

Registered pharmacy inspection report

Pharmacy Name: Avicenna Pharmacy, Trinovantian Way, BRAINTREE,
Essex, CM7 3JN

Pharmacy reference: 1090452

Type of pharmacy: Community

Date of inspection: 19/10/2021

Pharmacy context

The pharmacy is located next to a medical practice in Braintree. The pharmacy dispenses NHS prescriptions. It assembles medication into multi-compartment compliance packs for people who need help managing their medicines. It delivers medicines to people in their homes. The pharmacy administers flu vaccinations during the winter season. It has a wholesale dealers authorisation. The inspection was carried out during the Covid-19 pandemic.

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 has safe and effective working practices. It manages its risks appropriately by recording, reviewing and learning from its mistakes. And, it keeps people's private information safe. It regularly asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that medicines are supplied safely and legally.

Inspector's evidence

The pharmacy kept records about dispensing mistakes that were identified before they were handed out to a person (near misses) and those where dispensing mistakes had reached a person (error logs). These records were logged on the computer and reviewed weekly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The pharmacy had recently completed a date check of the whole dispensary when an expired item was dispensed. The team members also separated similarly packaged medicines.

To reduce the risks associated with Covid-19, the pharmacy team had implemented a one-way system with tape on the floor to assist with social distancing. They limited the number of people in the shop and had a screen fitted on the pharmacy counter. Team members wore personal protective equipment where appropriate.

There was a published complaints procedure and the pharmacy team reviewed feedback from customer surveys. They had fitted a 'buzz-box' on the pharmacy counter, where people could indicate how happy they were with the pharmacy service. Recent feedback mainly related to the time taken to dispense medication and queues in the pharmacy. The pharmacist was reviewing staffing levels because of this. The pharmacy had current professional indemnity insurance.

The pharmacy had the correct responsible pharmacist (RP) notice on display and RP records were completed correctly. Team member's roles and responsibilities were identified in the SOPs. When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of standard operating procedures (SOPs) in place which covered dispensing processes, information governance (IG), controlled drugs (CDs), Responsible Pharmacist activities, sale of medicines, higher risk medicines, dispensing incidents, services and so on. There was evidence that members of staff had read and signed SOPs relevant to their roles. The pharmacist had only recently started at the pharmacy and was in the process of working through these. The pharmacy had carried out Covid-19 risk assessments for all team members.

The records examined were maintained in accordance with legal and professional requirements. These included the electronic private prescription register (for private prescriptions and emergency supplies) and records for the supplies of unlicensed medicines. The electronic CD registers were appropriately maintained. CD balance checks were done regularly. There was also a section in the electronic register where patient-returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards

were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation and had signed confidentiality agreements. The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough team members to manage its workload safely. They are appropriately trained or training and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with to identify any opportunities for development or learning.

Inspector's evidence

The pharmacy had one full-time pharmacist, one part-time accuracy checking technician (ATC), one part-time dispenser and two part-time trainee dispensers. There were also two full-time trainees on the medicines counter. One full-time dispenser and one full-time ACT had recently left, and this meant that the pharmacy were two days behind their usual schedule for dispensing. Other activities such as date checking, and cleaning were up to date. The pharmacy had recruited a new full-time trainee dispenser who was due to start in November. There were some contingency plans in place for annual leave or staff absence. Team members were flexible with their shifts and the pharmacy had recently used a locum dispenser.

Team members were trained using accredited courses and said that they undertook some regular ongoing learning to keep their knowledge and skills up to date. The team used an online learning platform to undertake their additional training, but they said that this had been difficult recently due to the reduced staffing levels.

The team members made suggestions to improve workflows in the pharmacy. The team had set up an electronic messaging group to make it easier to share information. This was because it was difficult to get all the team members together due to the shift patterns. They were careful to ensure that no sensitive information was shared in the group. Online resources were available through the company intranet to help keep knowledge current. The pharmacist was aware of the current requirements for revalidation. Targets and incentives were not used in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and generally tidy. The pharmacist has an area to check prescriptions, and this is kept clear to help reduce the risk of mistakes.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There was a dedicated area for the assembly of compliance packs. There were workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was generally tidy, but the backlog of dispensing meant that some of the benches were slightly crowded and there were boxes of stock on the floor which were waiting to be unpacked. There were good levels of lighting throughout, and the pharmacy used air-conditioning to keep medicines at the right temperature. The pharmacy was cleaned regularly, and plastic screens had been fitted on the pharmacy counter.

There was a clean, bright, and well-maintained consultation room with hand washing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The room was kept locked when not in use. All the cupboards in the room were also kept locked to safeguard their contents. The layout of the pharmacy could mean that on occasion some confidential information was potentially visible. But staff were aware of this and took additional precautions to ensure the information was protected. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable suppliers and it generally stores them properly. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. The team members follow safe practice when assembling compliance packs which help people to take their medication. The pharmacy identifies and gives advice to people taking high-risk medicines to make sure that they are taken safely.

Inspector's evidence

The pharmacy was accessed via a wide door at path level and there was an open layout to assist wheelchair users. There was a ramp down to the entrance of the building from the road. The pharmacist was hoping to change the layout in the pharmacy to improve flows.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked and there were records to support this. This activity had recently been overdue, but this had been corrected.

The pharmacy counselled people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood tests related to these medicines. Staff also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were routinely recorded on the patient's medication record (PMR). The pharmacy team members were aware of the risks associated with dispensing valproate-containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of the people they had dispensed valproate containing medication for and issued the published support materials. The pharmacy did not have the recently issued, acute steroid warning cards but agreed to order these.

The pharmacy kept medicines requiring cold storage in several pharmaceutical fridges. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy largely stored CDs securely. The pharmacy used a label on each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs for a reasonable number of people who had difficulty managing their medicines. Medicines were dispensed into disposable, tamper-evident packs, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the medicines. But the labelling sheets did not contain all the required safety warnings. The pharmacist agreed to check whether these could be printed on the sheet, otherwise the original dispensing labels would be stuck to the packs. The pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and to help with effective team communication.

The delivery driver had 'missed delivery' cards and coloured stickers for CDs and refrigerated items to

ensure appropriate storage if the medicines were returned to the pharmacy.

The pharmacist had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles into the pharmacy and had received training in needlestick injury avoidance. Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services and makes sure that it is looked after properly. It uses its equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for certain liquids), and labelled equipment for dispensing cytotoxic medication. This helped to avoid any cross-contamination. There were locked cupboards to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using a shredder. All electrical equipment appeared to be in good working order and had been safety tested.

Fire extinguishers were serviced under an annual contract. The pharmacy had a supply of personal protective equipment including masks, gloves and hand gel and these were being used where appropriate.

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.