

Registered pharmacy inspection report

Pharmacy Name: Britannia Pharmacy, 414-416 Green Lane, Seven Kings, ILFORD, Essex, IG3 9JX

Pharmacy reference: 1031271

Type of pharmacy: Community

Date of inspection: 28/08/2019

Pharmacy context

This is a branch of a group of pharmacies. It is situated on a main road in a parade of shops. It dispenses NHS prescriptions and offers a range of private services including travel vaccinations, malaria prophylaxis and emergency hormonal contraception (EHC). It supplies medication in multi-compartment compliance packs to a number of people who need help managing their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.2	Standard not met	Not all team members have the appropriate qualifications or training for the tasks that they carry out.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not always keep its medicines securely and in accordance with legislation. And cannot show that it always stores medicines which require refrigeration appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy largely identifies and manages the risks associated with its services. The pharmacy generally keeps people's private information safe. People who use the pharmacy are asked for their views. Team members use the procedures in place to safeguard vulnerable people. The pharmacy generally maintains the records that it must keep by law. But some records are incomplete. So, it may not always be able to show exactly what happened if any problems arise.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which were available electronically. The responsible pharmacist (RP) said that team members had read and signed SOPs relevant to their roles, except for the new team members. He said that he would ensure they also read and understood SOPs which were relevant to them. Team roles were defined within the SOPs.

Near misses were brought to the attention of the team member who had made the mistake by the RP or the accredited checking technician (ACT). The error was discussed, rectified and a record was made on the near miss log sheet. At the end of each month the RP completed a patient safety review, as part of which near misses were analysed. Findings from this were shared with the team and a copy of the review was also faxed to the pharmacy's head office. Following a previous review, the team had attached warning stickers on drawers which contained 'look-alike sound-alike' (LASA) medicines. Posters had also been displayed in the dispensary highlighting common LASA medicines, which the RP had obtained from the National Pharmacy Association.

In the event that a dispensing incident was reported the RP described the steps that he would take. This included completing an incident report form electronically and notifying head office. An incident had occurred where a person had been handed their correct refrigerated medicines but had been handed the wrong bag of medicines from the shelf. It transpired that the team member had not checked the details on the bag from the shelf. As a result, all team members had been re-briefed on the SOP for handing out medicines. And were asked to ensure all packages were checked to confirm the person's name and address to ensure it was the correct bag.

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. The pharmacy had a complaints procedure and also completed an annual patient satisfaction survey. The RP said that he would try and resolve complaints in store where he could. A complaints notice was displayed in the retail area with contact details for head office. As a result of feedback team members had been asked to focus on the person that they were serving and not complete any other tasks whilst serving someone. The RP said where possible team members were trained after an incident had occurred to avoid repetition.

Records for private prescriptions, unlicensed medicines, RP records and controlled drug (CD) registers were well maintained. However, the balance of expired CDs had been removed from the register in advance of the medicines being destroyed. The RP said that he would personally carry out a full balance check and amend the registers to show the correct balances. Emergency supply records were made electronically. The reason for why the supply had been made was not showing up on the records. The RP said that he would speak to the pharmacy's computer software provider in relation to this.

CD balance checks were usually carried out weekly. A separate tracker sheet was used to audit these. 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 so that they were not visible to people using the pharmacy. Team members with the exception of the two new team members had individual smartcards. The RP had access to Summary Care Records. Consent to access these was gained verbally and recorded on the patient medication record. An information governance policy was in place and team members had all signed the confidentiality SOP.

The RP had completed the level 2 safeguarding course and other team members had completed internal training and were able to describe the actions that they would take in the event that they had any concerns. Contact details for local safeguarding boards were available.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough team members for the services provided, but some are doing tasks that they aren't trained for or qualified in. However, they generally work effectively together and are supportive of one another. Team members get time set aside for ongoing structured training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, an ACT, two trained dispensers including a technician trainee, and three medicines counter assistant (MCA). The pharmacy previously had a pre-registration trainee who had recently left. Two new team members had been recruited to work in the dispensary. And were seen to carry out tasks in the dispensary during the inspection. One of the new team members had worked at the pharmacy since mid-May 2019 and another had started working a day before the inspection. The team member who had started working in May 2019 had not been enrolled on any formal accredited training course. All new recruits who were due to work in the dispensary were given a 'Get to know your dispensary' workbook by the company. The RP said enrolling people on formal training courses was managed by head office and he would speak to them about ensuring team members were enrolled onto the appropriate course within the required time-scales.

