

Registered pharmacy inspection report

Pharmacy Name: Borno Chemist, 204-210 Cambridge Heath Road,
Bethnal Green, LONDON, E2 9NQ

Pharmacy reference: 1040010

Type of pharmacy: Community

Date of inspection: 29/04/2024

Pharmacy context

This is a community pharmacy located on a busy main road, next door to a GP practice. The pharmacy serves the diverse local population. It mainly dispenses NHS prescriptions which are received electronically. It has recently started providing the new Pharmacy First service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines.

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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy is not able to appropriately manage its workload, particularly in relation to dispensing multi-compartment compliance packs.
		2.2	Standard not met	The pharmacy does not always enrol team members on training courses appropriate for their role.
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 adequately manages the risks associated with its services. And it generally keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members respond appropriately when mistakes happen during the dispensing process. People who use the pharmacy can provide feedback. And team members are provided with some training about safeguarding to ensure that incidents are dealt with appropriately.

Inspector's evidence

Members of the team had read the pharmacy's standard operating procedures (SOPs), which were held electronically. The SOPs were accessed via individual logins and team members said that the pharmacy's head office would alert them once SOPs were due to be read. They were observed following the SOPs when dispensing, handing out prescriptions, and selling Pharmacy-only medicines (P-medicines).

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were seen to be documented routinely on monthly logs. The team coordinator said that they reviewed the log at the end of the month and discussed the mistakes with the team. The pharmacy did not have a formalised review of the log so it may not be able to review any action points raised during the team discussions. The team described changes they had implemented in response to near misses, for example, placing caution stickers on the shelves to highlight medicines that looked alike or sounded alike. A procedure was in place for dealing with dispensing mistakes which had reached a person, known as dispensing errors. The team coordinator described the action the pharmacy team would take, and this included rectifying the mistake and reporting it to the pharmacy's head office. Following the inspection the superintendent pharmacist (SI) added "the pharmacy carried out a monthly patient safety which included a review of near misses".

The correct responsible pharmacist (RP) sign was displayed. Team members understood their roles and responsibilities. The RP record was kept electronically, and samples checked were in order. The pharmacy had current indemnity insurance cover. The private prescription and emergency supply records were kept electronically. But the private prescription records did not have a section to record the prescriber details, and the emergency supply records checked did not always include the nature of the emergency. The team coordinator explained that the pharmacy's head office had recently provided the pharmacy with a paper-based private prescription book to record private prescription supplies. Controlled drug (CD) registers were maintained in accordance with requirements and the running balances were checked regularly. A random stock check of a CD agreed with the recorded balance.

People were able to provide feedback online, verbally, or via a complaint's form. A complaints procedure was in place and team members described signposting people to the pharmacy's head office if a complaint could not be dealt with at the pharmacy. The team coordinator said the team encouraged people to order their repeat prescriptions via the NHS mobile telephone application to help reduce complaints about prescriptions not arriving on time to the pharmacy.

All team members had read the SOP about data protection. They knew the importance of protecting confidentiality, and described ways they did this, for example, confirming the person's details before

handing out dispensed medicines and removing dispensing labels before disposing of waste medicine. Confidential waste was kept in separate bins which were collected by an approved contractor. Computers were password protected and smartcards were used to access the pharmacy's electronic records.

A SOP about safeguarding vulnerable people was available for team members to refer to. The pharmacy team had recently identified that the flow chart for dealing with safeguarding concerns was out of date and were in the process of obtaining an up-to-date version. They were able to describe how they would handle a safeguarding concern.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough staff to adequately manage the pharmacy's workload. And it does not always ensure that team members do the right training for their roles. Team members have access to some ongoing training to help keep their skills and knowledge up to date but this is not very structured.

Inspector's evidence

During the inspection, there was the RP, a team coordinator (who was also a qualified dispenser), a second qualified dispenser, a trainee dispenser, a stock controller, and a qualified medicine counter assistant (MCA). The pharmacy also employed a delivery driver, another two qualified dispensers and another qualified MCA. One member of the team was on long term leave. The RP said that this had placed the team under pressure, and had resulted in a backlog of some tasks, such as managing the multi-compartment compliance pack service. The RP explained the pharmacy was at least one week behind on supplies and had been struggling for a few months, but people were not left without medication. Some people had been provided with emergency supplies of their packs before a prescription was received as the pharmacy team had not been able to manage the prescription ordering. The pharmacy team told the inspector that they had approached the pharmacy's head office for support but significant support had not been provided. Following the inspection, the SI added "there had been delays in the receipt of prescriptions from the surgery. Delays were frequently down to the late receipt of prescriptions from the practice which in turn shortened the time available for preparing the multi-compartment compliance pack".

