General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Britcrown Pharmacy, 5 Balgores Lane, Gidea Park, ROMFORD, Essex, RM2 5JR

Pharmacy reference: 1031343

Type of pharmacy: Community

Date of inspection: 09/01/2020

Pharmacy context

The pharmacy is located off a local high street, in a residential area. People who use the pharmacy are mainly from the local area. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides Medicines Use Reviews, the New Medicine Service, emergency hormonal contraception and provides flu vaccinations. The pharmacy also provides a travel clinic. The superintendent pharmacist is a pharmacist independent prescriber.

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	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 adequately manages the risks associated with its services. It asks people for their views. And it largely keeps the records it needs to so that medicines are supplied safely and legally. It adequately protects people's personal information. Team members work to written procedures and they generally respond appropriately when mistakes happen during the dispensing process. Team members do not always record mistakes that happen, so they might be missing opportunities to learn and make the services safer.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available, there was no evidence to show that they had been reviewed since 2016. Core dispensing SOPs did not incorporate the Falsified Medicines Directive. Team members had read and signed SOPs relevant to their roles. Following the inspection the superintendent pharmacist (SI) confirmed that SOPs had last been reviewed in July 2018. Records had been updated to show this.

Near misses were recorded on a log as they occurred. The pre-registration trainee (pre-reg) recorded her own near misses and looked through these for her own learning. Team members were aware of other colleagues having made near misses which had not been recorded. There was no evidence of any reviews having been carried out on near misses or dispensing incidents. In the past spironolactone and sertraline had been separated on the shelves. And stickers had been attached to shelf edges where 'look-alike sound-alike' medicines were stored.

The responsible pharmacist (RP), a locum pharmacist was unsure of where dispensing incidents were recorded. The superintendent pharmacist (SI) advised that these were recorded on the electronic patient record system. Completed records were observed. One of the incident reports had no information as to what the error was. The RP said that in the event that an incident was reported whilst he was working, he would make a record of the incident and inform the SI.

The pharmacy had current professional indemnity insurance, the SI confirmed that this covered his prescribing activity. The pharmacy had a complaints procedure and also completed an annual patient satisfaction survey. The RP described that steps that he would take in the event that there was a complaint. A complaints folder was also available. Team members could not think of specific examples of any changes that had been made following a complaint or feedback provided.

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.

Records for private prescription, emergency supply, unlicensed medicines, CD registers and RP records were generally well maintained. A random check of a CD medicine complied with the balance recorded in the register.

The SI was an independent prescriber and a number of prescriptions issued by him were seen ranging from sildenafil to malaria prophylaxis, travel vaccinations.

The pharmacy had an information governance policy in place. Team members had individual smartcards

to access NHS systems. Summary Care Records could be accessed by the pharmacists. Consent to access these was gained verbally from people. The computer in the dispensary was password protected and out of view of patients and the public. Confidential waste was segregated and collected by a licensed waste company for disposal. Some confidential waste was found in an area which was less secure, and this was discussed with the team during the inspection. Following the inspection, the SI confirmed that this had been moved.

The RP and pre-registration trainees had completed safeguarding training. The pharmacy did not have details available for the local safeguarding boards and this could result in delays in concerns being escalated. Other team members had not completed any training but would refer concerns to the RP.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver services safely and effectively. Team members are given some ongoing training. But this is not very structured, and they are not given time set aside for training. This could make it harder for them 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 locum pharmacist), a pre-registration trainee (pre-reg), trainee dispenser (only enrolled on course but not yet started training and an apprentice.

The RP felt that there were an adequate number of staff. Previously the pharmacy had also supplied medicines to people residing in care homes and the SI had run an anti-coagulant clinic. The RP said that since then the workload had drastically reduced.

Staff performance was managed informally by the SI. He worked closely with the team and was the regular pharmacist at the pharmacy. Team members said that they were provided with feedback.

The apprentice counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was also aware of the legal limits and age restrictions on the sale of certain medicines like pseudoephedrine. She would refer any queries for children's medicines to the RP.

There was no structured procedure in place for ongoing training, the SI made the team aware when new products were released or if there were any changes to guidance. The apprentice attended college each week. The dispenser trainee described that she would be completing her training in her own time.

The pre-reg was enrolled on the NPA training programme and attended monthly training sessions. She was not given any allocated study time at work. She had her review and felt well supported in her role but completed a lot of independent studying. She felt able to share concerns and provide feedback.

The team did not have formal meetings and discussed things as they came up. Team members felt able to approach the owner with feedback and to share concerns.

There were no numerical targets set this year for the RP; in the past he had been set targets for services.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the pharmacy's services. People can have a conversation with a team member in a private area. But the pharmacy could do more to ensure that items in the consultation room are secured properly.

Inspector's evidence

The pharmacy was clean, cleaning was carried out by team members on a daily basis. The dispensary was organised. There was plenty of work bench space available, this was mainly organised and allocated for certain tasks. There was a clean sink in the dispensary which was used for the preparation of medicines. Medicines were placed in an organised manner on the shelves.

