

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: 04/12/2024

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 provides the flu vaccine and Pharmacy First services. 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 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 generally identifies and manages the risks associated with its services. It records and reviews any mistakes that happen during the dispensing process. And it protects people's personal information. Team members understand their role in protecting vulnerable people. And the pharmacy largely keeps its records up to date and accurate.

Inspector's evidence

Standard operating procedures (SOPs) were held electronically and accessed via individual logins. Members of the team had read the relevant SOPs and said that the pharmacy's head office would alert them once SOPs were due to be re-read. They were observed following the SOPs when dispensing and handing out prescriptions.

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. An action plan was completed and sent to the pharmacy's head office. This allowed the team 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.

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 generally in order. A paper-based private prescription book was now used to record private prescription supplies, and this included all the required information. 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. The pharmacy had current professional indemnity insurance.

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 pharmacy had held meetings with the local GP practice to help streamline the repeat prescription ordering process.

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.

Team members had read the SOP about safeguarding vulnerable people and were able to describe how they would handle a safeguarding concern. There had not been any recent concerns at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are suitably trained for the roles they undertake, and they are provided with ongoing training. But they do not always maintain records of training completed which may make it harder for them to show they are keeping their skills and knowledge up to date.

Inspector's evidence

During the inspection, there was a RP who was a locum pharmacist, a team coordinator (who was also a qualified dispenser), a trainee dispenser, a stock controller, and two qualified medicine counter assistants (MCAs). Team members said that the pharmacy was now on top of its workload and there was no longer a backlog of tasks. They felt that they had been supported well by the pharmacy's head office and could request additional support when needed. The team coordinator explained that meetings with the local GP practice had also helped improve the prescription ordering process.

The member of staff involved in assembling multicompartiment compliance packs was now enrolled onto a dispensing course. They were provided with study time to complete their training modules at work. The MCAs were observed asking appropriate questions before selling pharmacy-only medicines (P-medicines) and referring to the dispensary team when needed. The stock controller had completed 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.

Team members 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. This may make it difficult to show what ongoing training the team has completed. Annual appraisals were done by the team coordinator and team members had the opportunity to discuss how they were getting on, any areas for improvement, and any concerns. Targets were set by the pharmacy's head office, but team members said that these were manageable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally 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, some of the workbenches were filled with part-dispensed multicompartment compliance packs 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 generally clean and was secured from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services, and overall, the pharmacy provides its services safely. It gets its medicines from reputable suppliers and stores them properly. And it responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. But the pharmacy could do more to ensure that people supplied higher-risk medicines receive appropriate advice about their medicines.

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.

The pharmacy coordinator said that uptake of the Pharmacy First service had improved since the last inspection. The pharmacy displayed the criteria near the medicines counter for team members to access easily. In-date Patient Group Directions were held electronically.

Baskets were used throughout the dispensing process to separate prescriptions and prevent transfer of medicines between people. 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.

The pharmacy was now highlighting prescriptions for Schedule 3 and 4 CDs to help reduce the risk of supplying these medicines past the valid date on the prescription. The RP said that they would check the INR levels of people taking warfarin but did not keep a record of these checks. The pharmacy did not routinely check if people taking lithium were being monitored and team members could not describe any additional counselling they would provide to people taking this medicine. They said they would complete some additional training on higher-risk medicines. Team members had read the MHRA guidance on sodium valproate and were aware of the need to dispense the medicine in its original packaging. Clear bags were used to store dispensed CDs and 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. Once the packs were assembled by the trainee dispenser, they were left unsealed for the RP to check. The team said that these checks could be done several days later. The risks of leaving the packs unsealed were discussed. Following the inspection, the pharmacy sent confirmation that they had reviewed the process and were no longer leaving trays unsealed. The pharmacy confirmed that it did not have an SOP covering the assembly of multicompartment compliances, but the pharmacy's head office was working on introducing one. Drug descriptions were not provided on all trays which may make it difficult for people or their carers to identify their medicines. Patient information leaflets (PILs) were now always supplied. Pharmacy team members said they would ensure that PILs were provided with every supply in the future.

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. 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, and the pharmacy was now maintaining audits of action taken in response to them.

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

The pharmacy had several glass measures, but some were not clean. Team members said they would clean the measures regularly in the future. There were several tablet counting triangles. 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. Computers were password protected and screens faced away from public view to protect people's confidentiality.

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.