

Registered pharmacy inspection report

Pharmacy Name: Britannia Pharmacy, 53 Green Lane, ILFORD, Essex, IG1 1XG

Pharmacy reference: 1031272

Type of pharmacy: Community

Date of inspection: 14/05/2019

Pharmacy context

This is a branch of a group of pharmacies situated on a main road in a parade of shops close to a school. It dispenses NHS prescriptions and offers an anticoagulation monitoring and supply service. The pharmacy also offers a range of other private services including travel vaccinations and weight loss. It supplies medicines in multi-compartment compliance packs to a number of people including those transferred from one of the pharmacy's closed branches.

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 generally identifies and manages the risks associated with its services. The pharmacy keeps people's private information safe. The pharmacy asks its customers and staff for their views. Team members use the procedures in place to safeguard vulnerable people. The pharmacy's team members do not always record their mistakes. So they may be missing opportunities to learn and prevent the same errors happening again. 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. Members of the team had read SOPs relevant to their roles. The responsible pharmacist (RP) said that team members had individual tracker sheets which they had taken home to update. Team roles were defined within the SOPs.

The RP said that near misses were highlighted to the dispenser when they were identified and recorded on the near miss log. The near miss book had been started in January 2019 and there had been no entries made since then. The RP said that there was no older book available. She said that near misses were discussed as they arose; and as a result of near misses metformin was moved from the drawers. Following near misses, the team had separated products with similar packaging and labelled shelves with warnings. Drawers in which medicines were stored had been labelled with 'high-risk' and 'look alike sound alike' medicines.

In the event that dispensing incidents were reported the RP would deal with them. The RP said that people would call and speak to her over the telephone first or bring back the incorrect medication. The RP said that most people had called about medication which had been stopped but had still been placed in the multi-compartment compliance packs as the surgery had sent a prescription. The RP described an incident in which medication had been delivered to someone's neighbour. As a result of this the team double-checked the bags before they were taken by the driver and the driver had also been briefed to check the bag label. An incident report form had not been completed.

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 would try and resolve complaints in store where she could. A complaints notice was displayed in the retail area with contact details for head office. As a result of feedback people were sent a text message when their repeat prescription was ready to collect. For people who did not have a mobile telephone, the RP had asked for their contact details so that they could be called instead. The RP said that the team had also explained to people on the repeat prescriptions service that their prescriptions still needed to be ordered from the surgery.

Records for private prescriptions, unlicensed specials, RP records and controlled drug (CD) registers were well maintained. There were no records made of recent emergency supplies made as the RP said that Pharmacy Manager (the pharmacy's computer system) was not generating records. The RP said that she would speak to Pharmacy Manager in relation to this. Previous records made were well

maintained.

CD balance checks were usually carried out weekly but had not been done for a month. 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 in drawers at the bottom of the medicines counter and were not visible to people using the pharmacy. 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 a few years ago. More recently the team had read through the SOP on safeguarding. Team members were aware that contact details for safeguarding boards were available in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team generally manages the workload within the pharmacy. And team members use their professional judgement to make decisions in the best interest of people. But they are not always given time set aside for training. This could limit the opportunities they have to keep their knowledge and skills up-to-date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a dispenser, a pharmacy technician and a medicines counter assistant (MCA). At any given time, there was usually the RP working alongside three additional team members. The RP said that she could request cover from head office if needed and she could also ask for an accredited checking technician (ACT) to come and help check the compliance packs if needed. Although she had not needed to up until the time of the inspection. The RP said that the pharmacy was not very busy with people walking in with their prescriptions as there was another branch further down the road which was closer to the surgery.

The RP felt that there were enough staff; the technician had been transferred from the branch which had closed down to help with the additional workload created by the transfer of the multi-compartment compliance packs.

Team members completed annual self-appraisal forms which were sent to head office. A team member explained that the forms allowed staff to write down their strengths, weaknesses and training needs, as well as provide feedback to the superintendent (SI) on how to improve services. The pharmacist would also provide feedback on their performance on a regular basis. 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 dispenser said that she had requested if she could do the NVQ level 3 training.

The RP supported the team with ongoing training and testing their knowledge. Head office had recently started monthly quizzes for team members. Training was also done on the company's portal and recent training had covered safeguarding and pharmacy services. The team had also completed training modules on oral health, dementia and the General Data Protection Regulation (GDPR). Team members were not given set aside time in store to complete training.

Training was also held at head office for team members. The RP had recently attended training for the emergency hormonal contraception service. The dispenser and MCA attended training for GDPR and the MCA had represented the branch at a training for the company's new internal website. The technician said that he used the training provided by Britannia along with reading that he had done on new products and other topics as part of his revalidation. Team meetings arranged as needed. The last meeting had covered how the workload would be managed following the transfer of the compliance packs.

The team received email updates from the head office team which covered any updates, learnings and changes in legislation. The RP felt able to give suggestions and feedback to the management team. The store had an internal telephone which they used to contact people within the company directly and the RP said that she also had the superintendent's direct number.

