

# Registered pharmacy inspection report

**Pharmacy Name:** Britannia Pharmacy, 2 Bramingham Park Centre,  
Whitehorse Vale, LUTON, Bedfordshire, LU3 4AD

**Pharmacy reference:** 1028887

**Type of pharmacy:** Community

**Date of inspection:** 10/10/2019

## Pharmacy context

The pharmacy is located in a parade of businesses in a residential area. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, supervised consumption, emergency hormonal contraception, NHS urgent medicines supply and seasonal flu vaccination. The pharmacy has healthy living status.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	Staff development and training is supported and encouraged.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy's services are accessible to people with a variety of needs.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk and keeps people's information safe. The pharmacy has written procedures which tell staff how to complete tasks effectively. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

### Inspector's evidence

There were some near miss records. Staff said near misses were discussed by the pharmacy team members. 'Lookalike, soundalike' (LASA) medicines were highlighted and separated on the dispensary shelves to reduce picking errors. LASA medicines included amlodipine and amitriptyline, azathioprine and azithromycin and atenolol and allopurinol. High risk medicines such as warfarin and methotrexate had also been separated to minimise picking errors.

Workflow: a legal and stock check was undertaken on receipt of the prescription. Baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated either manually or by scanning the barcode on the prescription and medicines were picked from reading the prescription. Interactions were printed and shown to the pharmacist. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. Patients were texted letting them know their prescription was ready for collection.

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared for a number of patients according to a matrix. The pharmacy managed prescription re-ordering on behalf of housebound patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. There was a folder of information on compliance aid patients and notes were recorded on the patient medication record (PMR). Labelling included a description to identify individual medicines and patient information leaflets were supplied with each set of blister packs. Some unsealed compliance aids were ready for final check and ensuring they were prepared, checked and sealed on the same day was discussed.

High-risk medicines such as alendronate and controlled drugs (CDs) were supplied separately from the compliance aid. The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Levothyroxine and lansoprazole were supplied in compliance aids and special instructions were highlighted on the backing sheet. Staff said there were currently no patients taking sodium valproate supplied in a compliance aid.

The annual patient questionnaire was conducted. The standard operating procedures (SOPs) had review

dates of Jul/Sept 2019 and Feb 2020 at the time of the visit and included a complaints procedure. There were training records but not signed by all staff for instance, although the delivery SOP was followed, the delivery person had not signed the training record.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 31/08/2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions and 'specials' supplies were generally complete although some details were incomplete. Patient group directions (PGDs) were in date for flu vaccination, period delay, malaria prophylaxis, emergency hormonal contraception and chlamydia screening/treatment.

The CD registers were complete, and the balance of CDs was audited weekly in line with the SOP. Methadone was not always balance checked weekly. A random check of the actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. Footnotes correcting entries were signed and dated. Invoice number and supplier name but not address were recorded for receipt of CDs. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). A privacy notice was displayed. Confidential waste paper was collected for shredding and there was a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. Staff had undertaken safeguarding and dementia friends training and the pharmacists were accredited at level 2 in safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team works well together and manages the workload within the pharmacy. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

### Inspector's evidence

Staff comprised: two part-time pharmacists, one full-time and one part-time pharmacy technician, one full-time accredited and one part-time trainee dispenser (both also medicines counter assistants), one full-time and two part-time medicines counter assistants (MCAs) and one part-time delivery person.

Head office provided ongoing training via a new website where each member of staff had their own profile and training could be completed on a tablet. Staff had protected learning time. Training topics included LASA medicines, sepsis, safeguarding, children's oral health, risk management (owing medication had been risk assessed), PGDs and consultation skills. The pharmacist planned to undertake pharmacist independent prescriber training.

There were annual documented appraisals online to monitor staff performance and set objectives. Staff said they were free to provide feedback and had suggested reviewing the owing medication procedure so one staff member was responsible for checking prescriptions with outstanding medication twice a day. Another suggestion had been to review the procedure and timing of electronic prescription claiming. Whistleblowing procedure was available via the SOP to raise concerns. Staff did not believe that targets and incentives were set in a way that affected patient safety.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are generally clean, secure and suitable for the provision of its services. There is a consultation room where people can have a private conversation with the pharmacy staff.

