

Registered pharmacy inspection report

Pharmacy Name: Borno Chemists Ltd., Colne House, 96 Mount Chambers, Coggeshall Road, BRAINTREE, Essex, CM7 9BY

Pharmacy reference: 1030944

Type of pharmacy: Community

Date of inspection: 25/09/2019

Pharmacy context

The pharmacy is close to the town centre of Braintree in Essex. The pharmacy dispenses NHS prescriptions and sells medicines over the counter. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication into multi-compartment compliance packs for a significant number of people who need help managing their medicines. It delivers medication to people in their own homes on five days a week. People can ask to have their blood pressure tested.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.7	Standard not met	Sensitive information on dispensed prescriptions can be easily read from the customer area of the shop and some prescriptions are within reach.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.4	Standard not met	Parts of the pharmacy are not adequately secured against unauthorised access.
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 not all met

Summary findings

The pharmacy identifies and manages some of the risks associated with its services, but it does not always keep people's personal information safe. However, it generally keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people.

Inspector's evidence

The pharmacy kept near miss and error logs and these were sent to head office monthly for review and to identify any trends or patterns. The team said that they had not been told of any specific trends or patterns. Team members were sometimes encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. People were encouraged to complete an annual satisfaction survey and the pharmacy scored 85% on their most recent result. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were generally completed correctly. But, the pharmacist did not always record when they finished being the RP. This could make it harder to identify who was responsible for services in the pharmacy if there was a future query. 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 range of online standard operating procedures (SOPs) which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, dispensing incidents and services the pharmacy provided. There was evidence that some of these SOPs were not being followed. Examples included the frequency of date checking and CD balance checking. There was a pile of SOPs which had been recently printed but these had not been filed into a folder.

The records examined were generally maintained in accordance with legal and professional requirements. Records examined included the electronic private prescription register (for private prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. There was also a book where patient returned CDs were recorded.

The pharmacy kept dispensed prescriptions on shelves behind the pharmacy counter. It was possible to easily read the sensitive information on numerous prescriptions from the shop floor and some prescriptions were within reach from the same area. The pharmacist and inspector identified that some areas of the rear dispensary could potentially be re-organised to allow the dispensed prescriptions to be stored in the dispensary. This would ensure that sensitive information was kept secure and create additional space behind the counter to improve storage of pharmacy-only medicines.

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. The pharmacy team had undertaken training about the General Data Protection Regulation.

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 and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

There was one regular full-time pharmacist. There were three part-time trained dispensers and two part-time trainees. The team members said that there they had recently struggled with staffing levels due to holiday and staff illness. The pharmacy team members were working on prescriptions from two days before the inspection and several routine tasks including date checking and CD balance checking were overdue. The team were starting to reduce the backlog of work. It was difficult to engage with some team members during the inspection especially when there was only one team member with the pharmacist. The pharmacy had requested some additional support, but this was deployed to another branch of the company which had a more urgent need.

Team members were trained using accredited courses. Some team members had trained to supply medicines on the pharmacy counter, but one was waiting to complete dispensing training first. The pharmacist was aware of the requirements for professional revalidation.

Team members completed mandatory training using an online learning portal which was maintained and monitored by head office. They said that they were given time during working hours to undertake this. Training included updates of the SOPs, dementia awareness and GDPR.

All the staff had regular appraisals which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. The team members talked about some changes that they had made, and this primarily involved separating similarly packaged medicines. They were unable to think of any specific examples of making changes to improve the safety and efficiency of workflows in the pharmacy. Targets and incentives were not used in the pharmacy

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy team generally keeps the pharmacy clean and tidy. But the pharmacy does not properly secure all the areas in which it stores its items from unauthorised access. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had tiled floors in the shop area and carpet tiles in the dispensary, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. Due to the recent heavy rain, the pharmacy team had taped cardboard to the tiles in the shop area to reduce the risk of people slipping on a wet floor. 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 with appropriate levels of lighting.

There was a compact consultation room with a good level of soundproofing where people could consult pharmacy team members in private. The room was accessed through the dispensary and there was some sensitive information stuck to the walls in the room. The access through the dispensary meant that people could see the information on dispensed prescriptions, but changes to the storage of dispensed prescriptions would remove this risk.

The pharmacy had expanded the area used for pharmacy services since the previous inspection and now used an additional room as an office, for occasional assembly of compliance packs and storage of prescriptions. It was uncertain if the floor plan of the pharmacy had been changed and the pharmacist said that they would make sure a change of floor plan would be notified if it had not already taken place.

Not all parts of the pharmacy were kept secure from unauthorised access. And this meant that some of the pharmacy's items were not properly protected.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and largely stores them properly. Team members take 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. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give 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 with an external ramp and there was an open layout to assist wheelchair users. Large print labels could be generated on request and team members had completed online training about dementia awareness.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Team members said that stock was date checked quarterly. But records showed that some areas had not been checked since January 2019 and the SOPs indicated that stock should be checked every three months. However, no expired products were found on the shelves during the inspection. Team members said that the pharmacy became quite hot in the summer and they used several fans and an air-cooler to help make sure that medicines were stored at an appropriate temperature. The batteries in the room thermometer had run out and the dispenser said that they would replace these or obtain a new maximum/minimum thermometer so that they could monitor the room temperature during warmer periods. The pharmacy staff were aware of the Falsified Medicines Directive. The software and scanners were in place and working but the pharmacy was not yet deactivating stock on the appropriate database.

The pharmacist was not aware of the checks which needed to be made when supplying a medicine against a veterinary prescription and had recently supplied a human brand of oxytetracycline where a licensed animal version was available. The pharmacist said that he would contact the Vet to clarify which product was intended and would make the required checks in future.

The pharmacist counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood tests related to these medicines. He also provided additional advice to people about how to take these medicines safely. 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 all the people they had dispensed valproate containing medication for and issued the published support materials.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. 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 stored CDs securely. It did not routinely highlight prescriptions for schedule 3 or 4 CDs, and this could make it harder for the person handing the medicines out to know if the prescription was still valid. The pharmacist said that he would start writing dates on stickers to reduce this risk.

The pharmacy team dispensed medication into multi-compartment compliance packs for a significant number of people who had difficulty managing their medicines. Demand for the packs had recently increased as other pharmacies had reviewed the provision of these. The packs were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the medicines. 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 person's GP requested when people should receive their medication in compliance packs. The pharmacy did not conduct any form of needs assessment before starting people on the packs. And this may make it harder for the pharmacy to know if the packs were the best way to help these people to take their medicines.

The delivery driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage if returned to the pharmacy. There was a record book with an audit trail to show the medicines had been safely delivered. 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 not seen some recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services and it largely maintains it well. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination.

Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested. There was a new blood pressure machine and the pharmacist said that he would replace it every two years.

Sensitive records were stored in the dispensary and consultation room, and the patient medication record was password protected. Confidential waste was disposed of using a bin which was removed for shredding off-site

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.