

Registered pharmacy inspection report

Pharmacy Name: Badham Pharmacy Ltd, 3 Old Market, Nailsworth, STROUD, Gloucestershire, GL6 0DU

Pharmacy reference: 1031584

Type of pharmacy: Community

Date of inspection: 22/09/2023

Pharmacy context

This is a community pharmacy located amongst a few shops in the small town of Nailsworth, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter medicines and provides advice. The pharmacy also offers local deliveries and supplies some people with their medicines inside multi-compartment compliance packs if they find it difficult to take them.

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 largely has appropriate systems in place to identify and manage the risks associated with its services. Team members understand their role in protecting the welfare of vulnerable people. And the pharmacy generally keeps the records it needs to by law. Members of the pharmacy team deal with their mistakes responsibly. But they are not always recording all the details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

The pharmacy's ownership changed this summer. The pharmacy had a range of electronic and documented standard operating procedures (SOPs) to provide guidance on how to complete tasks appropriately. The SOPs had been read and signed by staff or team members were in the process of completing this. Members of the pharmacy team understood their roles and responsibilities well. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

There had been no incidents or complaints received since the change of ownership. The responsible pharmacist's (RP) process to manage incidents was suitable and in line with the company's policy. Team members had recently received positive feedback about the pharmacy's service on social media. Staff explained that pharmacists highlighted their near miss mistakes, they were asked to identify and rectify the situation and a discussion took place at the time to help them to learn from the event. Some look-alike and sound-alike medicines had been separated such as amitriptyline and amlodipine. However, near miss mistakes were not seen to be consistently recorded and there were gaps within the records to verify that they had been reviewed, about the contributory factors, or the learning and action taken. Formally identifying and reviewing this information alongside highlighting any trends, patterns, and the remedial action taken in response was discussed at the time.

Staff had been trained on safeguarding vulnerable people and counter staff were actively vigilant in protecting these people. The RP had undertaken safeguarding training to level 3 and contact details were readily available for the local safeguarding agencies. There was no sensitive information visible from or left in the retail space and the pharmacy's computer systems were password protected. Team members used their own NHS smart cards to access electronic prescriptions. Confidential waste was separated and removed by an authorised contractor. However, at the inspection, there were several bags of uncollected confidential waste stored upstairs.

The pharmacy had appropriate professional indemnity insurance in place. Most of the pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs), and records of CDs that had been returned by people and destroyed at the pharmacy. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records verifying that fridge temperatures had remained within the required range had been regularly completed. However, there were some areas for improvement seen. The RP record was largely complete with odd gaps of where some pharmacists had not recorded the time their responsibility ceased. The nature of the emergency when a supply of a prescription-only medicine was made, in an emergency without a prescription, had not always been recorded. This could make it harder for the pharmacy to justify the supplies made and was discussed at the time. There were gaps and missing details within the electronic record for supplies made against

private prescriptions. Staff explained that for the latter, this had already been identified and after printing the records, details were amended by hand.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload appropriately. The pharmacy provides its services using a team with different levels of experience. But once trained, they are not provided with any resources to complete ongoing training. This could affect how well their skills and knowledge are kept up to date.

Inspector's evidence

Staff present during the inspection included a regular pharmacist, a trained dispenser, a trainee dispensing assistant and a medicines counter assistant. There was also another regular, part-time pharmacist and two further dispensing assistants. Locum dispensers were also used as contingency. The staffing profile consisted of members of staff who were either experienced members of the team or undertaking accredited training for this role and were newly employed. There were also company employed delivery drivers. Staff wore name badges and uniforms, their certificates of qualifications obtained were not seen but their competence was demonstrated in practice. The pharmacy was a few days behind with the workload but this was still manageable with the current staffing levels.

Members of the pharmacy team knew which activities could take place in the absence of the RP and they referred appropriately. The team members seen on the day, who was in training, had only recently been enrolled onto accredited training and had not yet started this. Staff had access to the pharmacy's WhatsApp group and communicated verbally. They were provided with resources for ongoing training through the previous company. This helped ensure they continually learnt and kept their knowledge up to date. However, this was no longer provided. Team members stated that they felt safe with the RP and were supported by the regular pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide an appropriate environment for the delivery of healthcare services. The pharmacy is secure, and it has a suitable space for private conversations.

Inspector's evidence

The pharmacy premises consisted of a medium-sized retail space and a suitably sized dispensary on the ground floor. There was a stock room, staff areas and an office upstairs. The pharmacy also had a signposted consultation room for private conversations and services. The room was of an adequate size for its intended purpose. It contained appropriate equipment, and lockable cabinets. The ambient temperature inside the premises was suitable for the storage of medicines and the pharmacy was appropriately lit and ventilated. The pharmacy could have been cleaner. This included the dispensary sink used to reconstitute medicines.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services appropriately. Its team members are helpful and ensure that people with different needs can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers, stores and manages its medicines suitably. And suitably supplies people with their medicines inside multi-compartment compliance packs. But the pharmacy's team members are not always identifying people who receive higher-risk medicines or making the relevant checks. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy through wide doors at street level and the retail area was made up of some clear, open space. This assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. There were also a few seats available for people to use if required. The pharmacy had several free, car parks available in its vicinity. Staff described making reasonable adjustments for some people with different needs if this was required. This included speaking slowly, clearly, and concisely to enable lip-reading, using Google Translate, phones and providing people with or using written details. Counter staff also explained that the packaging of medicines received now was different compared to when another company owned them. They, therefore, went through people's medicines with them upon hand-out to help reassure and help them to identify them suitably.

The pharmacy prepared and supplied some people with their medicines inside 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. Descriptions of the medicines inside the compliance packs were provided and were seen to be accurate. Patient information leaflets were supplied regularly. However, the pharmacy supplied some people with higher-risk medicines inside the compliance packs without making any relevant checks (see below).

The pharmacy provided a delivery service. Failed deliveries were brought back to the pharmacy, notes were left to inform people and medicines were not left unattended. The team maintained an audit trail to verify when, where and to whom prescription-only medicines had been supplied but this was disposed of readily. Keeping records for a longer timeframe was discussed during the inspection.

The pharmacy's workload was dispensing prescriptions which were collection-based. After receiving prescriptions electronically and printing them, they were processed and assembled. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. They were also colour-coded to identify deliveries and priority. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored in a separate section. Dispensed CDs and temperature-sensitive medicines were stored within clear bags. This helped to easily identify the contents upon hand-out. Pharmacists also actively identified people who required counselling and relevant information was displayed on assembled prescriptions awaiting

collection.

Staff were aware of the risks associated with valproates. Relevant checks had been completed and appropriate literature was available to provide to people if needed. However, the team did not routinely identify people prescribed other higher-risk medicines. Details about relevant parameters, such as blood test results, were not asked about, obtained, nor appropriate records kept.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were date-checked for expiry regularly, and records were kept verifying when this had taken place. Short-dated medicines were identified. CDs were stored under safe custody and keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within the appropriate sealed bins. Drug alerts were received by email and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment and facilities available. Its equipment is sufficiently clean.

Inspector's evidence

The pharmacy had access to reference sources and relevant equipment. This included counting triangles, clean, standardised, conical measures, a pharmacy fridge, legally compliant CD cabinets and in general, a clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. The pharmacy's computer terminals were positioned in a way and location that prevented unauthorised access. The team also used cordless phones which enabled private conversations to take place away from the retail space if needed.

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.