

Registered pharmacy inspection report

Pharmacy Name: Britannia Pharmacy, Thames View Health Clinic,
Bastable Avenue, BARKING, Essex, IG11 0LG

Pharmacy reference: 1093229

Type of pharmacy: Community

Date of inspection: 17/05/2023

Pharmacy context

The pharmacy is located in a health clinic and belongs to a small group. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines. It also provides needle exchange, emergency hormonal contraception (EHC), seasonal flu and travel vaccinations.

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 appropriately identifies and manages the risks associated with its services. And team members work to written procedures to help them provide the services safely. The pharmacy records and reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. Team members understand their role in protecting vulnerable people. The pharmacy largely keeps the records it needs to by law, to help show that it supplies its medicines safely and legally.

Inspector's evidence

Standard Operating Procedures (SOPs) were available electronically and were up to date. Team members had read and signed SOPs relevant to their roles. Roles and responsibilities were outlined in all individual SOPs.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were discussed immediately as they were spotted, and team members talked about how the mistake could be avoided in the future. They were then recorded on a log. Near misses were recorded consistently. The records were reviewed by the responsible pharmacist (RP) who described that he had found that many near misses happened when there were new team members working or when it was very busy. As a result, he had requested that team members concentrate when dispensing and slow down and take their time. Dispensing errors were brought to the pharmacist's attention who investigated the incident to find out what happened, spoke to the person who had received the medication and dispensed the correct medication. An incident report was then completed which was sent to head office and an NRLS report was completed. If the person wanted to take the matter forward it was handed to head office. Following a dispensing error team members were asked not to answer the telephone whilst they were dispensing to avoid distractions.

A 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 complaint procedure, and a notice was displayed in the retail area with details of how people could raise concerns. As a result of feedback, the pharmacy had introduced a change where prescriptions with five items or more were dispensed, other prescriptions were labelled and stock was ordered but these were dispensed when people came to collect, this had reduced the number of assembled prescriptions stored around the dispensary and made it easier for team members to locate prescriptions. The pharmacy also provided the emergency hormonal contraception service for young people from the age of 13, as part of this they were visited by mystery shoppers from the service providers.

Records for emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were well maintained. A random check of a CD medicine quantity complied with the balance recorded in the register. Private prescription records were also generally well maintained but the prescriber details recorded on some of the entries were incorrect. CDs that people had returned were recorded in a separate register.

Team members, apart from those on probation, had a smartcard to access the NHS electronic systems. An information governance policy was available and team members had completed related training. A poster was displayed outside the consultation room informing people that they could request to have a chaperone if they wanted, and that all team members were aware of confidentiality. Confidential waste was separated and sent to head office for shredding. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Assembled medicines which were due to be collected were stored on shelves in the dispensary. Summary Care Records were accessible to pharmacists and consent to access them was gained verbally.

The RP had completed level three safeguarding training and other team members had also completed training. Team members would raise any concerns with the pharmacist, details for the local safeguarding contacts were available in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely, and they do the right training for their roles. They do ongoing training and can get time to do this at work, which helps them keep their knowledge and skills up to date. They feel comfortable about making suggestions or providing any feedback.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, a trained dispenser, a trainee technician, and a trained accuracy checking dispenser. There was also a new team member who was still undergoing their probation, two relief team members, and a trained dispenser who was covering the trainee pharmacist's leave. One of the relief team members was a trained medicine counter assistant (MCA) and the other was in training. The RP felt there were an adequate number of staff. He explained that it was harder to manage the workload whilst the trainee pharmacist was away, but the company had provided someone to cover their leave.

A formal procedure was in place to manage performance. Team members had annual appraisals with people at head office. The RP provided team members with ongoing feedback. Team members had opportunities to progress in their roles. A dispenser had become an accuracy checker, and another was completing the technician training. Previously, an MCA had completed the dispenser training course and had become the dispensary manager. The RP had completed a clinical training course and was due to start the prescribing course.

The 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 certain medicines which could be sold over the counter.

Team members completing formal accredited training were well supported by the pharmacist and were provided with set-aside time to complete their training. They also attended training sessions held at head office. To keep team members up-to-date, and as part of their ongoing training, the deputy superintendent pharmacist (SI) sent emails with details of courses and training modules for team members to complete. The RP was usually sent a list of training all team members needed to complete in November, along with timeframes of when this needed to be done by. Team members were provided with training time but some preferred to complete their training at home. Team members also completed training in accordance with NHS requirements. In the past they had completed training on obesity, domestic abuse, inhaler disposal, antimicrobial resistance, and cancer awareness.

Team members discussed things as they arose. The RP explained it was easier to discuss things this way because of the workload and team schedules. Team members felt able to share concerns and feedback. The team also received feedback from head office if they felt the team had missed any steps or actions to be taken following errors. Targets were set for services provided; the RP said he did not feel that these affected his professional judgment, and he did not feel they were restrictive. He explained that he would inform the team if he did not have the capacity to take on more work.

