

Registered pharmacy inspection report

Pharmacy Name: Zava, 46 Essex Road, London, N1 8LN

Pharmacy reference: 9011147

Type of pharmacy: Closed

Date of inspection: 17/09/2024

Pharmacy context

This pharmacy is located in a room of a building in Islington in London. Its main activities are dispensing and shipping of private prescriptions of medicines that are prescribed by its Care Quality Commission (CQC) regulated prescribing service. It mainly dispenses weight loss prescriptions and urgent items that have been prescribed. The pharmacy cannot be physically accessed by the public.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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 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 manages the risks associated with its services well. And its team members review their mistakes regularly. It has written procedures in place to help the team work safely. The pharmacy keeps the records it needs to by law. It has appropriate insurance arrangements in place to protect people. And it keeps people's private information safe.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The RP was a locum who had started working in the pharmacy recently. There were also two other senior pharmacists who worked in the pharmacy present during the inspection. The pharmacy had a range of in-date standard operating procedures (SOPs), these had been read by all team members who had also signed to confirm that they had read them. The RP was able to explain how prescriptions were processed, packaged and dispatched from the pharmacy and said any issues in the pharmacy could be discussed with the senior pharmacists. The pharmacy recorded near misses (dispensing mistakes spotted before the medicines leave the pharmacy) electronically. These were recorded regularly and in a good level of detail. One of the senior pharmacists said that there was a weekly meeting to discuss near misses. With regards to dispensing errors (mistakes that had reached a person), the team said that these were also recorded electronically but, in more detail, than near misses and they were sent to the company's clinical governance team for review. The team said there had not been a dispensing error for a long time.

Complaints and feedback could be submitted in several different ways. The pharmacy's website provided details about how people could make a complaint to the pharmacy. This could be done via email or over the phone. The website also provided details for Independent Sector Complaints Adjudication Service (ISCAS) where complaints could be escalated if the person was not satisfied with the pharmacy's response.

The pharmacy had current indemnity insurance in place. The RP record was complete with all entries seen showing a start and finish time. Private prescription records were also all complete with entries seen having all the required details recorded. Confidential waste was shredded on site as soon as it was no longer needed. The RP confirmed she had completed level three safeguarding training with eLearning for healthcare (elfh) and all team members had completed at least level two training. Team members had access to relevant safeguarding contacts but said that they had not come across any safeguarding issues yet, mainly as they did not have people visiting the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload effectively. Team members do regular ongoing training to help keep their knowledge and skills up to date. And they have a regular formal review of their progress. Team members have no concerns about providing feedback or raising concerns if needed.

Inspector's evidence

The team consisted of the RP and four other pharmacists who all worked regularly in the pharmacy with two of these being senior pharmacists. One of the senior pharmacists said there would usually be two pharmacists working in the pharmacy at one time so workload could be managed more safely and efficiently. She said the pharmacy had enough team members to manage its workload and dispensing was up to date but was looking to hire another pharmacist and a technician to account for any future increase in workload. Team members had regular teaching every month with the doctors also working at the company to help keep their knowledge and skills up to date. And one of the senior pharmacists confirmed that all team members had a regularly quarterly formal review with the superintendent pharmacist (SI). Team members said they had no concerns raising any issues and would usually raise these with the SI. And they confirmed that they were not set any targets in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy, and its team members have enough space to carry out their work. The pharmacy is kept secure from unauthorised access.

Inspector's evidence

The pharmacy was generally clean, bright and had enough floor and desktop space for team members to carry out their work. There were some boxes on the floor which presented a potential tripping hazard, the team said these would be moved. The temperature and lighting of the pharmacy were adequate. The temperature of the pharmacy was continually monitored. And it had air conditioning and central heating to adjust the temperature if required. The team had access to toilets available in another part of the building with hot and cold running water and handwash as well as a kitchenette area. The pharmacy was kept secure from unauthorised access. The pharmacy had a website with details of the SI and other team members as well as the address of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and efficiently. And it stores its medicines appropriately. The pharmacy obtains its medicines from reputable sources. And it takes the right actions in response to safety alerts and recalls ensuring people are getting medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy was located in a room in the basement area of the company's building and provided all its current services at a distance and was closed to the public. The team could cater to people with accessibility issues, for example by printing large-print labels for people with sight issues. There were separate areas for dispensing and checking medicines in the pharmacy and baskets were used to separate prescriptions and reduce the chance of them getting mixed up. The team explained that all prescriptions were written by doctors working for the same company under their CQC prescribing service. These prescriptions were then sent to the pharmacy to be clinically checked and dispensed. The team explained that if they had any queries with the prescriptions, they could speak directly with the prescriber who would be located in the building. If the prescriber was offsite, the team could contact them via the company's online communication tool. The pharmacy team had access to the system used by the doctors when prescribing so could access to clinical notes made by doctors during the consultation as well as confirm that appropriate ID checks had been carried out before dispensing and supplying the medicine. They could also see if consent to share information with the GP had been granted and if consent whether this had been sent to the person's GP.

All medicines were sent in secure opaque packaging. Medicines requiring cold storage were sent in insulated packaging with ice packs. The team explained that in the summer months when the weather was warmer, an extra ice pack was sent with the medicines to account for the warmer temperatures. All medicines were delivered to people using a third-party delivery service. For medicines requiring ambient temperature storage, there was a range of delivery options available. For items requiring cold storage, a next day delivery guaranteed by 1pm service was used. All deliveries needed a signature before they could be handed over. If there was a failed delivery of an ambient temperature medicine, the medicine was taken to a local delivery office where ID was required for it to be collected. If there was a failed delivery of cold storage item, it was automatically returned to the pharmacy. The team explained that very few deliveries were returned to the pharmacy but if this did occur, they would liaise with the person about re-dispensing and re-delivering the prescription. Details about deliveries was available on the company's website.

As all people got their medicines delivered to them, there were less opportunities for people to ask questions or get information about their medicines. The team explained that people could call the company and speak to a pharmacist for any queries they had about their medicines. Contact details for the pharmacy were also available on the website for people to call and speak to a pharmacist or a doctor if necessary. People could also message the pharmacy online via their account with any queries which would be forwarded to the appropriate person.

The pharmacy obtained its medicines from licensed wholesalers, and invoices were seen to confirm this. Medicines requiring refrigeration were stored appropriately in three fridges in the pharmacy.

Records for fridge temperatures were checked daily and records seen were all in range. The maximum temperature of two of the three fridges was found to be out of range during the inspection. The team said that this was due to a delivery being put away just before the inspection. Both fridges were reset and then showed maximum temperatures within the required range throughout the inspection. The current and minimum temperatures were found to be in range during the inspection. Expiry-date checks were carried out monthly. A random check of medicines on the shelves and in the fridges found no expired medicines.

Safety alerts and recalls of medicines and medical devices were received by email with all team members signed up to receive alerts by email. Alerts were actioned by the pharmacist working as the RP at the time. Alerts were actioned as appropriate with the action taken and the alert details being recorded electronically on a spreadsheet.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services effectively. And it uses its equipment to protect people's privacy.

Inspector's evidence

The pharmacy had computers with access to the internet, which allowed team members to access any online resources they needed. Computers were all password protected. Electrical equipment had previously been safety tested earlier in the year as evidenced by green stickers in the equipment. The pharmacy did not dispense any liquids medicines or split packs of 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.