General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Al Farabi Pharmacy, 39 Edgware Road, LONDON, W2 2JE

Pharmacy reference: 1106227

Type of pharmacy: Community

Date of inspection: 05/02/2020

Pharmacy context

This is an independent retail pharmacy located on a busy thoroughfare in central London, close to Marble Arch. It is open seven days a week and trades late into the evening. The pharmacy sells over the counter medicines and it regularly dispenses private prescriptions. The pharmacy works in close association with a private doctor and one of the regular pharmacists is a prescriber. They can both offer consultations if people request them. The pharmacy does have an NHS contract, but it supplies very few NHS prescriptions. A large proportion of people who visit the pharmacy are visitors to the area, some of whom are from overseas, and the pharmacy has a large number of Arabic speaking customers.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy cannot clearly demonstrate how it manages the risks associated with its pharmacist prescribing service. It does not have any procedures explaining how this service operates and there is no evidence that it has been properly risk assessed.
		1.6	Standard not met	Some of the pharmacy's private prescription and emergency supply records are inaccurate or have missing details. The pharmacist prescribing service does not keep clear records to justify or document prescribing decisions.
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 not all met**

Summary findings

The pharmacy cannot clearly demonstrate it manages the risks associated with its pharmacist prescribing service. It does not have any procedures explaining how this service operates and it is unclear if it has been properly risk assessed. So, the safety of this service could not be properly established. The pharmacy's record keeping does not always comply with the law and there is a lack of documentation supporting the prescribing service. The team members keep people's personal information secure and they understand the principles of safeguarding and how to support vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) explaining how tasks should be completed. Some SOPs were not relevant as they covered services and activities which were not currently offered, such as repeat dispensing and Summary Care Record access. Team members had signed SOPs to show they had read and agreed them. SOPs did not cover the pharmacist consultation and prescribing services, so it was not clear how this operated or what the parameters for offering this service were.

The pharmacist usually assembled and checked all prescription medicines. The volume of dispensing was quite low, so they were not working under pressure, which allowed them to take a mental break and the team said errors were rare. The pharmacist prescriber usually wrote the prescription, dispensed it and self- checked it, which introduced an element of risk, as a second suitably competent person should usually be involved in carrying out the final accuracy check and the check for clinical appropriateness. The pharmacist said they would discuss any dispensing errors to make sure they learnt from them and they were not repeated. A previous error whereby the wrong patient name was included on the dispensing label had been shared by the pharmacists. There was an incident book for recording errors. Any concerns and complaints were dealt with by the pharmacist or pharmacy manager. There were no other mechanisms for receiving patient feedback and there was no information for people explaining how complaints could be raised.

Professional indemnity insurance was in place with the National Pharmacy Association and a current certificate was displayed in the dispensary. Prescription supplies were recorded using a recognised patient medication record (PMR) and labelling system. The RP log was appropriately maintained. Private prescription records were captured on the PMR system. A small sample of those checked had inaccurate or missing details in relation to the prescriber details and prescription dates. Private prescriptions were retained and filed; some of those checked did not include the patient's address Supplies made at the request of the doctor were not recorded as emergency supplies even though these were supplied in advance of a signed prescription being received. This meant records were misleading and could make it more difficult for the team to explain what has happened in the event of a query. Pharmacists quite often made emergency supplies at the patient's request. These were documented on a proforma and kept in a folder, they generally contained all the required details although GP details were often not included. Any medicines supplied under this status were labelled as 'emergency supply'. The pharmacists said they had not supplied any schedule 2 controlled drugs since 2017 and the CD register appeared to reflect this. If unlicensed medicines were supplied on prescription, specials records were maintained. Records relating to pharmacist prescriber consultations

were not available and the team members present were not aware how these were documented.

The pharmacy had several information governance SOPs covering data protection and confidentiality. The PMR system was password protected, and confidential material was stored appropriately out of public view. Confidential paper waste was shredded. The pharmacy was registered with the Information Commissioner's Office. The team were familiar with the General Data Protection Regulation, but a privacy notice was not displayed. There was no formal process for obtaining people's consent when they accessed the pharmacist prescriber consultation service.

Pharmacists had completed safeguarding training with the Centre for Postgraduate Pharmacy Education. Guidance was included with the SOPs. The pharmacists indicated most people visiting the pharmacy were competent adults who did not have complex health concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services. The team members work under the supervision of a pharmacist and they receive the right training for their roles. But they do not receive much additional training or have performance reviews so there may be gaps in their knowledge.

Inspector's evidence

At the time of the inspection a locum pharmacist was working with a single assistant on the counter, and this was the usual staff profile. One of the other regular locum pharmacists was also present although she was not officially working. The pharmacy employed three other counter assistants who worked regular hours throughout the week covering the pharmacy's extended opening hours. The superintendent pharmacist worked full-time as one of the regular responsible pharmacists covering the main core hours; she was not present during the inspection. The pharmacy employed three other regular locum pharmacists to work as the RP covering the remaining opening hours.

The counter assistant was enrolled on a medicines counter assistants' (MCA) course. She effectively acted as the pharmacy manager and worked during the daytime on most days. The other counter assistants were either enrolled on or had completed an MCA course. The superintendent was a qualified as a prescriber and one of the other locums had just completed their prescriber course. The pharmacy did not have comprehensive records or documentation relating to staff training or other formal management processes in place such as appraisals. No targets were set for the team.

