

Registered pharmacy inspection report

Pharmacy Name: Al Razi Pharmacy, 80 Edgware Road, LONDON, W2
2EA

Pharmacy reference: 1126645

Type of pharmacy: Community

Date of inspection: 29/05/2019

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 only activities are retail sales and dispensing of private prescriptions. Dispensing levels are very low, and the pharmacy does not supply NHS prescriptions or provide any other pharmacy services. People who visit the pharmacy include a small number of residents and local workers, but a large proportion are visitors to the area, including a significant number from overseas.

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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	Pharmacy team members do not receive effective training for their role. They are not supported to complete accredited training within the required time frame. And they do not receive proper training on SOPs or have sufficiently defined roles.
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 to make sure the team works safely. But these do not cover all aspects of the service and they are not always followed, which could potentially introduce unnecessary risks. The pharmacy keeps the records it needs to by law, but these sometimes lack detail, so it may be more difficult for the pharmacy team to demonstrate what has happened if a query arises. The team generally keeps people's private information safe. But they have a limited understanding of safeguarding, so they may be less confident identifying issues or raising concerns.

Inspector's evidence

The service was managed by the superintendent pharmacist who was also one of the company directors. He worked as the regular responsible pharmacist (RP) 7 days a week. The pharmacist was not present for the first five minutes of the inspection but quickly attended once staff contacted him. An RP notice was displayed, and a paper RP log documented who was the RP on any given day, but the absence had not been recorded in the log as required by the regulations. The pharmacist was reminded of the requirements and agreed to ensure he documented any absences in future.

The pharmacy had standard operating procedures (SOPs) explaining how tasks should be completed. Some team members had signed to show they had read and agreed these, but others had not. And some aspects of the service were not covered, for example there was no SOP covering sales of counter medicines. And those covering staff roles and responsibilities had not been properly implemented. The staff generally worked under the supervision of the pharmacist, but counter assistants were not completely clear about the limitations and guidelines relating to some higher risk medicines when sold over the counter, such as those containing codeine and pseudoephedrine, so there was a risk that sales might not be properly restricted.

The pharmacist assembled and checked all prescription medicines. The volume of dispensing was very low, so he was not working under pressure, and he said errors were uncommon. There was a complaints SOP and any concerns and complaints were dealt with by the pharmacist. There were no other mechanisms for receiving patient feedback.

Professional indemnity insurance was in place. Prescription supplies were recorded using a recognised patient medication record (PMR) and labelling system. Private prescription records were captured on the PMR, but they did not always include the prescriber's details, and the prescription date was sometimes inaccurate, so they were not fully compliant with the regulations. Private prescriptions were filed by month; some of those checked did not have the patient's address as required by law. The pharmacist explained this was because these patients were from overseas and so did not have a permanent address in the UK.

The pharmacy had a controlled drugs (CD) register but only one historical entry had been made. The pharmacist said they did not routinely stock or supply schedule 2 or 3 CDs, and any requests for these or patient returned CDs would be directed to another NHS pharmacy in the locality.

The PMR system was password protected, and confidential material was stored appropriately.

Confidential paper waste was shredded. The pharmacist said they were registered with the Information Commissioner's Office, but a current certificate was not provided. And there was no privacy notice as required under GDPR.

There was some basic safeguarding guidance with the SOPs, but team members had not completed any formal safeguarding training, so they may be less confident in identifying potential issues and/or raising concerns.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough staff to cope with their workload and the team members have access to suitable training courses. But the lack of structure and support means they do not always complete these within the expected time frame. Which means their knowledge and skills may not be up to date and this could affect how well they care for people.

Inspector's evidence

Two assistants worked on the counter supporting the pharmacist during the inspection. Footfall was low and manageable. One assistant (the pharmacist's wife) had been enrolled on a medicines counter assistant (MCA) course but she had not completed this and it was due to expire in August 2019. The other assistant was a pharmacy postgraduate working pending the retake of the pre-registration exam in September 2019.

The pharmacy employed two other counter assistants to cover the extensive opening hours. They were not present during the inspection. They had both been enrolled on the MCA course, but one assistant's course had expired before she had completed it.

There were no formal staff contracts, induction procedures, appraisal processes or ongoing training programme. Team members said they could discuss issues with the pharmacist and one assistant knew she could report whistleblowing concerns to the GPhC. No commercial targets were set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and professional environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy was bright, modern and well presented. Fittings were suitably maintained. There was a small retail area and counter, with a compact dispensary to the rear which had less than 2 metres of bench space. There was a loft above the dispensary which was used for storage of stock and was accessed by a ladder. There was a basic consultation room and seated waiting area adjacent to the counter.

Staff toilet and hand washing facilities were accessible from the dispensary. The pharmacy was reasonably clean, but some areas of the dispensary were cluttered and untidy.

There was a large basement accessed via stairs from the retail area. It had additional consultation rooms, offices and staff facilities. The consultation rooms were potentially for use by external practitioners, but they were not in use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and supplies medicines reasonably safely. It carries out some checks to ensure medicines are suitable for supply. But patients on high risk medicines are not always proactively identified, so they may not always get all the information they need. And the pharmacy does not keep records of the checks it makes in response to safety alerts and recalls, so it may not be able to show that it has taken the right steps in response to these.

Inspector's evidence

There was an automated door and level threshold, so access to the pharmacy was unrestricted. A large proportion of customers were Arabic speaking and most team members were able to converse in Arabic. The pharmacist explained how many of their customers were medical tourists who preferred to receive care and obtain their medicines in the UK. The team were able to signpost to other providers in the locality if people requested a service they could not provide.

The pharmacist said dispensed medicines were labelled and usually supplied in original packs with packaging information leaflets. He understood the risks of taking valproate during pregnancy. There were no associated patient information leaflets or cards available as required under the Prevention Programme, however the pharmacist agreed to obtain these from the manufacturer.

Medicines were sourced from licensed wholesalers and stored in a reasonably orderly manner. The stock holding was high due considering the volume of dispensing, but the pharmacist explained this was because they often provided 6 months or more at a time on private prescriptions. A random check of the shelves found no expired items, although some were due to expire within the next month. The pharmacy was not FMD compliant. Cold chain medicines were stored appropriately, and fridge temperatures were monitored.

The pharmacy had only one schedule 2 CDs which was stored in the cabinet. Obsolete medicines were segregated in designated bins prior to collection by the waste contractor. MHRA medicine and device alerts were received by email. But there was no clear system for managing these to ensure they were promptly dealt with and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides.

Inspector's evidence

The pharmacy had copies of BNF and the pharmacist could access to the internet and contact the NPA advisory service if needed. Medicine cartons and a crown stamped measure were available and stored appropriately.

All electrical equipment appeared to be in good working order. The computer terminal was suitably located out of sight of the counter. There was a small CD cabinet in the loft. There was a dispensary sink and a domestic fridge was used to store cold chain medicines.

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.