

# Registered pharmacy inspection report

**Pharmacy Name:** Britannia Pharmacy, New Build, 420 Wood Lane,  
Dagenham, RM10 7FP

**Pharmacy reference:** 9011428

**Type of pharmacy:** Community

**Date of inspection:** 12/10/2021

## Pharmacy context

The pharmacy is part of a group of pharmacies and is situated in a retail unit at the bottom of a newly built residential building. It mainly dispenses NHS prescriptions. And supplies some medicines in multi-compartment compliance packs to people who need help managing their medicines. The inspection was undertaken 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
<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's working practices are generally safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy keeps the records it needs to by law so that medicines are supplied safely and legally. Team members respond appropriately when mistakes happen during the dispensing process. And the pharmacy team have completed the appropriate training to be able to safeguard vulnerable people. And they keep people's private information safe.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available electronically. The responsible pharmacist (RP) explained that the pharmacy's head office team prepared and reviewed SOPs. Team members had read the SOPs with the exception of the newer team members who were due to read them. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided with personal protective equipment (PPE). The RP explained that the necessary risk assessments to help manage COVID-19 had been completed and this included occupational ones for the staff. Head office had sent a new risk assessment for team members to complete.

The pharmacy did not consistently record dispensing mistakes which were identified before the medicine was handed out (near misses) but those where the medicine was handed to a person (dispensing errors) were recorded. When a near miss was identified the RP handed the basket back to the person who had attached the labels to the medicines and they were asked to identify the error. A record was made on a near miss log. Near misses and incidents were reviewed as part of a monthly patient safety review. The RP had picked up that team members who were experienced very rarely made mistakes. Near misses were observed to be consistently recorded. There had been no recent changes made as the team had not identified any trends or patterns. Dispensing incidents were investigated and reported online on The National Reporting and Learning System (NRLS) as well as to head office. The RP explained that there had been no reported incidents.

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. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and the RP tried to resolve complaints in store and would escalate to head office if needed.

Records for private prescriptions, emergency supplies, controlled drug (CD) registers, unlicensed medicines dispensed and RP records were well maintained. CDs that people had returned were recorded in a register as they were received. CD balance checks were carried out regularly.

Assembled prescriptions were stored in the dispensary and people's private information was not visible to others using the pharmacy. An information governance policy was available and all team members completed training annually. Relevant team members who accessed NHS systems had smartcards. The RP had access to Summary Care Records (SCR) and consent to access these was gained verbally. Team members had completed General Data Protection Regulation (GDPR) training. New team members completed training at head office before started work at the branch.

Pharmacists and the trainee pharmacist had completed level two safeguarding training and team members had been briefed by the RP. The RP gave an assurance that he would look into team members completing the level one training. Contact details for safeguarding boards were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to dispense and supply its medicines safely, and they work effectively together and are supportive of one another. Team members are given ongoing training to keep their knowledge and skills up to date. Where relevant, the pharmacy generally enrolls staff on a suitable accredited training course for their role. But it does not always do this in a timely manner.

### Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, two trained dispensers a foundation trainee pharmacist, and two medicines counter assistants (MCA). Both MCAs had not completed or been enrolled on any accredited training courses but had completed in-house training when starting. Following the inspection, the RP confirmed that both team members had been enrolled on the appropriate courses for their roles. The RP said that there were an adequate number of team members, they were observed to manage their workload during the inspection.

A formal procedure was in place to manage performance. Team members had annual appraisals with the team at head office. Appraisals were used to highlight strengths and weaknesses, discuss anything that needed to be changed as well as future goals. The RP provided team members with ongoing feedback.

The trainee 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. Team members spoke to the RP if they were unclear and needed help. The trainee pharmacist attended weekly training sessions 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. Team members had recently completed training on the new over-the-counter contraceptive pill. Team members also completed training as part of the NHS quality payment scheme. Thursday afternoons were dedicated to training.

