

# Registered pharmacy inspection report

**Pharmacy Name:** Britannia Pharmacy, Unit 9 Asda Cnt., 151 East Ferry Road, Isle of Dogs, LONDON, E14 3BT

**Pharmacy reference:** 1040178

**Type of pharmacy:** Community

**Date of inspection:** 11/03/2024

## Pharmacy context

This is a community pharmacy located within a supermarket site. The pharmacy serves the diverse local population. It mainly dispenses NHS prescriptions which are received electronically. It has recently started providing the new Pharmacy First service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. And it keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members respond appropriately when mistakes happen during the dispensing process. People who use the pharmacy can provide feedback. And team members are provided with some training about safeguarding to help ensure that incidents are dealt with appropriately.

### Inspector's evidence

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were seen to be documented routinely on monthly logs. Dispensary team members said that the SI gave them in the moment feedback when a near miss was identified. The superintendent pharmacist (SI) said that the log was reviewed at the end of the month and a review form was completed. This helped the team identify common mistakes, compare the month's mistakes with those done on previous months, and document any changes to be addressed. There was a backlog with the formalised reviews as the SI had taken some leave. The team members described changes they had implemented in response to near misses, for example, placing caution stickers on the shelves to highlight medicines which looked or sounded similar. But the medicines were not always stored in an organised manner, with various medicines, strengths and formulations mixed in boxes and on the shelves. This may increase the chance of picking errors. Following the inspection the SI sent evidence to confirm that stock had been reorganised on the shelves.

A procedure was in place for dealing with dispensing mistakes which had reached a person, or dispensing errors. The SI described the action taken in response to a recent dispensing error, which included reporting the error to the pharmacy's head office and storing the medicines involved separately.

Members of the team had signed a record sheet to confirm that they had read the pharmacy's standard operating procedures (SOPs), which were held electronically. They were observed following the SOPs when dispensing, handing out prescriptions, and selling Pharmacy-only medicines (P-medicines).

The correct responsible pharmacist (RP) sign was displayed. Team members understood their roles and responsibilities. The RP record was kept electronically, and samples checked were in order. The pharmacy had current indemnity insurance cover. Samples of the private prescription and emergency supply records were seen to be in order. Controlled drug (CD) registers were maintained in accordance with requirements. A random stock check of a CD agreed with the recorded balance.

People were able to provide feedback online, verbally, or via a complaint form. A complaints procedure was in place and was displayed clearly for members of the public. Team members described providing clear information on services, such as the new Pharmacy First service, to avoid confusion and ensure people understood why they were not eligible for the service.

All team members had read the SOP about the General Data Protection Regulation. They knew the importance of protecting confidentiality, and described ways they did this, for example, confirming the person's details before handing out dispensed medicines. Confidential waste was kept in separate bags

which were collected by an approved contractor. Computers were password protected and smartcards were used to access the pharmacy's electronic records.

All members of the team had completed either Level 1 or Level 2 training on safeguarding children and vulnerable adults. A SOP was also available for team members to refer to. One member of the team could not describe signs of abuse and steps they would take should they wish to raise a concern. The SI said that he would provide refresher training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage the pharmacy's workload. Team members feel comfortable about raising concerns and they have access to some ongoing training. But the pharmacy does not always ensure that team members start relevant accredited training in a timely manner.

### Inspector's evidence

The pharmacy team on the day of the inspection comprised of the SI, a locum dispenser, a trainee dispenser, two qualified medicine counter assistants (MCAs) and a trainee MCA. The pharmacy employed another three qualified MCAs and a trainee dispenser. One of the MCAs had been working in the dispensary for two to three months and had not been enrolled onto the dispensing course. She had been told by the pharmacy's head office that she had to receive her counter assistant course certificate before she could be enrolled onto the dispensing course. She was involved in dispensing prescriptions and assembling multi-compartment compliance packs. The SI sent evidence of her enrolment onto a suitable course following the inspection. Annual and emergency leave was either covered by team members or by locum dispensers.

The pharmacy team was on top of its workload. The team managed its workload well throughout the inspection and team members communicated effectively with each other. They had a good understanding of the services available at the pharmacy and were observed being polite and informative to people accessing services.

The trainee MCA had started two weeks ago. She had been provided with a booklet covering a range of training, including health and safety, patient confidentiality, diversity and equality, selling medicines, handling prescriptions, product knowledge, and advanced services. She had been told that she would be enrolled onto a suitable course if she successfully passed the probation period.

Team members were provided with opportunities to expand their skills, for example, by providing services such as the Ambulatory Blood Pressure Monitoring service. They were provided with the relevant training for this. Team members also had access to ongoing training including counter booklets and product leaflets and had access to the pharmacy's online platform which was regularly updated with announcements.

