

Registered pharmacy inspection report

Pharmacy Name: Safeer Pharmacy, 194 Edgware Road, LONDON, W2
2DS

Pharmacy reference: 1107825

Type of pharmacy: Community

Date of inspection: 28/10/2021

Pharmacy context

This is an independent community pharmacy located in central London. It is open extended hours over seven days. The pharmacy sells over the counter (OTC) medicines and it supplies a small number of NHS prescriptions. It provides other NHS services such as supervised consumption and the Community Pharmacy Consultation Service (CPCS). The pharmacy offers private services including Covid-19 PCR testing and occasional consultations with a pharmacist independent prescriber. The pharmacy serves a few local residents and workers, but many of its customers are tourists primarily from the Middle East and Gulf States. The inspection was undertaken during the Covid-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

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	A full set of standard operating procedures are not available at the pharmacy.
		1.6	Standard not met	The pharmacy's records often lack details or have information missing, and it does not maintain appropriate controlled drug registers.
		1.7	Standard not met	The locum pharmacist does not have an appropriate NHS pass to access people's healthcare information. This means the information is being accessed without appropriate controls and audit trails.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy cannot demonstrate that its support staff are suitably trained.
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 does not effectively manage all of the risks associated with its services. The pharmacy's written procedures do not fully explain how it operates, so the pharmacy team members might not always work safely and effectively. And the pharmacy's records often have information and details missing, which means team members may not always be able to show how they supply medicines safely. The team members understand the basic principles of safeguarding and information governance. But the locum pharmacist uses someone else's authority to access healthcare records. This means the information is accessed without appropriate controls and audit trails.

Inspector's evidence

A locum pharmacist was working as the responsible pharmacist (RP). She had only worked at the pharmacy for a few days covering the regular pharmacist who she described as the pharmacy manager. Another pharmacist was employed as the superintendent and he sometimes worked as the RP. Professional indemnity insurance for the pharmacy was with the National Pharmacy Association. The pharmacy team members wore a face masks whilst working and a screen was installed at the counter to help prevent transmission of Covid-19 infection.

The pharmacy's core standard operating procedures (SOPs) explaining how tasks should be completed could not be located. The locum pharmacist had asked to see the SOPs when she started working at the pharmacy, but she had not yet seen them. She was reliant on information provided verbally by the regular pharmacist and had on occasion needed to telephone her to ask her advice or how to complete a task. The pharmacy had some folders with a few documented policies around governance, but they were not fully integrated into daily practice.

The pharmacy has a folder with records of dispensing incidents and a near miss log. Most entries were made some time ago although the RP had recently recorded a near miss relating to the compliance pack she had spotted, and she had also communicated this to the regular pharmacist. Dispensing labels were mostly signed by the pharmacist responsible for supply. Pharmacists were required to dispense and self-check. In order to mitigate the risk of lone working, the RP said she used the handing out stage to make a further check of the medicines with the patient. The pharmacy's complaints procedure was explained on a notice displayed on the front counter and a policy was outlined in one of the folders.

The RP log was appropriately maintained on the patient medication record (PMR) system. A notice was displayed with the RP's details. Pharmacists worked long days and there were very few recorded absences. The pharmacist had arrived at the pharmacy later than usual the previous day and this was reflected in the log. The counter assistant stated that he would not sell or handout anything when the pharmacist was absent.

Unlicensed medicines were sometimes supplied on prescription and the pharmacy maintained appropriate records. Controlled drug (CD) registers included some loose-leaf pages which meant the integrity of the record could be compromised, and running balances were not effectively maintained for all CDs. There was a system for recording the return and destruction of patient returned CDs, but this was not consistently utilised, and some returned items stored in the cabinet had not been recorded.

Private prescription records were captured on the PMR system. Several entries checked did not record the prescriber's details, so they did not fully comply with the requirements. Private prescriptions were retained but they were not filed and stored in an orderly manner. The locum pharmacist was an independent prescriber (PIP) and she showed a couple of examples of prescriptions she has written and supplied that week. The prescriptions were issued following a consultation when people requested to buy a prescription medicine. These people were overseas visitors seeking to obtain their regular medication in the UK but were usually under the care of a doctor in their own country. The pharmacist explained she did not diagnose and would only re- prescribe a medicine that the person was already taking, and she would usually request to see evidence of this. Records relating to the pharmacist consultations were not kept, identity checks were not completed, and the patient's consent was not formally captured. The RP claimed she was indemnified for this activity under her own insurance. The pharmacy team confirmed that none of the other pharmacists working regularly at the pharmacy were qualified as PIPs.

Team members understood the principles of data protection and confidentiality. The pharmacy was registered with the Information Commissioner's Office and a privacy notice was displayed in the pharmacy. Confidential material was stored appropriately out of public view and paper waste was shredded. The pharmacy manager's NHS smartcard and personal identification number were being used to access the NHS spine and healthcare data in her absence as the RP did not have one of her own. This was outside of the terms of use and meant the associated audit trail was incorrect.

The pharmacist stated she had completed level 2 safeguarding training as part of her PIP qualification, so she knew what signs to look for. The counter assistant provided confirmation that he had completed levels 1 and 2 safeguarding training. A chaperone policy was outlined in one of the governance folders.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy is experiencing some ongoing staffing challenges which means the workload is sometimes difficult to manage. The team members work under the supervision of a pharmacist, but the pharmacy does not have structured training programme, so team members do not always have the right training for their roles, and they may have gaps in their skills and knowledge. The pharmacy could do more to support a culture of openness and learning.

