

Registered pharmacy inspection report

Pharmacy Name: Badham Pharmacy Ltd, 1 Old Cheltenham Road,
Longlevens, GLOUCESTER, Gloucestershire, GL2 0AS

Pharmacy reference: 1031567

Type of pharmacy: Community

Date of inspection: 18/11/2024

Pharmacy context

This is a community pharmacy in a residential area of Gloucester, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. Its team members sell over-the-counter medicines and provide advice. The pharmacy offers a few services such as the New Medicine Service (NMS), Pharmacy First and seasonal flu vaccinations. And it supplies some people's medicines inside multi-compartment compliance packs to people who live in their own homes as well as residents in care homes.

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	1.2	Good practice	The pharmacy regularly reviews and monitors the safety and quality of its services.
2. Staff	Standards met	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out.
		2.4	Good practice	The pharmacy has an environment where learning and development for team members is supported and encouraged.
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 manages risks associated with its services. Members of the pharmacy team have access to written instructions to help them to work safely. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's confidential information suitably. And the pharmacy team regularly monitors the safety of the pharmacy's services by recording mistakes and learning from them. But the pharmacy could do more to make sure some of its records contain all the necessary details.

Inspector's evidence

The pharmacy team had access to a range of documented and electronic standard operating procedures (SOPs). They provided guidance for the team to carry out tasks correctly and had been signed by the staff. The procedures included guidance on safeguarding the welfare of vulnerable people and protecting people's confidential information. Team members had been trained on them, they understood their roles and responsibilities, they could recognise signs of concern to safeguard vulnerable people and knew who to refer to in the event of a concern. Contact details for the relevant agencies were readily accessible and the responsible pharmacist (RP) had undertaken level two safeguarding training. Confidential material was separated and disposed of appropriately. Sensitive details could not be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. The pharmacy also displayed details about it protected people's confidential information.

The workflow in the dispensary involved staff preparing prescriptions in designated areas, people waiting for their prescriptions took priority and medicines were checked for accuracy by the RP from another section. Multi-compartment compliance packs were also prepared in a separate area. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once staff generated the dispensing labels, there was a facility on them which was routinely used to help identify who had been involved in the dispensing process.

The pharmacy had information on display about its complaints process and had suitable professional indemnity insurance arrangements in place. Incidents were managed by the RP and her process was suitable. Staff were made aware of mistakes that occurred during the dispensing process (near miss mistakes), and this information was routinely recorded. A designated member of staff reviewed this every month, trends and patterns were subsequently identified and actioned. The team highlighted and described separating certain medicines which looked-alike, sounded-alike (LASA), or had different pack sizes, this information was also identified and circled on prescriptions to further help minimise mistakes during the dispensing process. A list of commonly seen LASAs were also displayed in the dispensary which also helped identify these medicines. Details about the review were frequently seen to be recorded.

The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. Records of controlled drugs (CDs) were compliant with statutory requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete. Records of emergency supplies and supplies of unlicensed medicines had also been made in

accordance with legal requirements. The pharmacy team routinely checked and maintained records to show that the temperature of the fridge had remained within the required range. However, within the electronic register for supplies made against private prescriptions and the electronic RP record there was missing information. This included details about the prescriber for the former and information about when the pharmacist had ceased their responsibility for the latter. This was highlighted at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with various levels of skills and qualifications. Members of the pharmacy team work well together to ensure the workload is managed suitably. The pharmacy owner provides them with the resources they need, so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date. And they are provided with opportunities to progress.

Inspector's evidence

The pharmacy team at the inspection included the regular RP, the pharmacy manager who was a trained dispensing assistant and currently enrolled on the NVQ3 in dispensing, another trained, part-time dispensing assistant who was covering the counter and dispensary as well as a locum dispenser. There were a few other part-time team members, but the levels of staff compared to the volume of dispensing were seen to be stretching, and they struggled at times. There were also constant interruptions with serving people on the front counter, managing queries, phone calls and providing services for the pharmacist. On the day of the inspection, COVID-19 and flu vaccinations were being continually administered by the RP which led to delays in people receiving their prescriptions. However, the pharmacy team was up to date with routine tasks, the company had been, and was continuing to advertise for a suitable vacancy and locum dispensers were available to help cover when needed. Staff explained that they liked working at the pharmacy, they tried to ensure prescriptions were dispensed on time and said that they usually caught up if they were behind by the weekend.

The pharmacy's team members wore uniforms and name badges. They were observed to work well together and tirelessly to ensure a suitable service. Some of the team was fully trained, others were undertaking accredited training according to their role(s). All staff seen were competent and efficient. They knew which activities could take place in the absence of the RP and referred appropriately. Relevant questions were asked before selling medicines and medicines which could be abused were monitored.

