

Registered pharmacy inspection report

Pharmacy Name: Britcrown Pharmacy, 31 Upminster Road,
HORNCHURCH, Essex, RM11 3UX

Pharmacy reference: 1031223

Type of pharmacy: Community

Date of inspection: 22/04/2021

Pharmacy context

This pharmacy is situated in a parade of shops in a residential area. It mainly dispenses NHS prescriptions. And supplies some medicines in multi-compartment compliance packs to people who need help managing their medicines. The inspection was undertaken 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's working practices are generally safe and effective. People who use the pharmacy can give feedback on its services. It generally keeps the records it needs to by law so that medicines are supplied safely and legally. Team members know how to safeguard vulnerable people. They work to written procedures to help provide the pharmacy's services safely. When things go wrong, the pharmacy team responds well.

Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed SOPs which were relevant to their roles. Team roles were defined within the SOPs. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided with personal protective equipment (PPE). The responsible pharmacist (RP) explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). The RP recorded near misses; records were seen to show that these had been recorded. These records were then reviewed to identify any trends. The RP said that reviews had happened infrequently due to the Covid-19 pandemic although near misses had consistently been recorded. The RP planned to restart completing the reviews on a monthly basis. In the past the team had separated the different strengths of alendronic acid as this had been picked up as a reoccurring mistake. Dispensing errors were recorded on the electronic recording system. As a result of a recent mistake with the different inhaler formulations the RP had re-briefed the team on the different types of inhalers as well as separating the different formulations on the shelf.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. There was a complaint procedure and details of this were displayed on a poster in the public area. Most complaints were resolved in the pharmacy. The RP said that there had not been any complaints recently.

Records for unlicensed medicines, controlled drug (CD) registers and RP records were well maintained. Private prescription and emergency supply records were also generally well maintained but some entries were missing prescriber's details and some emergency supply records did not have the nature of the emergency recorded. The RP gave an assurance that he would request all pharmacists to ensure records were fully completed in the future. CD balance checks of current stock were frequently carried out. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned were recorded in a register as they were received.

Assembled prescriptions were stored at the back of the dispensary out of view of people using the pharmacy. The pharmacy had an information governance policy which was reviewed. And information on The General Data Protection Regulation (GDPR) was available in the pharmacy which the team had read and signed. Relevant team members who accessed NHS systems had smartcards. The regular

pharmacist had access to Summary Care Records (SCR); consent to access these was gained verbally.

Pharmacists had completed level two safeguarding training and team members had been verbally briefed. Team members would refer any concerns to the RP. Contact details for safeguarding boards were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to dispense and supply its medicines safely, and they work effectively together and are supportive of one another. Team members are given some ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP and two trained dispensers. The pharmacy also employed a trained medicines counter assistant who was in the process of completing the dispenser training. The RP felt that there were an adequate number of staff.

Prior to the Covid-19 pandemic team members had appraisals on an ongoing basis. Most team members had worked at the pharmacy for a number of years. The MCA had been the newest member and the RP said that she had gone through an induction process. The RP provided team members with ongoing verbal feedback.

The dispenser counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

Team members kept up to date by completing online training such as on the CPPE website when this was available, reading through pharmacy magazines and training leaflets. The RP shared information that was received from the Local Pharmaceutical Committee (LPC) with team members. Team members had completed training on Covid symptoms and changes to systems because of the pandemic. Training was either completed at home or work. There was no specific time allocated for completing training.

As the team was small and worked closely together, team members discussed things as they came up. Occasionally meetings were held in the morning before the store opened. Team members felt able to raise concerns or give feedback to the owner. Prior to the pandemic the owner had worked at the pharmacy once a week. The RP had asked for a pre-registration trainee and the owner was looking into this. There were no targets set for services provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and are suitable for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was generally tidy and clean. Although some areas such as the staff toilet and staff area had not been refitted for a while and had paint peeling. The RP said that the owner was making plans to refit the premises. A sink was available in the dispensary for the preparation of medication. There was sufficient workspace in the dispensary to manage the workload, a designated area at the back was used for the management and storage of the multi-compartment compliance pack service. Medicines were arranged in the dispensary in a tidy and organised manner. Cleaning was carried out by team members daily, using disinfectant. To maintain social distancing team members tried to maintain a distance from each other and stayed as far back as possible when helping people. A screen had also been fitted at the counter and the pharmacy had stuck markings on the floor. Team members had been provided with PPE and hand gel. Only one person was allowed into the pharmacy at any given time.

