

# Registered pharmacy inspection report

**Pharmacy Name:** Badham Pharmacy Ltd, 105 Queens Road,  
TEWKESBURY, Gloucestershire, GL20 5EN

**Pharmacy reference:** 1102783

**Type of pharmacy:** Community

**Date of inspection:** 25/01/2023

## Pharmacy context

This is a community pharmacy located in a residential area on the outskirts of Tewkesbury, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It sells over-the counter medicines. The pharmacy supplies medicines inside multi-compartment compliance packs to help people in their own homes if they find it difficult to take them. And it supplies medicines to people who live in a few of the local care homes.

## 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy is not identifying and managing several risks associated with its services. The pharmacy does not hold any of the company's standard operating procedures (SOPs). There is no evidence that the team has read the pharmacy's SOPs.
		1.2	Standard not met	There is limited evidence that the pharmacy regularly records and reviews internal mistakes, or that any remedial activity or learning occurs in response to them.
		1.7	Standard not met	The pharmacy is not adequately protecting the privacy, dignity and confidentiality of people who receive its services. Confidential information is easily accessible from the consultation room and retail space.
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	The pharmacy does not have enough suitably qualified and skilled staff to provide its services safely and effectively. The current staffing levels are insufficient to effectively manage the pharmacy's volume of workload.
		2.5	Standard not met	Members of the pharmacy team are inadequately supported, and under-resourced. There is limited evidence that sufficient action has been taken when team members have raised legitimate concerns about the lack of staff or the size of the premises. And they are not provided with opportunities to discuss feedback or concerns due to the lack of regular performance reviews.
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	Pharmacy services are not provided from an environment that is appropriate for the provision of healthcare services. The pharmacy premises do not have enough space to support the pharmacy's current volume of dispensing.
		3.3	Standard not met	The pharmacy's premises are not maintained to a level of hygiene

Principle	Principle finding	Exception standard reference	Notable practice	Why
				appropriate to the services it provides. Some parts of the pharmacy need cleaning or are not being cleaned regularly. This includes the toilet and handwashing facilities.
<b>4. Services, including medicines management</b>	Standards not all met	4.2	Standard not met	The pharmacy has no processes in place to ensure the safety of people prescribed higher-risk medicines.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy doesn't effectively identify and manage all the risks associated with its services. The company that owns the pharmacy has procedures in place to help guide its team members, but they are not available from the pharmacy nor easily accessible by the team. The pharmacy is not sufficiently protecting people's private information. The pharmacy is not regularly recording all its mistakes and it cannot easily demonstrate that its team members learn from them. But some members of staff actively safeguard the welfare of vulnerable people. And the pharmacy generally maintains its records in accordance with the law or best practice.

### Inspector's evidence

The pharmacy was inspected as a result of concerns noted with how the pharmacy was being run during a previous visit held with the local CD Accountable Officer (CDAO). Whilst team members were seen to be hard-working and competent in their roles, there was not enough staff to effectively support the volume of work the pharmacy undertook (see Principle 2), the size of the premises was too small in comparison to the workload (see Principle 3) and people's private information was not appropriately protected (see below).

The pharmacy did not hold any documented or electronic standard operating procedures (SOPs) to provide the team with guidance on how to complete tasks appropriately. The inspector was aware that the company held a range of them, but staff explained that another pharmacist had taken them away around October 2022 and had not brought them back. It was unclear why. Members of the pharmacy team had raised this with the company's head office, but no-one had replaced them. Staff could access the SOPs on a HR portal through their own mobile phones. One member of staff, however, could not locate them. A phone call was made to the company's head office during the inspection to ask for guidance, the inspector noted that this staff member was passed from the HR department to the general office, then to the company secretary who told them that HR was busy. The other member of staff also found it difficult to find them but eventually located them on their own personal mobile phone, so the inspector could see that they existed. The SOPs had been reviewed recently. However, there was no evidence that they had been read as well as signed by the pharmacy's staff. Locum pharmacists working in this pharmacy could also not access the pharmacy's SOPs easily or without staff assistance.