The team communicated through an electronic messaging application, staff were frequently provided with updates by the RP and company correspondence received through emails which were conveyed accordingly. Formal performance reviews took place annually and team members were provided with resources for ongoing training through a few different resources. This helped ensure they continually learnt and kept their knowledge up to date. The company supported staff to progress and develop their training further. They could also complete formal training at work.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for the delivery of its services. The pharmacy is clean and presents a professional image. It has adequate workspace for the team to work safely. And it is secure with a suitable, separate space for private conversations and services.

Inspector's evidence

The pharmacy was clean, presented professionally and secured against unauthorised access. Its fixtures and fittings were adequate but dated in some of the rear sections although still fully functional. The pharmacy premises consisted of a spacious retail section and a smaller dispensary which extended to one side. The pharmacy also had a separate consultation room which was of an appropriate size, clearly signposted and accessible for people using wheelchairs. Conversations at a normal level of volume could take place inside without being overheard. Some sections of the dispensary were screened which provided appropriate privacy when dispensing prescriptions and there was enough space for staff to carry out dispensing tasks safely. The lighting and ambient temperature within the pharmacy was appropriate for storing medicines and safe working.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are delivered safely. Its team members can make suitable adjustments to ensure everyone can use the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. The pharmacy has verifiable processes in place to ensure medicines are suitably dispensed and delivered. And team members routinely identify people who receive higher-risk medicines. But they don't always record any relevant information. This makes it difficult for them to show that people are provided with appropriate advice when they supply these medicines.

Inspector's evidence

Details about the pharmacy's services as well as its opening times were clearly advertised. People could enter and use the pharmacy's services through wide doors which were at street level and step-free. There was clear, open space and wide aisles inside the premises which further assisted people with restricted mobility or using wheelchairs to easily enter the pharmacy. Staff used written details, spoke clearly, verbally explained, checked understanding, and physically assisted where possible to help communicate with people who had different requirements.

The RP routinely offered additional services and at the point of inspection, the pharmacy was running a COVID-19 vaccination and flu clinic. Her process to provide this was in accordance with defined protocols. The pharmacy also provided the Advanced NHS service, Pharmacy First. The service specification, and Patient Group Directions (PGDs) to authorise these services were readily accessible and had been signed by the RP. Suitable equipment was present which helped ensure that each service was provided safely and effectively. The RP had also been trained on how to use them.

The pharmacy provided compliance packs after this was considered necessary and liaising with people's GP's. Designated members of staff were responsible for this service, they ordered prescriptions on behalf of people and their process for preparing the packs was suitable. The pharmacy team identified any changes that may have been made, queried details when required and maintained records to reflect the current situation. The compliance packs were not left unsealed overnight, descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were regularly supplied. A home delivery service was available and records verifying this service were maintained. CDs and fridge items were highlighted, failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended.

The pharmacy also provided medicines to residents inside care homes. The pharmacy ordered repeat prescriptions for residents from the previous requests and records, once prescriptions were received, issues, changes or queries were identified and correspondence with the homes took place to resolve them. Descriptions of the medicines inside the packs and PILs were routinely provided. The pharmacy also supplied medication administration records (MARs); however, the team was not provided with details about allergies or sensitivities despite asking for this information. This was described as work in progress.

Dispensing staff were aware of the additional guidance when supplying sodium valproate and the

associated Pregnancy Prevention Programme (PPP). These medicines were highlighted, and some were kept separately. Staff ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and counselled people appropriately. The team regularly identified, asked relevant questions about the treatment for people who had been prescribed other higher-risk medicines and provided advice. The information obtained however, was not recorded.

The pharmacy used licensed wholesalers to obtain medicines and medical devices, once received, they were stored in an organised way. Short-dated medicines were routinely identified, and no date-expired medicines were seen. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. Medicines requiring refrigeration were stored suitably and both assembled fridge lines and CDs awaiting collection were held inside clear bags. This helped easily identify the contents on hand-out. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were returned within suitable containers. Staff knew the process to take in the event of a drug recall, they were checked, and actioned appropriately and suitable records were kept verifying the process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is suitably clean and maintained well.

Inspector's evidence

The pharmacy's equipment included access to reference sources, tablet and capsule counting equipment, pharmacy fridges, CD cabinets, standardised conical measures for liquid medicines and a dispensary sink which was used to reconstitute medicines. Equipment for services included an otoscope, tongue depressor, a thermometer, blood pressure machine and adrenaline. The equipment was new, clean, and had been maintained appropriately. The pharmacy also had hot and cold running water available. A portable phone was available for private conversations to take place if required away from the medicines counter and staff had lockers to store their personal belongings.

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.