Inspector's evidence

The RP was working with a single assistant on the counter, and this was the usual staff profile. A second assistant worked with the pharmacist in the evenings. The counter assistant explained that he would not usually be required to work on the counter but they had lost a member of staff in August and so he was providing cover as they had not managed to recruit another team member. The pharmacy had a steady footfall. The team sometimes struggled to locate prescriptions and the RP felt the pharmacy was busier than expected with a high number of queries and requests for covid tests. There was very limited flexibility within the staff profile to cover any unexpected staff absences.

The counter assistant provided a certificate to show he had completed some healthcare related training including health and safety, information governance and safeguarding modules, but he had not completed any formal pharmacy training despite having been involved in the business for several years. And the pharmacy team members could not demonstrate what training the other counter assistant had completed although they believed he was qualified as a medicines counter assistant. The pharmacy did not have a formal review process or staff training programme. A whistleblowing policy was included amongst the folders in the dispensary but this was not displayed or signed by team members so they might not be aware of its existence.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and suitable for the services it provides. People can have a confidential conversation with a team member in a private area.

Inspector's evidence

The pharmacy was situated in a standard shop unit. There was a retail area, a medicines counter and a small open plan dispensary to the rear. The dispensary had around two to three metres of bench space and open shelving. The pharmacy was reasonably clean and suitably presented. Fixtures and fittings were suitably maintained. Lighting was adequate and air conditioning regulated the room temperature. Stairs from the retail area led to a basement with storage areas, an office and a suitably equipped consultation room. There was a small staff kitchen and toilet. The size and layout of the pharmacy was suitable for the volume of dispensing and the amount of stock.

The pharmacy's website www.saferpharmacy.com indicated it was still under construction. It included basic information about the pharmacy, but it did not include the pharmacy's GPhC registration number or the superintendent's details, so people might not be easily able to verify this.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people over extended hours. The pharmacy team sources and stores medicines safely and it carries out some checks to help make sure that they are in good condition and suitable to supply. The pharmacy generally manages its services safely so that people receive appropriate care. But dispensing activities could be better organised, and the team could do more to make sure it takes prompt action in response to safety alerts.

Inspector's evidence

The pharmacy was usually open from 10am until 10.30pm Monday to Sunday. There was a slight step at the entrance from the street, but staff could offer assistance if needed. The main consultation room was not accessible to people with mobility difficulties or wheelchair users but a quiet area to the rear of the pharmacy could be used for confidential conversations if needed. Team members were able to converse in Arabic which was helpful given that many of the people visiting the pharmacy were from the Gulf states. Signs in the window promoted some of the pharmacy's services including covid tests and travel vaccines. The counter assistant explained they were not currently offering any vaccinations services other than pneumonia. This service provided by the pharmacy manager under a Patient Group Direction (PGD), but the PGD details were not available for inspection.

The level of dispensing was relatively low. The dispensary appeared cluttered and disorganised, and systems were sometimes unclear. Some NHS prescriptions were received electronically, and a small number of people received their medicines in multicompartiment compliance packs. The pharmacy worked with the local Drug and Alcohol team to provide substance misuse services to a small number of people, and it provided Community Pharmacy Consultation Service (CPCS). The pharmacist assembled and checked prescription medicines. Dispensed medicines were appropriately labelled, and patient leaflets were usually supplied. The pharmacist understood the risks of taking valproate during pregnancy and knew that people should be counselled accordingly. The pharmacist offered advice when handing out medicines, but interventions were not routinely documented, which could make it more difficult to ensure a person's continuity of care.

The pharmacy provided a covid- PCR testing service which was operated in partnership with an accredited laboratory who collected tests and issued results usually on the same day. The counter assistant explained how this service was provided and how the pharmacy staff were trained to facilitate self-sampling. Tests were conducted in the consultation room.

Pharmacy (P) medicines were stored behind the counter and the counter assistant understood that P medicine sales should be supervised by the pharmacist. When asked about high-risk medicines, the assistant explained how frequent of excessive requests for medicines containing codeine such as Nurofen Plus were refused or referred to the pharmacist. The team members knew that codeine linctus and Phenergan could be misused, and they recommended alternatives if these were requested. Several bottles of kaolin and morphine were found in stock, but the counter assistant could not remember ever selling this medicine.

Medicines were sourced from licensed wholesalers and some invoices were viewed. The pharmacy's stock holding was fairly low, and medicines were stored in a reasonably orderly manner. Short-dated items were sometimes highlighted using stickers, but a random check of the shelves found a couple of recently expired items. The RP explained how she checked expiry dates as part of the accuracy check when dispensing. Cold chain medicines were stored appropriately, and the fridge temperature was monitored to make sure it was within the required range. Obsolete medicines were segregated in designated bins and stored in the ground floor corridor behind the dispensary. These had accumulated but the counter assistant confirmed they had requested a collection by an authorised contractor. Clinical waste was disposed of in a yellow bin. CDs were stored appropriately. Obsolete CDs were segregated but the cabinet was reaching capacity. The pharmacist believed MHRA medicine and device recalls and alerts were received by email and the pharmacy had a system set up for recording these. But emails were not routinely monitored when the regular pharmacist was absent, so this meant the pharmacy might not always action these promptly and they could be overlooked.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained so that it is safe to use.

Inspector's evidence

The pharmacy team could access the internet and suitable reference sources such as the British National Formularies. The pharmacy computer terminal was suitably located so it was not visible to the public. The PMR system was password protected. Telephone calls could be taken out of earshot of the counter if needed. A fridge was used for storing cold chain medicines. Electrical equipment appeared to be in good working order. A dispensary sink, glass calibrated measures, containers, cartons and counting equipment were available for use when preparing medicines. The team had access to personal protective equipment including face masks, hand sanitiser and gloves.

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.