A consultation room was available and this had adequate audible and visual privacy for the services currently provided. The room did not have a ceiling. Team members gave assurances that conversations could not be overheard. There was also a window in the room which overlooked into the dispensary. The room was clean.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature in the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access to the premises. Team members helped people who required assistance. There were a range of posters on display advertising pharmacy services. The pharmacy had the ability to produce large print labels. Team members were multilingual, but majority of the local population spoke English. Team members were aware of the need to signpost people to other providers. The team used the LPC and NHS websites to locate local services and printed information out to hand to people.

The RP felt that the delivery service had been a 'lifesaver' during the pandemic ensuring people who were vulnerable, shielding or isolating were able to get their medicines. The requests for medicines to be delivered increased massively during the pandemic and was followed by a reduced footfall into the pharmacy.

Most prescriptions, approximately 95%, were received electronically. These were dispensed by one of the dispensers and checked by the RP. The RP did not need to self-check as he always worked with a dispenser. Colour-coded baskets were used to separate prescriptions and to help manage the workflow. Dispensed and checked-by boxes were available on labels and these were routinely used by the team.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The pharmacy had completed an audit on the use of sodium valproate and people identified in the at-risk group were counselled by the pharmacist. The RP was made aware of the need to use the warning stickers by the inspector.

Prescriptions for warfarin were dealt with by the pharmacy's sister branch. Following the inspection, the SI confirmed that the sister branch was no longer providing the anticoagulation service. For other medicines such as methotrexate the RP described the signs of toxicity he would look out for and ask people about.

Multi-compartment compliance packs were prepared in a designated area. Shelves were used to store prepared packs and there were individually labelled boxes to store each person's packs. Prescriptions were ordered a week in advance. Changes were queried with the prescriber and a record was made on the person's individual record. Assembled packs seen were labelled with product details and mandatory warnings. Information leaflets were supplied monthly. The pharmacy prepared four packs at a time, to label these, one original backing sheet was prepared and this was then photocopied for the additional three packs. One of the packs observed was found to have some of the information cut off. On some occasions if stock was unavailable, trays were left unsealed overnight and completed the following day when stock was received. The dispenser gave an assurance that in future packs would not be prepared until all stock was available.

Deliveries of medicines to people's home were carried out by a designated driver. To help with infection control the pharmacy had stopped obtaining signatures when medicines were delivered during the pandemic. There had been a threefold increase in the number of deliveries carried out since the start of the pandemic. In the event that someone was not home, medicines were returned to the pharmacy. The driver had been provided training by the RP on Covid-19 and infection control and was supplied with PPE.

Medicines were obtained from licensed wholesalers and were stored appropriately. Some tablets were seen to be stored loosely on the shelves outside of their original packaging, others were seen to be stored as mixed batches. This could increase the risk of date expired medicines or any recalled medicines being missed. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. CDs were kept securely.

Expiry-date checks were carried out frequently, and the team were in the process of completing a date check at the time of the inspection. Short-dated stock was marked. A date-checking matrix was in place. No date-expired medicines were observed on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

Drug recalls were received from a number of different sources including the LPC and from the MHRA. These were printed, actioned and then filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was mainly clean and ready for use. A separate tablet counting triangle was used for cytotoxic medicines to avoid cross-contamination. Two fridges of adequate size and a legally compliant CD cabinet were available. Up-to-date reference sources were available including access to the internet.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork and dispensing labels were segregated and sent to the other branch for destruction.

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.