The MCA had been involved in assembling multi-compartment compliance packs for over one year. They had recently completed the counter assistant course and were due to be enrolled onto a dispensing assistant course. The RP said that the MCA would not be involved in dispensary tasks until they were enrolled onto the relevant accredited course. The trainee dispenser was covering the medicines counter during the inspection. They were observed asking appropriate questions before selling pharmacy-only medicines (P-medicines). The stock controller was enrolled on an accredited training module which covered stock management. Their responsibilities included ordering stock, checking invoices, sorting deliveries, and carrying out expiry date checks. They were not involved in dispensing or selling P-medicines.

Trainee members of the team usually completed their course modules at home as they did not have time during working hours. They had access to online SOPs and were kept up to date about any changes by the pharmacy's head office. Training records were generally not maintained. Following the inspection, the SI stated that team members had access to a training system and that training records were maintained.

Annual appraisals were done by the team coordinator. Team members had the opportunity to discuss how they were getting on, any areas for improvement, learning needs, and any concerns. Targets were set by the pharmacy's head office. Some members of the team said that there was pressure to achieve these targets. And on some occasions this had led people to be signposted to a health check service which they did not meet the criteria for. The RP said that this had been stopped when he had been made aware of it.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The pharmacy comprised of a small retail area, medicine counter, a spacious dispensary, an office, and a staff room. The dispensary had sufficient work and storage space, and workbenches were kept clean. At the time of inspection, the workbenches were filled with baskets of part-dispensed prescriptions but there was sufficient space to dispense on. The office was mainly used by the stock controller to manage orders and deliveries. The staff room was fitted with a small kitchenette and team members had access to a staff toilet. Access into the medicines counter and dispensary was via a lockable swing door. A sink, with hot and cold water, was fitted in the dispensary and this was clean. A small consultation room was available, and this was generally tidy. The cleaning was shared by the team, as well as a cleaner.

There was a fire exit door at the back of the shop, the route to which was kept clear. The pharmacy had adequate lighting, and the ambient temperature was suitable for storing medicines. The pharmacy was clean and was secured from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy generally provides its services in a safe way. It orders its medicines from reputable sources and largely manages them properly. But it does not routinely highlight prescriptions for higher-risk medicines, so it may be missing out on opportunities to provide additional counselling information.

Inspector's evidence

Access into the pharmacy was step-free and via a wide door. The pharmacy promoted its services on the window and throughout the pharmacy shop floor. Members of the team were observed dealing effectively with a person with hearing difficulties and some members of the team were multilingual and helped translate for people when possible.

The pharmacy team said that there had not been a significant uptake of the Pharmacy First service and members of the public were sometimes confused about the eligibility criteria. The pharmacy displayed the criteria near the medicines counter for team members to access easily.

Baskets were used throughout the dispensing process to separate prescriptions and prevent transfer of medicines between people. The workbenches were full of baskets of dispensed or part-dispensed prescriptions, and some baskets were stored on the floor. There was a small delay in processing and checking these. There were designated areas to dispense prescriptions and assemble multi-compartment compliance packs. Dispensed and checked-by boxes were used by team members to ensure that there were dispensing audit trails. Bags of dispensed medicines were stored inside the dispensary and were not visible to people. Prescriptions were attached to bags of medicines awaiting collection. People were asked to confirm their details when collecting medication.

The pharmacy did not routinely highlight prescriptions for higher-risk medicines, where additional checks may be required. The RP said he would implement changes to ensure that appropriate checks were made and that people receiving these medicines were provided with counselling. Team members said that they had read the MHRA guidance on sodium valproate and were aware of the need to dispense this medicine in its original packaging. Clear bags were used to store dispensed medicines that required cold storage. This allowed for an additional check when handing out the medicines.

There were clear audit trails for the multi-compartment compliance pack service. Packs were assembled by the MCA. There was currently a delay in supplying the packs to people, but the RP said that people were not left without medication and were provided with an emergency supply if necessary. Prepared packs observed were labelled with product descriptions and patient information leaflets were seen to be supplied. The packs were assembled on a designated work bench.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. Medicines were stored in an organised manner on the shelves. The pharmacy team checked the expiry dates of medicines at regular intervals and kept clear records of this. Several medicines removed from their original containers, and stored in amber medicine bottles, were found on the shelves, and were not labelled with batch number or expiry date. Some were also not labelled with medicine name and strength. These were disposed of during the inspection. The fridge temperature was monitored daily. Records

indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received electronically, but the pharmacy did not maintain audits of action taken in response to them. The stock controller said that they would maintain clear records in the future.

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

Computers were password protected and screens faced away from public view to protect people's confidentiality. The pharmacy had several glass measures, with some used to measure certain liquids only. There were several tablet counting triangles. The RP said that the blood pressure monitor was relatively new. The pharmacy had a pharmaceutical fridge, and this was clean and suitable for the storage of medicines. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.