Team members discussed issues as they arose. The RP and team members felt able to provide head office with feedback and suggestions and explained that the head office team were receptive. There were no targets in place.

## 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 situated in a new retail unit at the bottom of an apartment building. It was bright, clean, and organised. Cleaning was carried out by a cleaner twice a week. There was ample workspace which was clutter-free and clear. Workbenches were also allocated for certain tasks. A sink was available for the preparation of medicines. Team members were observed to use face masks and only two to three people were being allowed into the pharmacy at any given time. Screens had also been fitted at the counter. The retail area of the pharmacy was large and people waiting were able to maintain distance from other people. Hand sanitiser was also available for team members to use. A consultation room was available. The room allowed a conversation at a normal level of volume to take place inside without being overheard. Some confidential information was stored in the room. The RP gave an assurance that he would move this into a different room.

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

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources, and 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. People with a range of needs can access the pharmacy's services.

### Inspector's evidence

The pharmacy was accessed via automatic wide double doors at street level. The shop floor was clear with easy access to the medicines counter. Chairs were available for people waiting and these were separated to ensure social distancing could be maintained. Services were appropriately advertised. Team members knew what services were available and signposted people to other providers where needed. Team members were multilingual and spoke a range of languages. The team also used online translation applications when needed.

The pharmacy had an established workflow in place. Approximately 90% of prescriptions were received electronically. A team member was assigned to processing prescriptions and printing labels, another picked stock and a third assembled the prescription. The team member who attached the labels to the box checked the stock and labels before assembling. Prescriptions were then checked by the RP. It was very rare that the RP had to self-check. He explained that the only time a pharmacist would need to self-check would be on Saturdays. Although people generally came in to collect prepared prescriptions on Saturday. Dispensed and checked-by boxes were available and these were routinely used. The RP gave an assurance that he would look into maintaining an audit trail of who had picked the stock. Baskets were used to separate prescriptions, preventing transfer of items between people.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. People identified to be in the at-risk group had been counselled. The RP was also aware of the need to use the warning labels if the medication was not dispensed in its original pack. When dispensing prescriptions for medicines with require monitoring, team members used warning stickers to alert the pharmacist. The RP asked to check people's monitoring books and made a note on their electronic record. However, if the information was checked verbally this was not recorded.

Some people's medicines were supplied inside multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly with an intervention record created. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were supplied monthly. Packs were not labelled with the date of preparation and the RP gave an assurance that this would be included. Occasionally packs were also left unsealed overnight. The RP gave an assurance that all future packs would be sealed as soon as they were prepared. The pharmacy's driver delivered people's medicines to them and the team kept records about this service. Contactless deliveries were being made due to the COVID-19 pandemic. Failed deliveries were brought back to the pharmacy.

The pharmacy had a dedicated pharmacist who ran an anti-coagulant clinic every Thursday. Team

members including the RP were not familiar with the service as they did not have any involvement. Team members reported that INR results were forwarded to the surgery who issued prescriptions for warfarin.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date checked medicines for expiry regularly and kept records of when this had happened. The dispensary had been divided into sections with each section checked weekly. An up-to-date matrix was kept. Short-dated medicines were identified and marked. There were no date-expired medicines found on the shelves checked. Fridge temperatures were checked daily and recorded. These were observed to be within the required range for the storage of medicines. Out-of-date and other waste medicines were disposed of in the appropriate containers which were kept separate from stock and collected by a licensed waste carrier. CDs were held securely. Drug recalls were received via email from the MHRA and also from the pharmacy's distribution centre. These could be accessed by all team members. Alerts were actioned and marked on the system as completed.



## 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

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was clean and ready for use. Separate measures were used for liquid CDs to avoid contamination. A medical fridge of adequate size was available. The pharmacy had a weight machine which was calibrated by an external company. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork and dispensing labels were segregated and sent to head office for shredding.

### 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.