Staff explained that they worked in batches. Prescriptions were initially separated into colour coded baskets, medicines were selected against prescriptions first before processing them through the system, generating labels and checking details for accuracy. This meant that three different accuracy-checks could take place. The responsible pharmacist's (RP) process to manage incidents was suitable and in line with the company's policy. Documented details of previous incidents were also seen. Staff were made aware of near miss mistakes. However, the team's ability to demonstrate that they were routinely and formally identifying mistakes or learning from them was limited. This was because very few near miss mistakes had been recorded. Most of the records were from 2020. There had only been six recorded details of near miss mistakes from 11 November 22 to 17 January 2023. There had been no details recorded to verify that they had been reviewed, limited details about the contributory factors, learning or action taken. Staff described one example of separating eplerenone and Exemestane due to a previous mistake. Warning stickers in front of some medicines indicated previous issues such as

selection errors involving bisoprolol. However, the team could not recall details about other mistakes highlighted by these stickers.

The pharmacy's computer system was password protected. Staff were trained on data protection, they separated confidential waste before it was removed and destroyed by an authorised contractor. Staff held their own NHS smart cards to access electronic prescriptions and stored them securely overnight. However, at the inspection, confidential information was easily accessible, and the pharmacy was not effectively protecting people's private details. Baskets full of prescriptions had been stored in an unlocked consultation room which was accessible from the retail area. The pharmacy's patient medication record (PMR) system was also accessible from in here and had been left unlocked. The door to this room had also been left wide open. The consultation room included a bag of uncollected confidential waste and a box full of assembled medicines for one of the care homes which required delivering. The team had nowhere else to store this (see Principle 3), but this practice meant that there was a risk of unauthorised access to prescription-only medicines as well as people's confidential information. In addition, the retail space contained an open box labelled to contain repeat requests of medicines. People who wanted their medicines ordered by the pharmacy placed their repeat request inside this box, but the top of this was open which again meant anyone could easily access other people's confidential information.

At the inspection, only one member of staff had been trained to safeguard the welfare of vulnerable people. This member of staff was vigilant and could recognise signs of concerns; she knew who to refer to in the event of a concern and described concerns seen as well as how the team had responded. Referrals had been made to the relevant agencies. Contact details for the various safeguarding agencies were also on display for easy access. The second dispenser however, required training on this. The RP had been trained to level 2 through the Centre for Pharmacy Postgraduate Education (CPPE).

The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and due for renewal after 30 November 2023. The pharmacy's records were largely compliant with statutory and best practice requirements. This included records of emergency supplies, a sample of registers seen for controlled drugs (CDs), and records of CDs that had been returned by people and destroyed at the pharmacy. Records verifying that fridge temperatures had remained within the required range had also been regularly completed. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Apart from methadone, there were few documented details to verify that regular balance checks of CDs were taking place. In some registers, over the past twelve months, only four entries every few months indicated that this had taken place. There were also some gaps seen in the RP record where pharmacists had not always signed out and a few records of supplies made against private prescriptions had only one date recorded. This was discussed at the time.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not have enough staff to manage the workload safely. As a result, members of the pharmacy team are struggling to keep up with their workload. They are working under pressure and considerable stress. And they are not able to up-skill or keep their learning up to date easily because the pharmacy does not provide them with additional resources or support.

### Inspector's evidence

The pharmacy team consisted of two full-time, trained dispensing staff and a different locum pharmacist every day. There was no regular pharmacist and the pharmacy had been run on locums for the past few years. The superintendent pharmacist (SI) also worked at this pharmacy on occasion, when locum cover could not be obtained. Staff were observed to be competent in their roles. They were suitably qualified and knowledgeable. They also referred appropriately. The pharmacy's team members knew which activities could take place in the absence of the RP. Relevant questions were asked before selling medicines. The two main dispensers generally covered each other. It was apparent that the team worked tirelessly to ensure the people who used the pharmacy's services were supplied with their medicines on time. The staff generally liked working for the company, they described the benefit that the company's traditional services and values had on people in the local area. But they also expressed dissatisfaction and frustration with the lack of staff (see below), lack of investment in the team and the conditions under which they had to work.

