

Registered pharmacy inspection report

Pharmacy Name: Britannia Pharmacy, 417 Ilford Lane, ILFORD, Essex, IG1 2SN

Pharmacy reference: 1099066

Type of pharmacy: Community

Date of inspection: 16/10/2024

Pharmacy context

This pharmacy is situated within a health centre on a busy road. It is part of a chain of pharmacies. As well as dispensing NHS prescriptions, the pharmacy provides private services including travel vaccinations and pregnancy testing. It also provides seasonal flu vaccinations, COVID vaccinations, the New Medicine Service (NMS) and the Pharmacy First Service.

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. The pharmacy records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce future risk. It protects people's personal information well. 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 digitally and were up to date. The SOPs outlined the roles and responsibilities of the team. This included an SOP for accuracy checking technicians. Team members signed a printed sheet after reading the SOPs online.

The pharmacy had processes to record 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 recorded as they occurred. And each week they were reviewed by the pharmacist and discussed with the team. Following review of near misses, the pharmacy team had made improvements, such as separating similar sounding medicines in the dispensary and reducing clutter to improve the working environment. The team also worked on improving medicines compliance by contacting people to remind them their medicines were due for collection. Dispensing errors were reported online, and remedial action would be taken when errors occurred.

The correct responsible pharmacist (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. It had a complaints SOP and complaints were normally referred to the manager. Where matters could not be resolved these were then escalated. The pharmacy had a standardised form for formal complaints. Copies of each complaint were sent to the superintendent and to head office.

Records about emergency supplies, unlicensed medicines, RP records and controlled drug (CD) registers were well maintained. CDs that people had returned were recorded in a register as they were received. CD balance checks were completed at regular intervals. The private prescription register was largely well maintained, but some entries had incorrect prescriber details. The importance of maintaining accurate records was discussed.

Patient confidentiality was protected using a range of measures. Prescriptions awaiting collection were stored in a way to ensure people's private information was out of sight of the public. The pharmacy had an information governance policy which was read and signed by the team. Team members who needed to access NHS systems had individual smartcards. Confidential waste was separated into designated bags and sent for destruction. Delivery sheets were returned to the pharmacy at the end of the day.

The pharmacist had completed level three safeguarding training and the pharmacy technicians had completed level two safeguarding training. It was unclear if the rest of the team had completed safeguarding training, but team members said they would refer to the pharmacist if they were

concerned about a child or vulnerable person. The importance of the whole team being trained in safeguarding was discussed. Details for local safeguarding boards were available and team members would refer any concerns to the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides, and they work effectively together. They have the appropriate skills and qualifications or are completing the right training to deliver services safely and effectively.

Inspector's evidence

At the time of the inspection the team comprised of the RP, who was the regular pharmacist, the dispensary manager, who was an accuracy checking technician, one pharmacy technician, three dispensers and five medicines counter assistants (MCAs). All staff were either enrolled on an accredited course relevant to their role or had completed one. The team felt that the workload was manageable. The pharmacy technicians and the pharmacist were trained to carry out vaccinations. This meant the workload for the vaccination services could be shared amongst the team. With the introduction of new services, such as the Pharmacy First Service, the pharmacy had increased staffing levels to help manage the increased workload.

The team were seen working well together with individual members being responsible for covering set activities on a daily rota. The team were observed undertaking their tasks with appropriate direction from the RP. The team were set targets for COVID and flu vaccinations but didn't feel this stopped them from making decisions that kept people safe. They were comfortable about making suggestions on how to improve the pharmacy and its services. Team members asked appropriate questions before selling medicines over the counter and held a suitable level of knowledge to sell medicines safely. The medicines counter assistant was aware of the maximum quantities of medicines that could be sold and referred to the pharmacist when required.

Staff performance was managed online by head office. Team members were provided with opportunities to develop their skills and undertake new courses. The RP held weekly meetings to share updates and the team members discussed how they could improve systems where needed.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was accessible for wheelchair users and the premises were clean and free of clutter. The dispensary had sufficient work and storage space. It was clear and tidy, and workbenches were allocated for certain tasks. Medicines were stored in drawers in a tidy and organised manner. A clean sink was available for making up medicines. The room temperature and lighting were adequate for the provision of healthcare.

The pharmacy had a private consultation room available. It was big enough for wheelchair users and conversations could not be heard outside of the consultation room. The pharmacy was kept secure from unauthorised access. Access to the pharmacy was via the main entrance of the health centre during the clinics working hours. And there was a second entrance leading directly to the main road, which was used when the clinic was closed.

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 that are safe to use.

Inspector's evidence

The pharmacy was easily accessible with a flat, step-free entrance. The pharmacy produced large-print labels for those who required. Some team members were multilingual, and they used diagrams in the patient information leaflets to communicate with people when needed.

In date patient group directions (PGDs) were available for the services provided. The RP and other vaccinators had completed training for the services and signed the PGDs. The dispensary manager felt that the Pharmacy First service, the COVID vaccination service and the ambulatory blood pressure monitoring service benefited patient care the most. People could use the services without having to book appointments with their doctor. And the pharmacy team had identified people who may need treatment via their blood pressure monitoring service.

Most prescriptions were received electronically by the pharmacy. Dispensing audit trails were maintained. Dispensed and checked by boxes were available on the labels which were used by the team members. Dispensing baskets were used to separate prescriptions to prevent transfer between patients. The pharmacy had a system to manage requests for repeat prescriptions and repeat dispensing prescriptions. The pharmacy offered a delivery service. Medicines were returned to the pharmacy if nobody was available to receive the delivery.

Team members were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). At the point of dispensing the dispenser checked if the person fell into the at-risk group and alerted the pharmacist. Packs of sodium valproate were not split, and the dispenser was aware of where to place the label on the pack.

Medicines were obtained from licensed wholesalers and stored appropriately. These 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. Date checking was done routinely with a section checked each week. No date-expired medicines were seen on the shelves checked. A date-checking matrix was available. Medicines people has returned were given directly to the pharmacist to sort and separate the CDs. Out-of-date and other waste medicines were placed in separate pharmaceutical bins and then collected by licensed waste collectors. Drug recalls were received electronically from head office on the computer system. These were reviewed by the team as they were received. Team members took the required action in response to the alerts and updated the system.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had glass, crown-stamped measures, and tablet counting equipment. Equipment was clean and ready for use. The pharmacy had a medical grade fridge and a legally compliant CD cabinet. Up-to-date reference sources were available including access to the internet. Computers were all password protected and screens faced away from people using the pharmacy. The blood pressure machine was overdue for calibration. The RP provided assurance that he would arrange the calibration.

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.