The RP felt that there were an adequate number of team members for the services provided. Holiday cover was arranged by head office. A booking system was used which notified the head office team of any upcoming planned leave. For unplanned leave the team were able to call head office and they would try and arrange cover.

Team members completed annual self-appraisal forms which were sent to head office. The dispenser explained that there were ten questions which they needed to complete and there was also an option to give feedback. If there were any concerns these were either discussed within the team or the owner would come in and have a discussion with the individual and the team. The RP also provided team members with feedback and passed on feedback to the head office team if they asked. Members of the team felt that they were able to raise concerns. There was also an opportunity for people to progress further in their roles and the trainee technician said that she had requested if she could do the NVQ level 3 training.

The trainee MCA 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 some medicines that could be sold over the counter. She described handing out prescriptions in line with SOPs and was aware that gabapentin was a CD.

The RP supported the team with ongoing training and testing their knowledge. Head office sent monthly quizzes for team members to complete. Training was also done on the company's portal and recent training had covered safeguarding. The team had also completed training modules on oral health, dementia and the General Data Protection Regulation (GDPR). Team members were given set aside time in store to complete training. Team members also attended training sessions at head office where they were updated with information. The last training session covered dealing with computer systems, CCTV and GDPR. Team members also looked through magazines and emails from the pharmaceutical press, workbooks from wholesalers and the RP discussed any new information with the

team. Head Office sent email updates or someone would come down from head office to train the team on new initiatives or changes to ways of working. The technician trainee was given two hours set aside training time each week. The RP monitored her training and helped with exam preparation. The trainee felt well supported with her training.

A team meeting was held each Monday morning where team members were asked if they had anything to raise. The RP said that team members who started in the afternoon were not always briefed or asked for their input but any important information was passed on to them. If the team members were not happy they would speak to the manager or RP. Small changes could be made in store, larger changes needed to be discussed with the head office team. The RP felt able to speak to the owner if he had ideas, suggestions or any concerns.

The RP said that there were no numerical targets for the services provided but the team were encouraged to provide as many services as they could. The RP said that targets did not affect his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are 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 clean and bright. The dispensary was organised and there was ample workbench space available which had been allocated for certain tasks. Stock was arranged neatly in clearly labelled drawers. There was a clean sink in the dispensary which was used for the preparation of medicines. Cleaning was carried out daily by a cleaner.

Two clean and spacious consultation rooms were available which were easily accessible from the shop floor and had adequate audible and visual privacy. One of the rooms contained some items which were not secured as well as they should have been. This was discussed with the RP during the inspection. 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.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy generally delivers its services in a safe and effective manner and obtains its medicines from reputable sources. But it does not always keep its medicines securely or store them properly. The team members do not regularly record any action taken if the fridge temperature is not within the required range. This means that they are less able to show that the medicines inside have been kept at the right temperatures and are still safe to use. However, the pharmacy's team members make sure people have all the information they need so that they can use their medication safely.

Inspector's evidence

There was step-free access to the pharmacy and there were automatic doors. There were chairs in the waiting area and a range of leaflets. The team had the ability to print large print labels. Team members would assist people who needed help and had completed training courses such as how to help people who had memory problems.

Pharmacy services were advertised on the window and the team were aware of the need to signpost people to other providers if a service was not available at the pharmacy. Signposting posters were displayed at the front of the medicines counter and leaflets were available in the consultation room for particular services. The team members were aware of most local services or would refer to the RP or dispensers. The team was also multilingual and spoke a number of South Asian and Eastern European languages which covered the range of languages spoken locally. On some occasions translation applications were also used. Multilingual leaflets were also available.

The RP felt that the New Medicine Service (NMS) had the most impact on people. He said that it allowed him to explain to people why they needed to take their medication. He gave an example of someone who had been prescribed a Spiriva inhaler for the first time and not been counselled on how to use it. He said that as part of the consultation he had been able to demonstrate how to use the inhaler and counselled the person not to swallow the capsules.

