

Registered pharmacy inspection report

Pharmacy Name: Britannia Pharmacy, 5 Market Sqaure, SANDY,
Bedfordshire, SG19 1HU

Pharmacy reference: 1028892

Type of pharmacy: Community

Date of inspection: 27/12/2019

Pharmacy context

The pharmacy is in the main shopping area of the small market town. It provides NHS and private prescription dispensing mainly to local residents. The team also dispenses medicines in multi-compartment compliance packs for a large number of people. And the pharmacy provides treatment and support for people using the drug and alcohol service. In the 2019 to 2020 season they supplied over 500 people with flu vaccinations

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	2.1	Good practice	The pharmacy's staffing arrangements enable the pharmacist to spend time more time providing support and advice to people.
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

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities and work well together. They log any mistakes they make during the pharmacy processes. And they learn from these to avoid problems being repeated. The pharmacy keeps its records up to date which show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and these had been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the process in order to learn from them. They regularly logged any issues and had a monthly meeting to discuss trends and learning from these near misses.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when needed.

The pharmacy sought the views of people using it in an annual survey, which was published on the NHS website. The results of the latest survey were yet to be published, but the previous one had highlighted healthy living advice as not being offered. There was a display about healthy living which the staff said they changed regularly. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies on the computer. But the name and address of the prescriber and the date of the prescription were not always recorded accurately. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. The team tried to alternate staff doing these checks as a good practice measure. Fridge temperatures were recorded daily and were within the recommended range.

Confidential waste was removed to head office and then destroyed. The pharmacy team thought that there were the appropriate permits for this in place. The staff had all signed the information governance folder, which covered subjects such as the General Data Protection Regulation (GDPR) and general confidentiality issues. They were seen to remove their NHS cards from the computers when they were not using them to access confidential data.

The pharmacist had completed the appropriate training about safeguarding vulnerable people and was able to access the telephone numbers for the local safeguarding boards. The staff were all aware of the things to look out for with regard to safeguarding, having studied training provided by the company.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. The pharmacist is easily accessible to people visiting the pharmacy as he is usually positioned at the counter. Pharmacy staff are provided with training by the company and they find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was the regular pharmacist, a registered pharmacy technician (who was also an accredited checking technician (ACT)), two full-time dispensers and three counter assistants in the team. They worked closely together and were observed to cope with the workload well. The staff stated that the staffing levels had improved under the current ownership and that they were up to date with the tasks expected of them. The pharmacist spent a lot of his time at the counter, talking to people using the pharmacy, and giving advice. When needed, he was called into the dispensary to clinically check prescriptions before they were handed out.

The staff had access to on-going training once they had completed the required training for their roles. They had time in working hours to do training. It was mostly product-specific e-Learning and the last package they remembered was about dry eyes. The training had also included confidentiality and safeguarding.

Formal appraisals were held annually. The pharmacist with the management team and the staff with the pharmacist. They all said that they would bring up issues as they occurred, rather than waiting for the formal appraisal as there was an atmosphere of sharing problems within the team. The pharmacist said that he was not under pressure to meet targets, and so his professional judgement was not compromised.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The premises were clean, tidy and well lit. They consisted of a single floor in the building. The shop floor was spacious with a large display of aids to help the less able. The chemist counter was to the centre of the building, in front of the entrance to the dispensary, meaning that the public could not easily access it.

There was a consultation room, which was also clean, tidy and bright and had ample space for the service provided. It was kept unlocked, with the door open when not in use, which meant that even though it was away from the counter people knew it was there and asked to use it.

The dispensary was also large, clean, tidy and bright. There was ample space with separate areas for dispensing prescriptions and preparing multi-compartment compliance packs. There were two areas for accuracy checking prescriptions; one was used by the ACT and the other the pharmacist.

There was a kitchen facility as well as a toilet with wash hand basin in addition to the dispensary sink. Both had hot and cold running water. There was air-conditioning in place.

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. Pharmacy team members are helpful and give advice to people about where they can get other support. The pharmacy team makes good use of the ACT to check dispensing, but it is not always clear which prescriptions she can check.

Inspector's evidence

The main entrance to the premises was up several steps from the market square. It had a heavy front door but there was a rear entrance, near to the local surgery, which had an automatic door and was level from the path. Services offered in the pharmacy were advertised in the shop windows. There was an induction hearing loop to assist people with hearing aids. And staff said that they were able to produce large-print labels if they were required by people with poor eye-sight.

The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The system for the ACT to check a prescription was not robust, and involved her remembering if she had had any part in the dispensing or labelling of the prescription. But it was clear if the clinical check had been done by the pharmacist.

A large number of people were being supplied their medicines in multi-compartment compliance packs. There was a timetable on the pharmacy calendar showing which people's medicines were due each week, so that the workload could be adequately managed. The packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of each person receiving packs with a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs. The packs were usually checked by the ACT.

People receiving high-risk medicines were monitored appropriately; the pharmacy team members marked prescriptions for these items. This meant that when they were handed out, people were asked about their recent blood tests and current dose, to ensure that the medicines supplied matched the person's requirements. Schedule 4 controlled drug prescriptions were usually highlighted to staff who were to hand them out. This reduced the chance of these items being handed out more than 28 days after the date on the prescription. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention and appropriate warnings stickers were available for use if the manufacturer's packaging could not be used.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.