

# 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:** 07/09/2023

## 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 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services in a satisfactory way. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. And the pharmacy largely keeps the records it needs to by law.

### Inspector's evidence

Overall, the pharmacy's working practices were observed to be safe and effective with capable members of staff in place. 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. Team members understood their roles and responsibilities. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. Incidents were managed by the pharmacist and the RP's process was suitable. Documented details of previous dispensing incidents were seen. Staff had been recording their near miss mistakes, details were regularly discussed amongst the team, issues were flagged, and relevant action taken in response. Look-alike and sound-alike (LASA) medicines had been identified. In addition, the team processed and assembled prescriptions in different areas, the responsible pharmacist (RP) worked and accuracy-checked prescriptions from a separate section in the dispensary. Different members of staff participated in printing and preparing prescriptions as well as generating dispensing labels. This helped identify any errors and ensured that several accuracy checks occurred. Staff explained that they focused on one task at a time which helped reduce distractions. Tasks such as preparing multi-compartment compliance packs and medicines for the care homes were also now rotated between the team.

Records of controlled drugs (CDs) were compliant with statutory and best practice 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 and the pharmacy had suitable professional indemnity insurance arrangements in place. Records verifying that the temperature of the fridge had remained within the required range, had been maintained. The RP record was mostly complete, but some details of when the pharmacist's responsibility had ceased, were missing. Within the register for supplies made against private prescriptions, occasionally only one date had been recorded and 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. This was discussed at the time.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. Staff described completing recent training on domestic abuse. The RP had undertaken level three safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). Details about local safeguarding agencies were on display and easily accessible.

Confidential material was disposed of appropriately. A lockable box had been placed in the retail space;

this enabled people to safely place their repeat prescription order forms in here. 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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to suitably manage its workload. The pharmacy provides its services using a team with various levels of experience. And the pharmacy's team members are supported in their roles.

### Inspector's evidence

Staff at the inspection included a responsible pharmacist (RP) who was employed by the company but continually worked two days every week in this pharmacy and two trained dispensing assistants. There were also another two dispensers who were enrolled on relevant training suitable to their role(s). Locum pharmacists currently ran the pharmacy. Since the last inspection and since more staff had been recruited, the pharmacy's workload was more manageable although team members were still preparing multi-compartment compliance packs a few days before they were due.

Team members accessed some resources for ongoing training and certificates to verify details of their ongoing training were seen. Their performance was now formally monitored, and they routinely held internal meetings to discuss relevant points. A meeting book had also been implemented where this information was recorded.

Staff explained that the stress previously experienced, had reduced, their situation had improved, they were now happy, and they enjoyed their job. The team could easily feedback and make suggestions, they described regularly making internal changes amongst themselves and being vocal with the superintendent about any concerns or when extra help was needed. They also said that they were listened to when concerns were raised. The inspector was told that they were proud of the changes and procedures that had since been implemented and the systems they now had in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are kept sufficiently clean. And they are secure against unauthorised access. The pharmacy's facilities and issues seen with the size of the premises will be resolved once the pharmacy expands into next door.

### Inspector's evidence

The pharmacy premises consisted of a 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 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. In addition, the space constraints were leading to health and safety hazards. Both team members had tripped over on the day of the inspection due to where some boxes had been stored. However, since the last inspection, the owner was in the process of purchasing the unit next door. This was now in the final stages and the inspector had received email confirmation to verify. Once acquired, this would give the team and the pharmacy the additional space required to manage the workload effectively.

The consultation room was kept locked. However, it contained boxes of non-essential items and confidential information. This was again due to issues with the size of the premises but would be rectified once the new premises were fully acquired and integrated into the existing premises. 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. The dispensary sink used for reconstituting medicines and WC was clean although the dispensary was cluttered. This was observed to be work in progress. Staff stated that this was usually kept clearer.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy has organised processes in place. It obtains its medicines from reputable sources and manages its medicines appropriately. The pharmacy generally supplies medicines inside multi-compartment compliance packs effectively. But its team members do not always identify people who receive higher-risk medicines and make the relevant checks. This limits the pharmacy's ability to show that people are provided with appropriate advice when supplying these medicines.

### 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 along with some posters highlighting some of the services the company offered. Staff could make reasonable adjustments for people with different requirements. This included using representatives or carers for people whose first language was not English. They also used written communication for people who were partially deaf, the consultation room could be used when needed and they physically assisted people who were visually impaired.

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. Relevant checks were made to ensure this was suitable, staff were aware of the risks associated with this situation and appropriate details had been documented to verify.

A designated member of staff monitored the pharmacy's assembly of compliance packs, with schedules, along with a calendar and notebook was in place to help keep track of when the medicines were due. Staff described implementing their own colour coded system to help with this. The care homes ordered repeat prescriptions for the residents themselves, with details provided to the pharmacy. Once prescriptions were received, the pharmacy team checked whether there were any changes or missing items, and records were maintained to verify this. None of the residents required higher-risk medicines. Interim or medicines which were needed mid-cycle were dispensed at the pharmacy. There had been no requests to administer medicines covertly. Descriptions of medicines were provided, and patient information leaflets (PILs) routinely supplied. However, Staff had not obtained any information about allergies and there were no details recorded about this on the medication administration records (MAR).

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. The pharmacy could not easily justify this situation as each pack was provided every

week but prepared four weeks at a time. There had been no details recorded to verify why this was occurring. This situation was the same at the last inspection and was discussed at the time.

Staff were aware of the risks associated with valproates; they identified people at risk as an audit had been completed about this and ensured the warning label was visible when this medicine was dispensed. Appropriate literature was available to provide to people at risk when supplying valproates and posters had been displayed to help raise the team's awareness. However, people prescribed other higher-risk medicines were not routinely identified, asked relevant questions or details about their treatment recorded.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were generally stored in an organised way. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines seen. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps or needles provided they were in 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 in general has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is suitably clean.

### Inspector's evidence

The pharmacy 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. Cordless phones were available for private conversations to take place if required away from the medicines counter.

### 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.