Annual appraisals were done by the SI with all team members. They said that they had the opportunity to discuss how they were getting on, any areas for improvement, learning needs, and any concerns. Team members said they could comfortably discuss any concerns or issues with the SI, who was open to feedback.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And the pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The pharmacy premises took up one shop unit. The fixtures and fittings had not been replaced for some time but were generally fit for purpose. There was a small dispensary and medicines counter to the back of the shop. Another counter was fitted to the side and was used for retail sales and to manage repeat prescription requests. A computer terminal was fitted at the retail counter, but it was not visible to members of the public. A small storage room was located behind the dispensary and was used to store excess stock. There was a staff toilet which led onto a separate storage room. This storage room was also used to store excess stock but it could not be locked, which may increase the risk of product diversion. Following the inspection, the SI sent evidence that the door had been fitted with a lock and stated that the room was kept locked when not in use. There was a fire exit door at the back of the shop, but it was obstructed with bulky stock. The area was cleared during the inspection. Some shelves were dusty and parts of the carpet in the retail area were marked, but overall the pharmacy was clean.

There was a consultation room for private conversations and services. There were some items in the room which were not appropriately secured. The SI said that he would review the storage of the items and keep the room locked when not in use. The pharmacy had adequate lighting, and the ambient temperature was suitable for storing medicines. The pharmacy was also reasonably clean and was secured from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

People can access the pharmacy's services. The pharmacy generally provides its services in a safe way. It orders its medicines from reputable sources and largely manages them properly. But does not routinely highlight prescriptions for higher-risk medicines, so it may be missing out on opportunities to provide additional counselling information.

### Inspector's evidence

Access into the pharmacy was step-free and via a double door. There was sufficient space in the retail area, and this assisted people with restricted mobility or using wheelchairs. Some services were promoted on the window and throughout the pharmacy shop floor. The pharmacy had emailed local GP practices to inform them about the services available at the pharmacy. Some members of the team were multilingual and helped translate for people when possible.

The dispensary was relatively small, but workbenches were kept clear and tidy. Fast moving stock was stored in the dispensary whilst slower moving stock was kept in the storage room behind the dispensary. Colour-coded baskets were used throughout the dispensing process to separate prescriptions and prevent transfer between people. There were designated areas to dispense prescriptions and assemble multi-compartment compliance packs. Dispensed and checked-by boxes were used by team members to ensure that there were dispensing audit trails. Bags of dispensed medicines were stored inside the dispensary and were not visible to people. Prescriptions were filed in alphabetical order. People were asked to confirm their details when collecting medication.

The pharmacy did not routinely highlight prescriptions for higher-risk medicines, where additional checks may be required. The SI said he would implement changes to ensure that appropriate checks were made and that people receiving these medicines were provided with counselling. Team members said that they had read the MHRA guidance on sodium valproate and were aware of the need to dispense this medicine in its original packaging. The pharmacy had conducted an audit and found that it did not dispense valproate to anyone in the 'at-risk' group.

The pharmacy had recently started the new NHS Pharmacy First service and was providing treatment for all seven pathways. The SI had attended online training and had read and signed the Patient Group Directions. People were able to book an appointment or walk in. The SI said that there was clear guidance as to what would be the first, second- and third-line treatments for each condition. Records were made on an online system and shared with the person's GP.

There were clear audit trails for the multi-compartment compliance pack service. Packs were assembled in the storage room to minimise distractions. Prepared packs observed were labelled with product descriptions and patient information leaflets were seen to be supplied. Packs were prepared in advance to allow time for any issues to be rectified. Prescriptions were clinically checked by the SI once they were received before stock was picked by one member of staff. Another member of the team then assembled the trays. An accuracy checking technician (ACT), who covered at the pharmacy twice a week, checked the trays.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. Medicines were not always stored in an organised manner on the shelves which may increase the likelihood of picking errors. Following the inspection, the SI sent evidence showing that stock had been reorganised on the shelves. The pharmacy team checked the expiry dates of medicines at regular intervals and kept clear records of this. No expired medicines were found on the shelves in a random check in the dispensary. The fridge temperature was monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received and filed electronically. They were also shared with the team.



## 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

Computers were password protected and screens faced away from public view to protect people's confidentiality. The pharmacy had several glass measures, with some used to measure certain liquids only. There were several tablet counting triangles, but they had tablet residue on them. Team members said that they would clean these after each use. The blood pressure monitor was less than a year old. The pharmacy had two fridges, and these were clean and suitable for the storage of medicines. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

### 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.