

Registered pharmacy inspection report

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

Pharmacy reference: 1107825

Type of pharmacy: Community

Date of inspection: 30/05/2023

Pharmacy context

This independent community pharmacy is located in central London close to Edgware Road Tube station. It is open extended hours over seven days. The pharmacy sells over the counter (OTC) medicines. It supplies a small number of NHS prescriptions. It provides other NHS services such as needle exchange, supervised consumption, the Community Pharmacy Consultation Service (CPCS) and seasonal flu vaccinations. People who visit the pharmacy include local workers, residents and tourists. Many of its customers are Arabic speaking.

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

Overall, the pharmacy manages the risks associated with its services. And it keeps the records required by law. Pharmacy team members understand the principles of safeguarding, and they protect people's personal information. The pharmacy has some written procedures explaining how it operates. But these are not fully implemented into day-to-day practice, which means the team may not always work effectively.

Inspector's evidence

The superintendent pharmacist (SI) was working as the responsible pharmacist (RP). A notice was displayed in the pharmacy with the RP's details. The pharmacy had an RP log which was appropriately maintained on the patient medication record (PMR) system. Some absences had been recorded when the RP left the pharmacy for a break or to deliver medicines locally. The counter assistant understood that pharmacy medicines could not be sold, or prescription medicines handed out, when the pharmacist was absent. Professional indemnity insurance was arranged with the National Pharmacy Association.

The pharmacy had some standard operating procedures (SOPs) explaining how it operated. Some team members had signed the SOPs to confirm they had read them, but there wasn't a systematic approach to ensure all team members received training on the SOPs. The SOPs had last been reviewed in 2021 but they had not been formally adopted by the current SI when she took over the role in March 2022. And some SOPs were missing, for example the SOP covering the sales of OTC medicines could not be located. The SI agreed to consolidate and review the SOPs making sure all team members had read and agreed the SOPs relevant to their roles.

The pharmacy had a folder with records of near misses which identified the type of error and suggested some reflection had taken place. Pharmacists were required to dispense and self-check, but the volume of dispensing was very low, so they were not working under pressure. Dispensing labels were mostly signed by the pharmacist responsible for the supply. The SI could not recollect a recent dispensing error but said she would discuss any that occurred with the other regular pharmacist and make a record of the incident. The pharmacy's complaints procedure was explained on a notice displayed on the front counter. Concerns were dealt with by RP at the time but could be referred to the SI if not resolved.

Controlled drug (CD) registers were suitably maintained. There were some loose-leaf pages which meant the integrity of the record could be compromised. Running balances were recorded for all CDs and these were intermittently audited. Two spot checks of random balances were found to be correct. There was a system for recording the return and destruction of patient returned CDs. Unlicensed medicines were sometimes supplied on prescription and the pharmacy team generally maintained appropriate records. Private prescription and emergency supply records were captured on the PMR system. Entries contained the correct information although the prescriber's address was not always captured. Private prescriptions were retained and were filed by month.

Team members understood the principles of data protection and confidentiality. A privacy notice was displayed in the pharmacy. Confidential material was stored appropriately out of public view and paper

waste was shredded on site. Pharmacists had their own NHS smartcards to access NHS data.

The SI confirmed she had completed level 2 safeguarding training. Some safeguarding information and the contact details of local agencies were available in the SOP folder. A chaperone policy was displayed near to the consultation room entrance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small close-knit team. Team members have access to appropriate training. But the pharmacy does not have a formal review process or staff training programme, so completion of training is not always monitored, and team members are delayed in developing the necessary skills.

Inspector's evidence

The SI was working with a single assistant on the counter. The RP duties were shared between the SI and a second regular pharmacist. The RP worked whole day shifts, so the hours were long. And the RP often worked alone in the pharmacy for periods of time. The SI felt this was not an issue as the pharmacy was not very busy and the workload was easily manageable. The pharmacy was in the process of recruiting a second assistant to provide more flexibility within the team to cover absences and holidays.

The SI provided email confirmation that the counter assistant was enrolled on a Training programme. She did not have regular training time and she had not progressed very far with her course. The SI believed the pharmacy had a whistleblowing policy, but it could not be located. She agreed to ensure this was captured in her review of the SOPs. The pharmacy had some other staff related policies such as a prevention of bullying and harassment policy.

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 traditional 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. Some areas of the dispensary were cluttered which detracted from the professional image. 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, offices and a suitably equipped consultation room. Some of the rooms were locked so not accessible. 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. A screen was fitted to the counter. This had been installed during the covid pandemic to help with infection control.

The pharmacy's website www.safeerpharmacy.com contained basic information about the pharmacy. However, some of the information was out of date. And the website did not display the pharmacy's GPhC registration number or the SI's details, which would make it easier for people to confirm the authenticity of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. The pharmacy team generally manages the services safely, so people receive appropriate care. The pharmacy obtains its medicines from licensed suppliers, and it carries out some checks to make sure that they are kept in good condition. But it does not have a robust date checking system and it sometimes delays disposing of unwanted medicines.

Inspector's evidence

The pharmacy was usually open from 10am until 9.30pm Sunday to Thursday, and 10am until 10.30pm Friday and Saturday. There were steps at the entrance from the street, but a portable ramp could be used if needed. The SI explained they were also fitting a buzzer near to the door which people could use to alert staff that they needed assistance.

The main consultation room was in the basement which was accessed via stairs from the retail area. A stair lift was available for people with mobility difficulties. The pharmacist was fluent in Arabic which was helpful given the customer profile. During the inspection, she often spoke to people visiting the pharmacy in Arabic. Signs in the window promoted some of the pharmacy's services and some signs were written in Arabic.

The volume of dispensing was relatively low. The pharmacy dispensed NHS prescriptions which it usually received electronically. Private prescriptions were usually presented as walk-ins although occasional faxed prescriptions were received. The SI confirmed that original copies were provided by the prescriber. A small number of people received their medicines in multicompartiment compliance packs. 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 pharmacy worked with the local Drug and Alcohol team to provide substance misuse services to a few people. The RP occasionally delivered instalment prescriptions to people living in sheltered accommodation at the request of the prescriber. Any deliveries were recorded in a book and signed for. The pharmacy provided the Community Pharmacy Consultation Service (CPCS) and the pharmacist explained how this service worked. Some but not all interventions were not documented, which could make it more difficult to ensure a person's continuity of care.

The pharmacy offered phlebotomy services on behalf of an accredited laboratory. The RP was a trained phlebotomist. The service was relatively new, and uptake was low.

Pharmacy (P) medicines were stored behind the counter. The counter assistant understood which over the counter medicines were considered high risk or liable to abuse. The pharmacy did not sell codeine linctus and sales of Phenergan products were conducted by the pharmacist.

Medicines were sourced from licensed wholesalers. Stock was arranged on the dispensary shelves in a reasonably orderly manner. A random check of the shelves found a couple of recently expired items. The SI 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. Sharps were disposed of in yellow bins. CDs were stored appropriately in a cabinet. Obsolete CDs were segregated but the cabinet was full was because these had accumulated. The SI agreed to contact the CD accountable office and arrange a destruction. The SI confirmed that MHRA medicine and device recalls, and alerts were received by email and the RP on duty monitored and actioned these if necessary. Recent alerts had been received.

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, and cartons were available for use when preparing medicines. The team had access to personal protective equipment including face masks, hand sanitiser and gloves, and phlebotomy equipment was available in the consultation room.

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.