Targets were in place for services such as Medicine Use Reviews and the New Medicines Service. The RP said that there was no pressure to meet these targets. The team were encouraged to provide as many services as they could. The RP said that targets did not affect her professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure, and maintained to a level of hygiene appropriate for the pharmacy's services.

Inspector's evidence

The pharmacy was clean and bright. The dispensary was organised and the team had made space by moving things around to accommodate the additional multi-compartment compliance packs that had been transferred from another branch. An area at the back had also been cleared to help with this. Stock was arranged neatly in clearly labelled drawers, with the various strengths and formulations separated using clear dividers. There was a clean sink in the dispensary which was used for the preparation of medicines. Cleaning was carried out twice a week by a cleaner.

A clean and spacious consultation room was available which was easily accessible. The room had a number of folders containing confidential information and also contained different strengths of warfarin which was supplied as part of the service. Access into the room was controlled by the pharmacy team. The RP said that people were not left unaccompanied and, in the event, that she needed to leave the room she would ask another colleague to wait with the person in the room or the person was asked to step outside. The premises were kept secure from unauthorised access. The ambient temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are generally delivered in a safe and effective manner. The pharmacy obtains medicines from reputable sources. And it generally manages them appropriately so that they are safe for people to use. But it does not use some of the safety materials (such as warning stickers) when it supplies valproate. This means that people may not always have all the information they need to take their medicines 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 were able to order medication packs with Braille and had the ability to print large print labels. 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. Other branches were nearby and offered a wider range of services. The team would refer people to them after calling and checking to see if the accredited pharmacist was available. The team were also multilingual and spoke a number of south Asian languages which covered the range of languages spoken locally.

The RP felt that the minor ailments service had the most impact on people as there was a school situated next door to the pharmacy and parents came in after school. Since the pharmacist had started working at the pharmacy, the emergency hormonal contraception service had also picked up as previously the regular pharmacist had been male. The anticoagulant clinic had moved to this branch after the Ilford lane branch closed.

As a Healthy Living Pharmacy, the pharmacy had run diabetes awareness weeks in the past few years. The RP also signposted people to the local gym and said that she knew people who worked there and would refer people to these named contacts. The team were planning to run a campaign on children's oral health but were waiting to receive promotional material.

Most prescriptions were received by the pharmacy electronically and the team said that it would most get busy when there was the school rush. Prescriptions were downloaded, printed and placed in a basket. The MCA cross checked all repeat prescriptions against records and left them in the dispensary. These were dispensed by the dispenser and checked by the RP. The RP said that on some occasions she had to self-check and would take a mental break in between dispensing walk-in prescriptions. For the repeat prescriptions she dispensed them in batch and then checked them after some time.

Dispensed and checked by boxes were available on labels; these were initialled by team members when they were dispensing or checking. The pharmacy team used 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 sodium valproate and the pharmacy had completed the audit. There were two regular people who were identified in the at-risk group who were supplied their medicines in the compliance packs. They had been transferred from the other branch where the pharmacist had already spoken to them. Warning stickers were not used on the trays.

The RP said that for prescriptions for high-risk medicines like methotrexate, she would check if the person had taken it before and check if they were having regular monitoring. Warfarin was dispensed

as part of the INR clinic by the accredited pharmacist. The RP said that in the event that someone presented with a prescription for warfarin she would check INR readings. And that she would normally record INR readings but currently there was no one who brought in prescriptions for warfarin.

For people who had their medicines supplied in multi-compartment compliance packs the pharmacy used spreadsheets with details of all the people on the service. And used records to show which packs were due each day. From this a list was generated for the packs due each week. The system prompted when prescriptions needed to be ordered after which repeat slips were printed and faxed or emailed to the surgery. The list was used to track when prescriptions were received so that they could be chased up and people were notified if they were due a review. An individual record was in place for each person, which was made following a consultation with the person when they first joined the service. As part of this a record was made of when the person took all their medicines. Prescriptions were checked against the record and any changes were confirmed with the GP and then recorded at the back of the record. Packs were prepared by the second dispenser and then checked by the RP. Packs were only prepared once the prescription was received.

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.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range. CDs were held securely. 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. One date expired medicine was found on the shelves sampled.

The pharmacy had all the equipment available for the Falsified Medicines Directive (FMD). The RP said that they had not yet been advised by head office to start using this. 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 from the distribution centre and on invoices from the wholesalers. Emails were accessible to all staff. The last actioned recall was for co-amoxiclav. Head office needed to be informed if the pharmacy had stock available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services.

Inspector's evidence

The pharmacy had clean calibrated measures, and tablet counting equipment. Equipment was clean and ready for use. Amber medicines bottles were capped when stored to keep dust and dirt out. A separate, clearly labelled, tablet counting triangle was used for cytotoxic medicines to avoid contamination.

The weighing scales had a blood pressure monitor built in and was calibrated by the manufacturers regularly. A fridge of adequate size was available. 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.