

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: 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 mainly supplies over the counter medicines and other healthcare products. It dispenses occasional private prescriptions. The pharmacy does not supply any NHS services. People who visit the pharmacy include a small number of residents and local workers. But a large proportion are visitors to the area, some of whom are from overseas, including many Arabic speaking customers.

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's working practices are reasonably safe. It keeps people's personal information secure and it maintains the records it needs to by law. The pharmacy has written instructions to help make sure team members complete tasks in the right way. But they only have a basic knowledge of safeguarding, so they may be less confident in identifying and supporting vulnerable people.

Inspector's evidence

The pharmacy was managed by the superintendent pharmacist who was a company director. He worked as the regular responsible pharmacist (RP) seven days a week. An RP notice was displayed, and a paper RP log documented who was the RP on any given day. The RP occasionally left the pharmacy for short periods, but these absences were not always recorded in the log as required by law. 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. The pharmacist had reviewed these since the last inspection to check they covered the essential areas. But there was no documented version to control to show when they had been implemented or reviewed. And some current team members had not signed to show they had read and agreed them, so staff roles and responsibilities might not always be clear. The pharmacist agreed to go through the SOPs with individual team members and make sure they signed them.

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. Any concerns and complaints were dealt with by the pharmacist. There were no other mechanisms for receiving patient feedback and there was no information for people explain 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 showing an expiry date of December 2020. Prescription supplies were recorded using a recognised patient medication record (PMR) and labelling system. Private prescription records were captured on the PMR and a small sample of those checked included all the relevant details. Private prescriptions were retained but there were not filed in any particular order so it could be difficult to locate the right one in the event of a query.

The pharmacy had a controlled drugs (CD) register but it was not currently in use as the pharmacy did not supply any schedule 2 CDs. The pharmacist said he had never had anyone asking to return unwanted CDs and if he did, they would be directed to another NHS pharmacy in the locality.

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. But it was not displaying a privacy notice as required under the General Data Protection Regulation.

There was some basic safeguarding guidance within the SOPs. But team members had not completed

any formal safeguarding training, so they may be less confident in identifying potential issues or raising concerns. The pharmacist felt that this was not an issue as 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 a small close-knit team. Pharmacy team members work under supervision and they complete the necessary training for their roles. But they do not complete much additional training to make sure they keep their skills and knowledge up to date.

Inspector's evidence

A single assistant worked on the counter supporting the pharmacist during the inspection. Footfall was low and the workload was easily manageable. The assistant was a pharmacy postgraduate. She said she had completed some counter training whilst working at another pharmacy as an undergraduate, but there was no evidence to support this. The pharmacist said he would enrol her on a course if necessary.

The pharmacy employed three other counter assistants to cover the extended opening hours. They were not present during the inspection. They had all completed a medicines counter assistant's (MCA) course and certificates were provided. There were no formal staff contracts, induction procedures, appraisal processes or ongoing training programmes. A template whistleblowing policy was included with the SOPs. The assistant knew she could report 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 to store stock, and this 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. Other staff facilities were located in the basement. The pharmacy was reasonably clean, but the consultation room was cluttered and untidy which detracted from the professional image. There was a large basement accessed via stairs from the retail area. It had offices, storage areas and additional consultation rooms. These rooms were potentially for use by external practitioners, but they were not in use at the time of the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers basic supply only services. It generally sources, stores and supplies medicines safely. The team members carry out some checks to ensure medicines are fit for purpose. But the team 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 usually traded from 10am until 11pm Monday to Saturday, and midday until 11pm on Sundays. 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. Evenings were the busiest time. The pharmacist had previously explained how many of their customers were medical tourists who preferred to obtain their medicines in the UK and they usually visited in the summer months, so this was their busiest time, and they opened until midnight in the summer months. The team were able to signpost to other providers in the locality if people requested a service they could not provide.

Prescriptions were usually presented as walk-ins. No prescriptions were dispensed during the inspection, and usually only a very small number were dispensed each day. On some days, they did not dispense any prescriptions at all. Most medicines were sold over the counter. 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 and that people should be counselled accordingly. He said he did not usually supply it and he did not currently have any medicines containing valproate in stock.

Medicines were sourced from licensed wholesalers and stored in a reasonably orderly manner within the dispensary and the loft. A random check of the shelves found no expired items. The pharmacist said a stock take had been completed in November last year. The pharmacy was not compliant with the Falsified Medicines Directive, but the pharmacist was aware of this legislation and said he was looking into it. Cold chain medicines were stored appropriately, and fridge temperatures were monitored.

The pharmacy had only one expired schedule 2 CD in stock and this was stored in the cabinet. The pharmacy had some schedule 3 CDs (pregabalin) in stock but the pharmacist said he did not supply these, and they had not dispensed any 'pink' prescriptions (FP10PCD standardised private prescription forms for CDs). Schedule 4 CDs were supplied, and the pharmacy had a high stock holding of these considering the volume of dispensing. The pharmacist explained this was because they often provided six months or more at a time on private prescriptions for people who were living overseas. Obsolete medicines were segregated in designated bins prior to collection by a waste contractor; the last collection had been completed in September 2019. MHRA medicine and device alerts were received by email or on wholesaler invoices. The pharmacist could recollect receiving recalls for ranitidine containing products recently. But there was no clear system for managing alerts to ensure they were dealt with and actioned. So, there was a risk they could be overlooked or not actioned promptly.

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 current copies of the British National Formulary and the pharmacist could access to the internet or contact the NPA advisory service if needed. Medicine cartons and a crown stamped measure were available for dispensing purposes and these were stored appropriately. All electrical equipment appeared to be in good working order. The PMR system was password protected and the computer terminal was suitably located out of sight of the counter. A small CD cabinet was suitably secured to a wall in the loft area. There was a dispensary sink and a fridge was available for the storage of 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.