The pharmacy was considerably busy with repeat prescriptions and assembling medicines for people in care homes or inside multi-compartment compliance packs. The pharmacy's volume of work meant that there were not enough staff to safely support and prepare people's medicines easily. Staff explained that medicines for compliance packs were usually prepared the day before they were due and then checked for accuracy by the pharmacist on the day that they needed delivering. If staff were off, or running behind schedule, they were prepared, checked and delivered on the same day. This practice significantly increased the chance of mistakes occurring. The team did not always have time to complete other tasks required. Working like this was described as stressful. There were also additional pressures being put on the team to undertake managerial tasks or for things that were not in their job descriptions and were required to meet the pharmacy's contractual obligations (such as the Pharmacy Quality Scheme). Staff did not feel comfortable or supported enough to do this.

The inspector was informed that the lack of staff had been frequently highlighted to the SI, and more staff requested, with only limited assistance provided. The team had been told for the past three years that they would get more staff and larger premises, without anything changing. A trained dispensing assistant who was a 'floating' dispenser for the company was present at the inspection along with one of the regular dispensers. The inspector was told that this member of staff was supposed to work alongside the other two dispensers three days in the week. However, this did not routinely happen because she was needed at other pharmacies within the company. So, she was routinely sent elsewhere. This dispenser had no rota, she arrived at this pharmacy every morning and was then told on the day, after her arrival, where to go to next. The SI, however, was asked and assisted during the flu vaccination season to help manage the delivery of this service.

Team members had no support or training resources specifically provided by the company to assist them with ongoing learning or to improve their existing skills and knowledge. The regular dispenser described completing training with CPPE on her own accord, at home and had been previously enrolled onto the NVQ3 in dispensing. Due to the lack of staff and time provided, this could not be finished so this member of staff had given up trying to achieve this. The 'floating' dispenser had not completed any additional training since she recently qualified as a dispenser. They were a small team, so could easily discuss relevant details amongst themselves but they had not had any performance reviews for many years.

## Principle 3 - Premises Standards not all met

### Summary findings

The size of the pharmacy's premises is unsuitable for the level of work staff have to do here. The pharmacy does not have enough space to prepare medicines easily. The pharmacy's facilities for private and confidential consultations are not sufficient to protect the dignity and confidentiality of people using the pharmacy. The consultation room is not soundproof. So, people cannot have private conversations easily. Some of the pharmacy's hand-washing facilities are also unclean.

### Inspector's evidence

The pharmacy premises consisted of a very small retail area, a consultation room and an open-plan dispensary. The latter was challenging in its design with a few separate sections such as a medicines counter which led into one small area for staff to assemble and dispense prescriptions, a section for the RP to check prescriptions for accuracy, and another very small section to prepare and assemble compliance packs. There was not enough space in here to support the quantity of compliance packs being prepared. There was not enough bench space for staff to prepare prescriptions on and not enough space to store assembled medicines for deliveries or care homes. The latter were subsequently being stored in the consultation room and the former, in a haphazard, cramped way on the floor by the RP's section. The consultation room was unlocked and contained rubbish, boxes, assembled medicines and confidential information (as described under Principle 1). The room was not soundproof. The layout and size of the premises meant that conversations could be heard when people entered the pharmacy. The premises were suitably lit and appropriately ventilated. The pharmacy was secure against unauthorised access. The ambient temperature at the point of inspection was suitable for the storage of medicines. However, the pharmacy only had one heater which was insufficient to keep the premises and team suitably warm during colder periods. The carpet needed vacuuming and the toilet as well as sink in this section needed cleaning. The two chairs in the retail space were also dirty. The dispensary sink used for reconstituting medicines was clean.

The inspector was aware that the SI had been looking into taking over the empty shop space next door to the pharmacy premises, to help assist with the pharmacy's storage, size and space problems. However, staff said that this had been ongoing for so long (over years), that they no longer believed that this would happen.



## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy's team members are not making any checks to help people with higher-risk medicines take their medicines safely. Other than that, the pharmacy's services and working practices are largely delivered in a safe and appropriate way. The pharmacy provides useful services to the local community. It sources its medicines from reputable suppliers. And it stores and mostly manages its medicines adequately.

