the PMR system to print the expiry date of CD prescriptions onto the bag labels.

The SI was currently only prescribing small volumes of antibiotics for infected skin bites. He said that he followed NICE guidance and had experience with prescribing for these through his work at a GP practice. He had completed the CPPE module on antibiotic stewardship and showed evidence of records made for the prescribing service. The SI had access to Summary Care Records and checked the person's medical history before prescribing. He also shared information with the person's regular prescriber, if he had consent from the person.

The pharmacists and retail assistant had completed face-to-face training to provide the ear wax removal service. The device used for this service was connected to the mobile telephone camera and a mobile application which enabled team members to look inside the ear and take photographs and videos. Disposable Zoellner suction tubes and camera tips were used, and the device was disinfected after each use. The team had access to ear, nose and throat specialists via the application and had referred several people to audiologists.

The pharmacy was looking at starting the new Pharmacy First service soon. This involved supplying medication via Patient Group Directions for seven conditions including urinary tract infections, shingles, impetigo, insect bites, sore throat, sinusitis, and acute otitis media. The pharmacy team was in the

process of completing online training and attending webinars. The training covered information on inclusion and exclusion criteria, as well as signposting.

Team members were aware of the updated guidance about sodium valproate and the requirement to only dispense original packs. The pharmacy had conducted an audit and the SI was able to describe the action the pharmacy had taken as a result. And had made notes on a person's record after discussing it with their GP.

Multi-compartment compliance packs were assembled in the dispensary, on a designated work bench. Prepared packs observed were labelled with product descriptions and mandatory warnings, though patient information leaflets were not always supplied. The SI provided assurances that the pharmacy would provide these with every supply. The pharmacy had clear audit trails for the service to help keep track of when people were due their packs, when their packs were ready and when and by whom they were collected. Prescriptions were always clinically checked by the SI before the dispenser assembled the packs.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. The pharmacy team said they checked the expiry dates of medicines at regular intervals and kept clear records of this. No expired medicines were found on the shelves in a random check in the dispensary. The fridge temperature was monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received and filed electronically. A safety report was completed to document any action taken in response to an alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had several plastic measures. The SI said he would dispose of these and order glass measures. There were several tablet counting triangles, including separate triangles for cytotoxic medicines. This helped avoid cross-contamination. There was one fridge in the dispensary. The pharmacy had a new blood pressure monitor which would be serviced according to its warranty. The ear wax suction device was cleaned after every use and serviced by the manufacturer annually. Disposable tips and Zoellner tubes were used for each person accessing the service. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.