The pharmacy had an established workflow in place. Most prescriptions were received electronically. These were downloaded at regular intervals, printed and passed on to the MCA who checked them off against a list. After which they were passed back to the dispensers who dispensed. People were sent a text message when their prescription was ready to collect. The RP clinically checked prescriptions and when they were dispensed there was a final check by the ACT. Any new medicines, walk in prescriptions, high risk medicines or items such as variable steroid doses had the final check done by the RP.

Dispensed and checked by boxes were available on labels; these were initialled by team members when they were dispensing or checking. A 'quad stamp' was used on prescriptions, this showed the ACT which prescriptions she could check. The pharmacy team also used colour coded baskets to ensure that people's prescriptions were separated, to reduce the risk of errors.

The RP was aware of the change in guidance for dispensing sodium valproate and said that the computer system generated a warning label each time sodium valproate was labelled. The warning labels were also attached to dispensed boxes. Team members were aware of the change in guidance and described sticking on the warning labels when sodium valproate was dispensed. The pharmacy did

not have anyone who collected valproate regularly who was in the at-risk group.

Warning stickers were available and used for high risk medicines. If the person collecting was using the pharmacy for the first time the RP would supply them with the relevant leaflets. The pharmacy's sister branch situated further down the road operated a warfarin clinic; most people collected their warfarin from there. The RP said that he normally checked the person's yellow book and tried to make a record of the details on the electronic patient record.

The pharmacy supplied medicines in multi-compartment compliance packs to more than 100 people. Packs were prepared by a dispenser once the prescription was received from the surgery, checked for any changes and labelled. Prior to packs being prepared the RP checked to see if the doses were correct and if there had been any changes. Prepared packs were checked by either the RP or ACT. Any changes were confirmed with the GP or with the person prior to preparing packs and a record was made on the electronic patient medication record. The dispenser said that the pack was also annotated if there had been any changes. The pharmacy was notified by either a family member or by the hospital when someone was admitted into hospital. The team requested for a copy of the person's discharge summary so that any changes could be followed up. Assembled packs observed were labelled with product descriptions and mandatory warnings. Patient information leaflets were handed out monthly and there was an audit trail in place to show who had prepared and checked the packs.

Medicines were delivered to people by one of two drivers. Signatures were obtained when medicines were delivered. In the event that someone was not available medicines were returned to the pharmacy.

Signed and in-date Patient Group Directions were in place for the services provided. The RP was also accredited to provide the yellow fever vaccine and had attended training held by NaTHNaC. This was renewed every two years. The travel clinic was offered on a walk-in basis. The ACT had been recruited to help with the checking whilst the RP provided the services.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be outside of the required range on a number of occasions. The RP said that when this happened he reset the probe and rechecked the temperature after some time. No records were made of the action taken or the temperature range when it had been re-checked. At the time of the inspection the maximum and minimum temperature range were showing as 1.7 degrees Celsius and 8.8 degrees Celsius; with the actual temperature showing as 3.5 degrees Celsius. The large medical fridge was also very full. This may mean that air is not circulating properly. CDs were generally held securely but not all were kept in accordance with legislation.

Date checking was carried out following a prepopulated matrix from head office which showed which sections needed to be checked. The date checking matrix was up-to-date. An email was sent to other branches with a list of short-dated stock. No date expired medicines were found on the shelves checked.

The pharmacy had all the equipment available for the Falsified Medicines Directive (FMD). The RP said this was not being used all the time. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

Drug recalls were received by the pharmacy via email. Emails were accessible to all staff. The last actioned recall was for Aripiprazole. Recalls were saved electronically.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had clean calibrated measures, and tablet counting equipment. Equipment was clean and ready for use. A separate, clearly labelled, tablet counting triangle was used for cytotoxic medicines and separate measures were used for methadone to avoid contamination. An electronic tablet counter was used in the dispensary; the RP said that this was hardly used and from time to time was checked with a known quantity of tablets.

The blood pressure monitors used as part of the services offered were replaced annually. The blood glucose monitor was calibrated using a sample solution. A fridge was available, but this was very full and did not have capacity to store any additional stock.

Up-to-date reference sources were available including access to the internet. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was segregated and sent to head office 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.