

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: 15/10/2020

Pharmacy context

This is an independent retail pharmacy located on a busy thoroughfare in central London, close to Marble Arch. It is open extended hours seven days a week including late evenings. The pharmacy sells over the counter medicines and it dispenses private prescriptions. The pharmacy works in close association with a private doctor who offers consultations. The pharmacy does have an NHS contract, but it supplies very few NHS prescriptions. Traditionally many of the people who visit the pharmacy are visitors from overseas, including a large number of Arabic speaking customers. The inspection was undertaken during the COVID-19 pandemic.

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 has written procedures, so the team members know how to complete tasks safely. It keeps the records it needs to by law, but some details are missing which could make it harder for the team to explain what has happened if a query arises. Pharmacy team members have a basic understanding of their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) explaining how tasks should be completed. These had been prepared by the previous superintendent (SI) pharmacist. The current SI who had taken over responsibility in April 2020 had read and adopted them. Some of the regular pharmacists had also signed to show they had read and understood the procedures. Other team members claimed to have read the most recent versions, but there were no training logs or records confirming this. At the start of the inspection, there was no pharmacist present. The two team members present said that they would not hand out prescription or pharmacy medicines in pharmacist's absence. The team members contacted the SI, who was due to work as the RP that day, by telephone. She arrived around 40 minutes later. Only one person entered the pharmacy during this period. A responsible pharmacist (RP) notice had been left on display from the previous shift. This could be misleading as members of the public might mistakenly believe a pharmacist was in charge when they were not.

The team had access to face masks and put these on at the start of the inspection. Hand sanitiser was available. The team were aware of COVID-19 related risks. But it was unclear if individual staff risk assessments had been completed or contingency planning had been formalised. A COVID QR check-in code was displayed at the entrance. There were no signs or posters reminding people to wear face masks inside the pharmacy, or that anyone with suspected COVID symptoms should not to enter and call NHS111 instead, but the team agreed to reinstate these.

The pharmacist usually assembled and checked all prescription medicines. The volume of dispensing was very low, so they were not working under pressure, which allowed the pharmacist to take a mental break. She said he would rather work methodically than rush the dispensing process. She said they would discuss any dispensing errors with her pharmacist colleagues to make sure they learnt from them and they were not repeated. Any concerns and complaints were dealt with by the pharmacist or pharmacy manager. There was an incident book for recording errors. No errors had been reported or documented since the SI started in her role. There were no other mechanisms for receiving patient feedback and there was no information for people explaining how a complaint could be raised.

Professional indemnity insurance was provided by the National Pharmacy Association and a current certificate was displayed in the dispensary. There was a paper RP log which captured the details of the pharmacist's working each day. Support staff said the pharmacists occasionally left the premises for a rest break as the working hours were long, but these absences were not being accurately recorded in the RP log. This meant the log was not technically compliant with the regulations and it could make it hard to identify when the RP was present in the event of a query.

Prescription supplies were recorded using a recognised patient medication record (PMR) and labelling

system. Private prescription records were captured on this system; records checked found occasional errors or missing details in relation to the prescriber, so the audit trail was sometimes inaccurate. Private prescriptions were retained and filed by month. Supplies made at the request of the doctor were not always recorded as emergency supplies even though these were supplied in advance of a signed prescription being received. This meant records were misleading and the audit trail was inaccurate. Pharmacists sometimes made emergency supplies at the patient's request. These were documented in a book; they generally contained all the required details although GP details were often not included. The pharmacists said they did not usually supply any schedule 2 controlled drugs and the CD registers appeared to reflect this. The pharmacy also had a CD destruction register for recording patient returned CDs. The pharmacist said they rarely supplied unlicensed medicines on prescription and records relating to these were not produced.

The pharmacy had several information governance policies covering data protection and confidentiality. Staff used individual smartcards to access NHS data. Confidential material was stored appropriately out of public view. Confidential paper waste was shredded. The team understood the principles of data protection and the importance of maintaining people's confidentiality.