A consultation room was available for private conversations and to provide services in. A Digi lock was installed and the room was kept locked when not in use. Not all the items inside were secured properly. The RP said that he would bring this to the attention of the SI. Following the inspection the SI confirmed that these had been moved to an area not accessible to people using the pharmacy.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy largely delivers its services in a safe and effective way. 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. People with a range of needs can access the pharmacy's services. But the pharmacy doesn't always highlight prescriptions for higher-risk medicines. And this may mean that it misses opportunities to speak with people when they collect these medicines or have their medicines delivered.

Inspector's evidence

There was level access to the pharmacy and a door wide enough for wheelchair or pushchair access. Services were advertised on the window and there was a range of leaflets in the waiting area and consultation room. The pharmacy also had the ability to produce large print labels. Team members were multilingual. Team members were aware of signposting and would refer to the RP if they were unsure of services provided locally. Using online resources such as the NHS website was discussed with the trainee.

The pharmacy had an established workflow in place. Prescriptions were dispensed by the dispensers and checked by the RP. The RP said that at busy times he would self-check. If he was really busy or under pressure, he would get a dispenser to check his work. All CDs were double checked. Dispensed and checked-by boxes were available on labels; these were routinely used by the dispensers. Baskets were used to separate prescriptions.

Most people who collected sodium valproate from the pharmacy did not fall in the at-risk group. The pre-reg was aware of the change in guidance for dispensing sodium valproate and said that the pharmacy was due to complete an audit. However, they were not aware of the need to use the warning stickers if valproate was not dispensed in its original pack. The inspector reminded the pre-reg of the requirements.

The pharmacy did not check any monitoring for people who were supplied with warfarin and had their medicines delivered. INR readings were also not recorded. This could make it harder for the pharmacy to check that people are having the necessary blood tests regularly. The pre-reg had not seen anyone bring in cards or a yellow book.

The multi-compartment compliance pack service was managed by the trainee dispensers. Trackers were used to track when packs were prepared. Packs were only prepared once a prescription was received. Any changes were queried with the surgery and a record was made on the person's individual record. The pharmacy was informed by the hospital if someone was admitted into hospital. Any changes or missing items were queried with the surgery.

Assembled multi-compartment compliance packs seen were labelled with product details and mandatory warnings. There was an audit trail in place to show who had checked and dispensed the packs. Information leaflets were not routinely given out. This could mean that people may not have all the information they need to take their medicines safely. Team members gave assurances that they would start handing out leaflets.

The SI was an independent prescriber. He had prescribed anti-malarial, sildenafil, travel vaccines and antibiotics from the pharmacy. These were then dispensed by the dispensers and checked by the SI. The SI was not familiar with the new GPhC guidance for independent prescribers and was reminded of this by the inspector. Following the inspection the SI confirmed that all prescribing was carried out on a face-to-face basis, people were required to complete a screening questionnaire and the SI made notes on the electronic record. The SI prescribed in area where he had completed additional training and mainly for medicines which were previously offered via Patient Group Directions. Topical antibiotics were only prescribed for minor infections. The SI kept up-to-date via independent reading and attending conferences. Following the visit the SI confirmed he had familiarised himself with the GPhC guidance.

Deliveries were carried out by a designated driver who obtained signatures when medicines were delivered. In the event that a patient was not home 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 for the storage of medicines. CDs were held securely. Some loose blisters were found on the shelves with no indication of batch number or expiry date, some medicines were also found to be stored in brown bottles with no batch number recorded. This could make it difficult to ensure medicines were in date at the time of supply or in the event that there was a drug recall.

Date checking was done by the dispensary team with sections split. Short-dated stock was highlighted and recorded. No date-expired medicines were found on the shelves checked. Although the adrenaline pens in the consultation room had expired. The pens were removed for disposal.

The pharmacy had the equipment that it needed to comply with the Falsified Medicines Directive (FMD). The SI confirmed that in the past he had subscribed with AAH but had found that there were not many FMD complaint packs and so had stopped the subscriptions. Following the inspection the SI confirmed that the pharmacy were compliant with FMD, and team members were scanning all compliant packs.

Drug recalls were received via email, and the pre-reg also independently received emails. When the SI was away the pre-reg checked for any recalls. The last actioned recalls had been for ranitidine, and paracetamol.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

Tablet and capsule counting equipment were clean and ready for use. A separate tray was available and used for cytotoxic medication to avoid cross contamination. Up-to-date reference sources were available including access to the internet. Three fridges of adequate size and a legally compliant CD cabinet were available. One of the fridges had a considerable build-up of ice in the freezer. This was discussed with the team. Following the inspection the SI confirmed that the freezer had been defrosted and fixed.

A blood pressure monitor was available in the consultation room, team members were unaware of whether this had been calibrated. The SI confirmed that this had not been used for sometime and since the inspection had been discarded. The SI was due to start the health check service the following week. The pre-reg said that new equipment had been purchased for this service but she was unsure as to where it was.

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.