### Inspector's evidence

The pharmacy premises were generally clean and tidy. There was car parking nearby. Fixtures and fittings were quite modern. Handwashing equipment was provided in the lavatory area of the store. The consultation room was not routinely locked and the door remained open when not in use. The chaperone policy was displayed, and patient privacy was protected. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

### Inspector's evidence

There was wheelchair access and a seating area for waiting patients. There was a hearing loop and a staff member knew some sign language to assist hearing impaired people and large font labels could be printed to assist visually impaired patients. Staff could converse in Polish, German, Bengali and Urdu to assist patients whose first language was not English. Patients were signposted to other local services including doctors, dentists, NHS 111 and two walk-in centres. The pharmacy provided free condoms in line with other sexual health services including supply of emergency hormonal contraception and chlamydia screening/treatment.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group and information on the pregnancy prevention programme (PPP) would be explained. There was a purple folder of information on sodium valproate and PPP. The intervention was recorded on the patient medication record (PMR). The pharmacist was aware of the procedure for supply of isotretinoin including negative pregnancy test result, PPP and record of the intervention. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. Interventions were recorded on the PMR showing checks that medicines were safe for people to take and appropriate counselling was provided to protect patient safety.

Pharmacist query stickers were attached to prescriptions which prompted the need for counselling. CD prescriptions were highlighted with CD stickers and the expiry date, so CDs were not given out after the 28-day validity period. The pharmacist said that when supplying warfarin, people were asked for their record of INR and target INR, blood test due dates. INR was recorded on the PMR. Advice was given about side effects of bruising and bleeding, over-the-counter medicines such as Daktarin Oral Gel and diet containing green vegetables and cranberries which could affect INR. People were advised about the benefits of a flu vaccination. People taking methotrexate were reminded about the weekly dose and when to take folic acid. A record of the intervention was made on the PMR.

Audits were conducted regarding use of inhalers in asthma and if diabetic patients have had their eyes and feet screened in the last 12 months. There were health related leaflets to increase public awareness of Age Concern, 'blood in pee', cough for three weeks, flu vaccination and alcohol consumption. There was a display relating to lifestyle choices that affected blood pressure such as alcohol and smoking. To meet quality payments criteria, staff had previously completed children's oral health and risk management training. Currently staff training included safeguarding, sepsis and LASA medicines.

Medicines and medical devices were delivered outside the pharmacy. A 'home delivery sheet' was

completed. Three bag labels were printed, one for the correct delivery date in the delivery diary, one on the prescription bag and one on the delivery sheet. Patient signatures were recorded indicating a safe delivery.

Medicines and medical devices were obtained from Alliance, Phoenix, Colorama, Sigma, AAH and Laser Distribution Centre. Floor areas were mostly clear, and stock was stored on the dispensary shelves. Stock was date checked and recorded. No date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening and medicines were generally stored in original manufacturer's packaging. Cold chain items were stored in the medical fridges. Uncollected prescriptions were cleared from retrieval every four weeks after the patient had been contacted. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts and recalls were actioned, and a record was maintained on the computer. Patients were contacted about affected batches if necessary.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy's equipment keeps people's private information safe.

### Inspector's evidence

Current reference sources included BNF. The dispensary sink was slightly stained. There was a range of standard glass measures to measure liquids including separate marked measures for methadone. There were two medical fridges. Minimum and maximum temperatures were monitored daily and found to be within range two to eight Celsius. The larger fridge in the store showed an overall temperature within two to eight Celsius but the daily minimum and maximum temperatures were recorded as four and six Celsius daily. There was a discussion about ensuring the monitor was operated and functioning correctly to ensure accurate daily fridge temperature readings and guarantee the integrity of cold chain items.

The CD cabinets were fixed with bolts. There were two sharps bins for vaccination sharps disposal and two in-date adrenalin injection devices for use in the event of anaphylaxis. There was a new blood pressure monitor in use. There was a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly

### 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.