

Registered pharmacy inspection report

Pharmacy Name: Fazal Pharmacy, 225 Merton Road, London, SW18
5EE

Pharmacy reference: 9011248

Type of pharmacy: Community

Date of inspection: 23/06/2021

Pharmacy context

This is an NHS community pharmacy set in a residential area of Southfields. The pharmacy opens five days a week. It sells a small range of health and beauty products, including over-the-counter medicines. It dispenses people's prescriptions. And people can collect coronavirus (COVID-19) home-testing kits from its premises. The pharmacy provides multi-compartment compliance packs (compliance packs) to some people who need help managing their medicines. And it delivers medicines to people who can't attend its premises in person. This inspection took place during the COVID-19 pandemic.

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 adequately manages its risks. It has introduced new ways of working to help protect people against COVID-19. And it has procedures to help make sure its team works safely. Members of the pharmacy team know what they can and can't do, what they're responsible for and when they might seek help. They adequately monitor and review the safety of the services they deliver. They understand their role in protecting vulnerable people. And they keep people's private information safe. People using the pharmacy can provide feedback to help improve its services. The pharmacy mostly keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong.

Inspector's evidence

The pharmacy transferred to a new owner recently. It had up-to-date standard operating procedures (SOPs) for the services it provided. And these were due to be reviewed in the next two years. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The pharmacy had risk assessed the impact of COVID-19 upon its services and the people who used it. And, as a result, it had suspended its blood pressure measurement service. The pharmacy had completed occupational COVID-19 risk assessments for each team member. Members of the pharmacy team knew that any work-related infections needed to be reported to the appropriate authority. They were self-testing for COVID-19 twice weekly. They wore fluid resistant face masks to help reduce the risks associated with the virus. And they washed their hands regularly and used hand sanitising gel when they needed to.

The team members responsible for making up people's prescriptions kept look-alike and sound-alike drugs apart on the dispensary shelves to reduce the chances of them picking the wrong product. They kept the dispensing workstations tidy. They used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not delivered until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they shared any learning from these reviews with each other. So, they could try to stop the same types of mistakes happening again.

The pharmacy displayed a notice that told people who the RP was. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within the SOPs. A team member explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist. The pharmacy had a complaints procedure. And it had received positive feedback from people online. The pharmacy team had just started to ask people to complete a satisfaction survey about the pharmacy. It asked people for their views and suggestions on how to do things better. And, for example, it tried to keep people's preferred makes of prescription-medicines in stock when asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy kept a record to show which pharmacist was the RP and when. The pharmacy had a controlled drug (CD) register, which was kept in order. And its team regularly checked the stock levels recorded in the CD register. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. But it didn't always record when it had received one of these products. The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied electronically. And these generally were in order. But sometimes the records for emergency supplies made at the request of patients didn't provide enough detail for why a supply was made.

People using the pharmacy couldn't see any other people's personal information. The pharmacy was registered with the Information Commissioner's Office. It had arrangements to make sure confidential information was stored and disposed of securely. And it displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. The pharmacy had a safeguarding SOP. And the RP had completed a level 2 safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. And they had the contacts they needed if they wanted to raise a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They work well together and use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist (the RP) and a part-time pre-registration trainee pharmacy technician. They were both working at the time of the inspection. The pharmacy relied upon some of its former team members, who were familiar with its processes and had completed accredited training relevant to the roles they undertook, to cover the absence of the pre-registration trainee pharmacy technician or help if it was busy. A locum pharmacist would cover the absence of the superintendent pharmacist. Members of the pharmacy team worked well together. So, people were served promptly, and their prescriptions were processed safely. The superintendent pharmacist was responsible for managing the pharmacy and its team. They supervised and oversaw the supply of medicines and advice given by the pharmacy team.

The pre-registration trainee pharmacy technician described the questions they would ask when making over-the-counter recommendations. They explained that they would refer requests for treatments for animals, babies or young children, people who were pregnant or breastfeeding, people who were old and people with long-term health conditions to the RP. Members of the pharmacy team discussed their performance and development needs with the RP. They could ask questions and familiarise themselves with new products. They were also encouraged to complete training to make sure their knowledge was up to date. And they could train while they were at work when the pharmacy wasn't busy. The RP held informal one-to-one discussions or meetings to update the pharmacy team and share learning from mistakes or concerns.

The pharmacy had a whistleblowing policy. It didn't set targets for its team. And it didn't incentivise its services. Members of the pharmacy team felt able to make professional decisions to ensure people were kept safe. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to improvements being made to the way prescriptions for people's compliance packs were processed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate environment to deliver its services from. Its premises are clean and secure. And people can receive services in private when they need to.

Inspector's evidence

The registered pharmacy premises were bright, clean, modern and secure. The pharmacy had a retail area, a counter, a dispensary, a small kitchenette and a toilet. And it had a consulting room for the services it offered and if people needed to speak to a team member in private. The pharmacy had the workspace and storage it needed for its current workload. But it wasn't air conditioned. So, its team members opened the door and used an air purification fan to try and keep the premises and themselves cool during hot weather. The pharmacy had the sinks it needed for the services its team delivered. And these had a supply of hot and cold running water. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy. They cleaned the pharmacy on most days it was open. And they regularly wiped and disinfected the surfaces they and other people touched.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access. Its working practices are safe and effective. Its team members are helpful. And they make sure that people have all the information they need. So, they can use their medicines safely. The pharmacy delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources. And it stores them appropriately and securely. Members of the pharmacy team generally dispose of people's unwanted medicines properly. And they carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose.

Inspector's evidence

The pharmacy didn't have an automated door. But it had a ramp leading to its entrance. This made it easier for people who found it difficult to climb stairs, such as someone who used a wheelchair, to enter the building. The pharmacy had a notice that told people when it was open. And this notice also told people about the services the pharmacy offered. The pharmacy had a small seating area for people to use if they wanted to wait. And this area was set away from the counter to help people keep apart. Members of the pharmacy team were helpful. They took the time to listen to people. So, they could advise and help them. And they signposted people to another provider if a service wasn't available at the pharmacy.

The pharmacy offered a repeat prescription collection service. And people could order their prescriptions through the pharmacy. The pharmacy provided a delivery service to people who couldn't attend its premises in person. And it kept an audit trail for each delivery to show that the right medicine was delivered to the right person. The pharmacy supplied COVID-19 rapid lateral flow tests that people could use at home. This was to help find cases in people who didn't have symptoms but were still infectious. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance packs. And patient information leaflets were supplied. So, people had the information they needed to make sure they took their medicines safely. The pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting, such as a high-risk medicine, or if other items, such as a CD or a refrigerated product, needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals. And it recorded when it had done these checks. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy had procedures for handling the unwanted medicines people returned to it. And these medicines were kept separate from stock and were placed in a pharmaceutical waste bin. But the pharmacy didn't have a pharmaceutical waste bin it could use to get rid of unwanted hazardous waste medicines. The pharmacy had a process for dealing with alerts and recalls about medicines and

medical devices. And its team members described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a plastic screen on its counter. And its team could restrict the number of people it allowed in the premises at a time if needed. The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had a clean glass measure for use with liquids. And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure they cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the maximum and minimum temperatures of this refrigerator. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The pharmacy had a cordless telephone system. So, its team could have confidential conversations with people when necessary. Most of the team members responsible for the dispensing process had their own NHS smartcard. And they made sure their card was stored securely when they weren't working.

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.