

# 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:** 20/08/2020

## 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. The inspection took place 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 identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews its mistakes. It 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. And they keep people's personal information safe.

### 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 sent to head office monthly for review and to identify any trends or patterns. The team members talked about some changes that they had made, and this primarily involved separating similarly packaged medicines. When near misses were spotted at the final accuracy check, the team member responsible for the mistake was sometimes given the opportunity to discern what was wrong and make the necessary changes themselves. They were comfortable about feeding back to the pharmacist.

People were encouraged to complete an annual satisfaction survey and the pharmacy team had received many positive comments following a re-organisation of the way dispensed prescriptions were filed. The pharmacy had current professional indemnity insurance. The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (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 online SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles. And there were regular reviews of the SOPs by team members as part of their ongoing learning. The pharmacy had implemented additional SOPs during the Covid 19 pandemic. Covid risk assessments had been done for all team members.

The records examined were 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. These were in opaque plastic boxes to prevent the details on the prescriptions being inappropriately disclosed. 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 disposed of securely. 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 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 three part-time trainee dispensers. The team members were up to date with dispensing and most routine tasks such as date checking. A team member said that the pandemic had been very stressful especially with the requirement to open during all the bank holidays at the start. As a result, the pharmacy had decided to close at lunchtime early in the pandemic but was now open fully again. Team members were aware of the available telephone counselling lines.

Team members were trained using accredited courses. All team members had trained to supply medicines on the pharmacy counter. They had regular on-going learning using an online portal to help keep their knowledge and skills up to date. The pharmacist was aware of the requirements for professional revalidation. Recent training updates included training about operating during the Covid 19 pandemic. 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 were involved in deciding how to minimise the risk of Covid transmission and this included only allowing one person in the pharmacy at a time. 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 tidy. 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. 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. The layout and space in the pharmacy meant that social distancing in the dispensary was difficult and therefore team members wore appropriate personal protective equipment (PPE). A plastic screen had been fitted on the pharmacy counter to reduce the risk of Covid transmission from people visiting the pharmacy. And the pharmacy was cleaned daily. The pharmacy had fitted a large air cooler in the dispensary to keep air temperatures at an appropriate level.

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, but the team were careful to make sure that people accessing to the room were not able to see any confidential information. The room was too small to allow effective social distancing and was not being routinely used during the pandemic. Private conversations could be held in the shop area as only one person was allowed in at a time.

The pharmacy had a dedicated room to assemble and store multi-compartment compliance packs and this was also used as an office. The pharmacy was protected using a monitored alarm system, and a code lock had been fitted to a shared entrance door since the previous inspection.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. 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. And 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.

### 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 had displayed signs to allow only one person in the pharmacy at a time and used tape to indicate a two metre waiting distance.

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 quarterly and there were records to support this. Team members said that the pharmacy became quite hot in the summer but that they used several fans and an air-cooler to help make sure that medicines were stored at an appropriate temperature. 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 pharmacy 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. They also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were sometime 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 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 and had a process to prevent controlled drugs in Schedules 2 to 4 being issued after their expiry date.

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 pharmacy team conducted a needs and risk assessment before

starting anyone on a compliance pack.

Demand for deliveries had increased significantly during the pandemic and additional drivers had been employed. The drivers had 'missed delivery' cards and coloured stickers for CDs and refrigerated items to ensure appropriate storage. There was a record book with an audit trail to show the medicines had been safely delivered. Patient returned medication was separated 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 equipment it needs for its services and it largely maintains it well. The pharmacy 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. The pharmacy had fitted a plastic screen on the main counter and team members wore appropriate PPE.

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.