Principle 3 - Premises ✓ Standards met

Summary findings

Though small, the pharmacy's premises are clean, secure and provide an adequate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy's premises were generally small and could become easily overcrowded when busy. To ensure privacy was maintained when speaking to people, since the last inspection, the dispensing areas had been rearranged. Team members also actively used the large consultation room for private conversations. Or they would speak to people in the shop area if it was quiet. The dispensary was small and workbench space was limited. Floor space was also limited and there were a few totes for delivery on the floor. There was a separate area for prescriptions awaiting checks. Compliance packs were prepared in the consultation room; some of this work had been transferred to another branch to better manage the workload. A clean sink was available, and a cleaner came in twice a week to clean.

There were no chairs for customers in the pharmacy, but several chairs were available in the health clinic for people wanting to wait for a service. The consultation room was accessible from the shop floor and dispensary; with the shop floor door kept locked. Some paperwork and medicines were held the room. The RP said that people were not left unattended in the room and paperwork was moved to protect confidentiality. The room temperature and lighting were adequate for the provision of healthcare. Air conditioning was available. The premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. It takes steps to help ensure that people with a range of needs can easily access the pharmacy's services. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy was easily accessible from the street and the health centre. There was easy access to the counter. The chairs in the consultation room could be moved to make more space if needed. The pharmacy team were multilingual, and the pharmacist described how he had asked a team member to translate counselling for someone using the pharmacy's services into Bengali before the inspection. Services were advertised to people using leaflets and posters. People were signposted to other services where appropriate and staff were aware of local health care providers. The pharmacist felt that the EHC service was particularly useful as Barking was known to have a high incidence of unwanted teenage pregnancies. Since the minor ailments had stopped, the NHS Community Pharmacist Consultation Service (CPCS) was also busy with many referrals from the health clinic and 111. The pharmacy operated a 1-2-1 smoking cessation service which the pharmacy had a list of people waiting to join. The hypertension service was also popular, and the health clinic referred people to the pharmacy. The pharmacy generally checked people's blood pressure on site but was also able to provide a monitor to carry out a 24-hour check if needed.

The pharmacy had an established workflow for dispensing prescriptions. Prescriptions were received electronically. A quad stamp was printed automatically on all prescriptions, and this was used to create an audit trail to show which team members had been involved in preparing and checking each prescription. The RP clinically checked all prescriptions and those with CDs were highlighted. The ACT did not check prescriptions for CDs, high-risk medicines or anywhere the pharmacist needed to counsel the person. The team printed labels for all prescriptions but only those with five or more items were dispensed. For the others, stock was ordered, and they were dispensed as people came to collect. People were familiar with this system which had started during the pandemic and would call before coming in. This had been introduced to ensure workbenches were clear and there were not too many bags in the dispensary. The pharmacy had a texting system and people were sent a message when their prescription was ready to collect. Dispensed and checked-by boxes on dispensing labels were used routinely. The RP kept a list of all team members' initials. Baskets were used to separate prescriptions, preventing the transfer of items between people.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The team generally dispensed sodium valproate in its original pack and were aware to not cover any warnings; they described attaching labels in the designated area under the warning information. Posters for dispensing sodium valproate were displayed in the dispensary and the team had also recently completed an audit on the use of valproate. Additional checks were carried out when people collected medicines which required ongoing monitoring. When people collected warfarin, their yellow book was checked, and the RP would document information on the computer system. For

other medicines, the RP checked if people were monitored regularly and if they were experiencing any side effects.

Some people's medicines were supplied in multi-compartment compliance packs. The service was overseen by the pharmacist and trainee technician who prepared the backing sheets. The prescriptions were checked against the electronic record. Any unexpected changes were queried with the person or their GP. Local hospitals called when people receiving these packs were admitted, and their packs were separated until a discharge form was sent. Packs were prepared by team members and were sealed as soon as they were assembled. These were then checked by the RP or accuracy checker. If people had too many changes or weren't stabilised, packs were prepared on a weekly basis. Assembled packs were labelled with the product descriptions and mandatory warnings. There was an audit trail to show who had prepared and checked the pack, with a quad stamp on each backing sheet. Patient information leaflets were issued monthly.

The pharmacy offered a delivery service and had a designated driver. An individual delivery sheet was attached to each bag and the person signed their sheet; this was brought back and filed. If someone was not available, their medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored daily and recorded; these were within the required range for storing temperature-sensitive medicines. CDs were kept securely. Date checking was done routinely in accordance with a schedule set by the head office team. No date-expired medicines were seen on the shelves checked. A date-checking matrix was available. Short-dated stock was highlighted. Out-of-date and other waste medicines were separated and then collected by licensed waste collectors. Drug recalls were received electronically from head office and there was a system to make sure these were read and actioned. Alerts were also printed and filed in the dispensary once they had been actioned to create an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had all the necessary facilities and equipment for the services it offered. There were several clean glass measures, with separate labelled measures for liquid CD preparations to avoid cross-contamination. The pharmacy also had tablet triangles including a designated one for cytotoxic medicine. A blood pressure monitor was available which was replaced annually. The carbon monoxide monitor was sent to the company's head office for calibration. Two fridges were available; both were clean and organised. Confidentiality was maintained through the use of equipment and facilities. Computers were password protected and were not visible to people using the pharmacy.

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.