The team members spoke openly about their work and said they discussed any concerns or issues with each other. The counter assistant was aware of what activities could not be undertaken in the absence of the pharmacist. The team members felt the superintendent was approachable. They were aware that any serious concerns about the pharmacy's services could be reported to the GPhC.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure and suitable for the pharmacy's services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy, but this room is not accessible to everyone.

Inspector's evidence

The pharmacy was situated in a small retail unit. The retail area was long and narrow, the front area was rented out to two different businesses; one selling mobile phone accessories and the other jewellery. These were not necessarily in-keeping with a healthcare related business. The medicines counter was situated at the rear of the premises which restricted access to a small elevated open plan dispensary. It had around two metres of bench space and open shelving. A small cupboard off the retail area was used for storage. Lighting was adequate. Fixtures and fittings were older and worn in places but suitably maintained. Air conditioning regulated the room temperature. Work areas were reasonably clean and clear.

Stairs from the retail area led to a basement which contained a consultation room, an office, a room which was rented out to a beautician, and staff toilet and rest facilities. The consultation room was spacious and contained a desk and chairs as well as an examination couch.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy sources, stores and supplies medicines appropriately. But working procedures are sometimes unclear, which makes it more difficult for the team to effectively demonstrate that it manages some aspects of the services safely. And it does not have a proper system for managing medicine safety alerts and recalls, which could mean the team delays dealing with potentially defective medicines.

Inspector's evidence

The pharmacy was open from 9am until midnight Monday to Saturday and 10am until midnight on Sunday. The pharmacy had a level threshold and a non- automated door at the entrance. Staff could offer assistance if needed. The consultation room was in the basement, so it was not accessible to people with mobility difficulties or wheelchair users. One of the pharmacists suggested that around 80% of their customers were from overseas and most were Arabic speaking. They were generally visiting or studying in the UK. Some team members were able to converse in Arabic which was helpful.

The pharmacy was not compliant with the Electronic Prescription Service and it dispensed less than 50 NHS prescriptions each month which were presented as walk-ins. The pharmacy did not offer any other NHS services. Around 15-20 private prescriptions were supplied each day. Some of these were walk-in prescriptions but the majority were issued by either the associated doctor prescribing service or the pharmacist prescriber. Dispensed medicines were appropriately labelled, and patient leaflets were supplied. The pharmacists understood the risks of taking valproate during pregnancy and that people should be counselled accordingly, but said they rarely supplied this. Prescriptions interventions were not consistently recorded; the last entry in the book used to record these was in 2016. Pharmacist said they would sometimes record the intervention of the prescription. There were some SOPs covering the supply of high-risk medicines and appropriate patient literature was available.

The staff explained that people requesting prescription medication were usually referred to the doctor prescribing service which was registered with CQC at the address of another pharmacy nearby, who they worked in close association with. Consultations were usually conducted over the telephone. If prescription was issued the pharmacist was informed by the doctor. The pharmacist then wrote out a proforma prescription which the doctor later signed.

On the days when the superintendent was working, she could offer a consultation service and issue a prescription if necessary. The team members said she also occasionally administered injections such as vitamins, but they were unsure how these consultations were conducted or documented. They said the superintendent might still refer to the doctor if she was unsure, and they felt she usually prescribed medicines that the patient was already taking or using. Prescriptions checked were for medicines used to treat a range of conditions, both chronic and acute. Some were for schedule 4 CDs such as z drugs, and several were for the unlicensed medicine, Pigamanorm.

The other pharmacists would sometimes offer emergency supplies of up to 28 days to people if they had run out of their medication or had left it at home. The team members were aware of over the counter medicines which were liable to abuse such as codeine and Phenergan. The pharmacists said

they supervised sales and refused if necessary.

Medicines were sourced from licensed wholesalers and stored in an orderly manner within the dispensary. A random check of the shelves found no expired items. Short dated items were highlighted using stickers. The pharmacy was not compliant with the Falsified Medicines Directive. Cold chain medicines were stored appropriately, and fridge temperatures were monitored.

The pharmacy had only two expired schedule 2 CDs in stock and these were stored in the cabinet. The pharmacists said they did not supply these, and they rarely dispensed any 'pink' prescriptions (FP10PCD standardised private prescription forms for CDs). The pharmacy has a CD destruction register for recording patient returned CDs, but they said they hardly ever received these and the last entry was in 2014. Other obsolete medicines were segregated in designated bins prior to collection by a waste contractor. MHRA medicine and device alerts were received by email and checked by the pharmacist. The pharmacists could recollect receiving recent medicine alerts and copies of a couple of older alerts were seen. They team members thought the superintendent kept an audit trail of these, but they could not locate it.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services. And it has the facilities to secure people's information.

Inspector's evidence

The team could access the internet and suitable reference sources such as the British National Formularies. The computer terminal was suitably located so it was not visible to the public and the PMR system was password protected. Telephone calls could be taken out of earshot of the counter if needed. There was a small CD cabinet in the consultation room. A fridge was used for storing medicines and there was a small sink for preparing medicines. CD denaturing kits were available.

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.