The SI had completed safeguarding training with the Centre for Postgraduate Pharmacy Education. Safeguarding was covered in the SOPs. Local safeguarding contacts could be obtained from the internet.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload. The team communicates openly and works well together. Pharmacy team members have access to appropriate training, but they don't always complete this as quickly as they could do. This means they could delay developing some of the skills and knowledge that would benefit their role.

Inspector's evidence

At the time of the inspection the SI was working with two assistants. The pharmacy employed a third counter assistant who worked in the evenings. Two locum pharmacists worked regular shifts covering the remaining opening hours. None of the pharmacists were qualified as prescribers and so the pharmacy was no longer offering a pharmacist prescribing consultation service. The pharmacy worked closely with a GMC registered doctor who offered both telephone and face-to-face consultations. This service was registered with the CQC. The staff said that the pharmacy's footfall had reduced dramatically during the pandemic as there were far fewer tourists in London, and overseas visitors were usually their main source of business.

The pharmacy did not have comprehensive records or documentation relating to staff training or other formal management processes such as appraisals. 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. She had been enrolled on the course for a year but not made much progress in completing it. The other assistant was a qualified pharmacist from Syria. He said he was enrolled on a dispensing assistant course.

The team members spoke openly about their work and said they discussed any concerns or issues with each other. They felt the superintendent was approachable and 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 pharmacy is clean and suitable for the provision of healthcare. It has a consultation room to enable it to provide people with access to an area for private and confidential discussions, but this is not easily 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

The pharmacy's services are easily accessible as it is open extended hours. Overall, the pharmacy manages its services adequately, and the team sources and stores medicines appropriately so they are fit to supply.

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, so access was unimpeded. The consultation room was in the basement, so it was not accessible to people with mobility difficulties or wheelchair users. Some team members were able to converse in Arabic which was helpful and in-keeping with the customer profile.

The pharmacy was compliant with the NHS Electronic Prescription Service and most prescriptions were received electronically. Less than 100 NHS items were dispensed each month; these were mainly for local residents or people who worked nearby. The pharmacy did not offer any other NHS services. Approximately 5-15 private prescriptions were supplied each day. Some of these were walk-in prescriptions but some were issued by the associated private doctor service. The team members explained that people requesting prescription medication (POMs) were usually referred to the private doctor prescribing service which was registered with CQC at the address of another pharmacy nearby. Consultations were usually conducted over the telephone, but they could offer a face-to-face appointment. If a prescription was issued, the doctor gave the pharmacist verbal instructions to make the supply and later provided a prescription. People from overseas commonly requested POMs as they preferred to obtain these in the UK.

Dispensed medicines were appropriately labelled, and patient leaflets were supplied. The pharmacist understood the risks of taking valproate during pregnancy and that people should be counselled accordingly. There were SOPs covering the supply of some high-risk medicines and appropriate patient literature was available. 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.

Medicines were sourced from licensed wholesalers and stored in an orderly manner within the dispensary. The pharmacy was not compliant with the Falsified Medicines Directive. Medicines were stored in their original packaging although some de-blistered dexamethasone was found on the shelf in an amber bottle which was labelled with an expiry date, but it did not have a batch number. A random check of the shelves found no expired items. Short dated items were highlighted using stickers. Cold chain medicines were stored appropriately, and fridge temperatures were monitored.

The pharmacy stocked a range of over-the-counter medicines, vitamins and food supplements. Some Boiron homeopathic medicines were stocked which were purchased from suppliers in Europe. These were not licensed in the UK. The staff said they only supplied these if people specifically requested them and they agreed to keep them behind the counter, so they were not advertised for sale. The team members were aware of over-the-counter medicines which were liable to abuse such as codeine

containing products. The pharmacists said they supervised sales and refused supplies if necessary.

The pharmacy did not have any CDs requiring safe custody in stock except some expired morphine sulphate and buprenorphine tablets. These were stored in the cabinet. The pharmacists said they did not usually supply schedule 2 or 3 CDs. 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. Recent alerts had been received but there was no audit trail showing indicating these had been dealt with, so the pharmacy might find it harder to demonstrate when they have actioned these.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's privacy.

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 basement. A medical fridge was used for storing medicines and there was a small sink in the dispensary for preparing medicines. Glass measures and 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.