General Pharmaceutical Council

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: 25/04/2023

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 pharmacy also provides seasonal flu vaccinations and the NHS hypertension service.

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 safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy largely keeps the records it needs to by law so that medicines are supplied safely and legally. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members respond appropriately when mistakes happen during the dispensing process.

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 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). Either the team member or the responsible pharmacist (RP) recorded near misses and there was evidence seen that this happened. Records about near misses were then reviewed at the end of each month to identify any trends and a discussion was held with team members. The team had moved medicines which looked-alike or sounded-alike on the shelves and discussed how the dispensing workflow could be changed to ensure mistakes were not made. Following a review, the way in which the multi-compartment compliance packs were prepared was changed and the workload was split between the dispenser and trainee pharmacist. Dispensing errors were investigated and reported on an incident report form; a discussion was held with the team and the second pharmacist. Following an incident where the incorrect strength of a medicine was handed out the RP had recommended that, where pharmacists had to self-check, they ensured that a mental break was taken between dispensing and checking.

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 emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were well maintained. Private prescription records were made in a book and electronically. Written records had not been made since the start of April, but the electronic records were up to date. However, the prescribers' details in these were not always correct. The RP provided an assurance that the correct details would be recorded in the future. CDs that people had returned were recorded in a register as they were received. A random check of a CD medicine quantity complied with the balance recorded in the register. CD balance checks were carried out regularly.

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 team members had read this. 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 completed level one training. Team members would refer any concerns to the RP. Contact details for safeguarding boards were not available and the NHS safeguarding application was discussed with the RP who provided an assurance that she would download it.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy provides its services using a team with a range of skills and experience. Team members 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. The pharmacy staffing levels mean that on occasions the team members struggle with the workload. But they are generally able to catch up with their dispensing when the full team is present.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of two trained dispensers, a trainee pharmacist and the RP (a long-term locum pharmacist). The pharmacy had a second pharmacist who covered the days the RP was off. The team felt that there were enough team members when everyone was in however, when team members were on annual leave or away, there were no contingency plans in place for cover which then made the team slightly short. As a result of one of the dispensers being off the previous week the pharmacy was a couple of days behind with their dispensing. The owner had been made aware of the staffing issue but the other branch was also struggling to recruit team members.

Staff performance was managed informally. The RP provided team members with ongoing verbal feedback. Team members felt able to raise concerns and feedback to the owner and this was actioned where possible. The RP spoke to the owner on a daily basis. Team members counselled people on the use of over-the- counter medicines and asked appropriate questions before recommending treatment.

To keep up-to-date, team members were briefed by the pharmacist with information as she received it. Most recently team members had been briefed on the hypertension case finding service. Representatives from manufacturers also visited the pharmacy and notified team member of new medicines as well as providing them with information and literature.

The trainee pharmacist was given set-aside study time. However, it was difficult to complete training when the team was short staffed. The trainee had been enrolled on a formal training course and attended study days which were usually held on Saturdays. The trainee was able to feedback and give suggestions to the tutors and felt well supported with his training. He was being given more responsibilities as he gained more experience.

As the team was small and worked closely together the team discussed things as they came up. The SI occasionally worked at the pharmacy and the team was able to contact him by telephone on the days that he worked at the other branch. Targets were set for the services provided but the RP said these did not affect her professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are aged but are generally clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was aged but was generally tidy and clean. However, some areas including the shop area, dispensary, the staff toilet and staff area had not been refitted for a while and had paint peeling. A sink was available in the dispensary, but this was not used; a sink at the back was used for the preparation of medication. There was sufficient workspace in the dispensary to manage the workload, although there were a number of baskets with dispensed prescriptions waiting to be checked. A designated room 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. There were some boxes from wholesalers with stock in the dispensary waiting to be put away.

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 RP provided an assurance that she would speak to the owner about having a blind fitted to ensure people's privacy was maintained. The room was generally clean. There were some EpiPens and folders which had people's personal information in the room; the RP provided an assurance that these would be moved.

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 delivers its services in a safe and effective way. The pharmacy obtains its medicines from reputable sources, and generally manages them appropriately so 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 easily access the pharmacy's services.

Inspector's evidence

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

The RP felt the seasonal flu vaccination service had the most beneficial impact on the local population. People had started asking the team about flu vaccinations from the end of August. The RP explained that a number of local residents were eligible for free flu vaccinations.

Most prescriptions were received by the pharmacy electronically. Prescriptions were downloaded and stock was ordered after which the forms were printed and separated into one of two baskets either for collection or delivery. One member of the team dispensed the delivery prescriptions. When the team was short-staffed, only prescriptions with more than four items which were to be collected were dispensed in advance. It was rare that the RP had to self -check. On the occasions that she did, she would leave a gap between dispensing and checking prescriptions. Baskets were used to separate different people's medicines during the dispensing process. These were colour-coded to help manage the workflow. Dispensed and checked-by boxes were available on the labels. These were initialled by the team to help maintain an audit trail.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The pharmacy did not have anyone in the at-risk group. Additional checks were carried out when people collected most medicines which required ongoing monitoring. INR levels were not routinely checked for the one person who collected warfarin as the RP said this was checked by the hospital. The RP provided an assurance that she would relook at the SOPs and start doing so.

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.

Deliveries of medicines to people's home were carried out by a designated driver. At the time of the

inspection the pharmacy had only one driver as the other had left. The team used delivery sheets and the driver had a delivery book which was used to match what had been delivered. If someone was not home, medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Medicines were organised on shelves in a tidy manner. Fridge temperatures were monitored daily and recorded. Records seen showed that the temperatures were within the required range for storing medicines. CDs were held securely. Expiry-date checks were carried out by the RP who recorded all medicines expiring in the next six months. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were kept separate from in-date stock and generally stored securely. These were collected by licensed waste collectors. Drug recalls were received via email; these were actioned and checked by the RP, printed and filed.

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Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it has adequate arrangements to keep its equipment fit for purpose.

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.