### Inspector's evidence

People could enter the pharmacy from the street through a wide, front door and sloped access. There was just about enough room inside the retail space for people with wheelchairs or restricted mobility to use the pharmacy's services. Two seats were available in the retail space for people to wait if required. Parking spaces outside the pharmacy were available and in the vicinity. The pharmacy's opening hours were on display and information about COVID-19 as well as several posters highlighting some of the services the company offered.

The pharmacy provided local deliveries and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended unless permission had been obtained beforehand. The driver and staff were aware of the risks associated with this and appropriate notes had been maintained.

A designated member of staff monitored the pharmacy's assembly of compliance packs, and a schedule, along with a calendar and notebook was in place to help keep track of when the medicines were due. The team had successfully liaised with the local GP surgery to align when and how the pharmacy received prescriptions. The pharmacy provided medicines as original packs to residents inside care homes, as well as multi-compartment compliance packs. The care homes ordered repeat prescriptions for the residents themselves, with details provided to the pharmacy, and once prescriptions were received, the pharmacy team checked whether there were any changes or missing items. None of the residents required higher-risk medicines. The pharmacy also supplied many people's medicines inside compliance packs who lived in their own homes, once the person's GP had identified a need and liaised about this. 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 packs were provided and patient information leaflets (PILs) were routinely supplied. Compliance packs were not left unsealed overnight. However, there were concerns noted with the pharmacy's practice of placing sodium valproate inside the compliance packs due to issues with its stability. This practice was not routine and was discussed at the time.

Staff described the New Medicine Service (NMS) being a beneficial service and well-received by people who were contacted about their new medicines. This was most often undertaken by the superintendent pharmacist from when he was at the pharmacy. However, it was unclear whether the process to obtain informed consent to sign people up to this service was being adhered to in line with the service requirements.

People prescribed higher-risk medicines were not routinely identified, counselled, asked relevant questions or details about their treatment, such as blood test results, recorded. This included people who received these medicines inside compliance packs who could be more vulnerable. Staff were aware of the risks associated with valproates. Whilst checks had been undertaken to help identify people at risk previously, this had not been undertaken recently and there was no literature present to help counsel people accordingly.

People's prescriptions were prepared in one area, the RP checked medicines for accuracy from another section and a specific area in the dispensary was currently being used to assemble compliance packs. 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 which helped identify the type of workload such as delivery or collection. Once staff 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. Dispensed fridge medicines were stored within clear bags. This helped to easily identify the contents upon hand-out.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. CDs were stored under safe custody and keys to the cabinets were maintained in a way that prevented unauthorised access during the day as well as overnight. Medicines returned for disposal, were accepted by staff, and stored within designated containers. Drug alerts were received through the company system and actioned appropriately. Records had been kept to verify this. The team checked medicines for expiry every few months and details of the last check had been recorded on shelves as well as in records specifically kept for this purpose. The last date-check was recorded in November 2022 and due in February 2023. However, this did not include creams or ointments as they had not been date-checked for expiry since March 2021. Short-dated medicines were suitably highlighted. Some medicines were stored in a disorganised way, others were more ordered. Staff explained that they did not always have time to tidy the shelves. The fridge was also seen to be packed full of stock. This could affect the airflow and the overall temperature inside the fridge, which in turn, could influence optimum storage conditions.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy in general has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is suitably clean. But it does not have enough computers to support the level of work being undertaken.

### Inspector's evidence

The pharmacy largely had the necessary equipment and facilities it needed to operate appropriately. The pharmacy's equipment included reference sources, counting trays, a fridge, appropriately secured CD cabinets, standardised conical measures for liquid medicines and the dispensary sink that was used to reconstitute medicines. The equipment was clean. The pharmacy had hot and cold running water available. However, there was only one PC in the dispensary to dispense prescriptions and the second was in the consultation room. This was not enough to support the pharmacy's volume of work and meant that only one person at a time could access people's details when working in the dispensary. Cordless phones were available for private conversations to take place if required away from the medicines counter although the dispensary and pharmacy was open plan.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.