

# Registered pharmacy inspection report

**Pharmacy Name:** Bromham Pharmacy, Avoca House, Molivers Lane,  
Bromham, BEDFORD, Bedfordshire, MK43 8JT

**Pharmacy reference:** 1105565

**Type of pharmacy:** Community

**Date of inspection:** 01/03/2023

## Pharmacy context

The pharmacy is the only one in the village. It sells medicines over the counter. It dispenses people's prescriptions. And it delivers medicines to some people who have difficulty leaving their homes. The pharmacy supplies multi-compartment compliance packs to people who need help managing their medicines. And people can get their flu vaccination (and COVID-19 vaccination) at the pharmacy too. This was a targeted inspection and did not look at all the Standards for Registered Pharmacies.

## 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 does not adequately manage the risks associated with its services. Its staff do not have access to written procedures to carry out their tasks in a safe way. And it does not store its medicines properly.
		1.6	Standard not met	The pharmacy does not keep all the records it must do by law. This includes records about controlled drugs, and the responsible pharmacist record.
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	Staff are not appropriately trained or doing the right training for the roles they undertake.
<b>3. Premises</b>	Standards not all met	3.3	Standard not met	The pharmacy's premises are not kept suitably clean and tidy for providing healthcare services safely.
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy does not store its medicines in line with legal requirements. And it cannot show that it stores medicines requiring refrigeration at the right temperatures. So it cannot be sure that the medicines it supplies are always fit for purpose.
<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 does not identify and manage the risks associated with its services adequately. It does not keep all the records it needs to by law. It does not store all its medicines appropriately. And its team members do not have access to written procedures to help them undertake their activities safely. The pharmacy doesn't always record mistakes that happen during the dispensing process. So, its team members may be missing opportunities to learn from these and improve the pharmacy's services.

### Inspector's evidence

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on the day of the inspection. He could not produce any standard operating procedures to cover the running of the pharmacy. He told the inspector that they should be somewhere and thought that they had been given to the other branch. The RP at that branch said that they did not have them.

There were no records about mistakes made in the dispensing process. And there was no evidence of these events being used to learn from and improve the way the pharmacy operated. The staff could not relate any learnings they had made from mistakes made in the past.

The RP records did not clearly show who had been the RP on any given day. The computer recorded the SI as being present each day as it was his NHS card used to access the NHS spine. But this smartcard was also used when the SI was not present in the pharmacy. This record did not include the time at which the RP left the pharmacy. There was also a paper record about the RP. This was completed by locum pharmacists and the SI did not usually fill this in. On a day when the locum was present there were two different pharmacists signed in as the RP. The correct RP notice was not displayed to the public. Records about controlled drugs (CDs) received and supplied had not been made as required by law.

Records about private prescription and emergency supplies were generally well maintained using the computerised patient medication records, although some prescriber details in private prescription records were not accurate.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has enough team members for the services it provides. But they are not doing the right training for their roles. So the pharmacy cannot show that its team members have the right skills and training to provide the pharmacy's services safely.

### Inspector's evidence

There was the SI and another member of staff present during the inspection. A delivery driver was also sometimes present. The assistant had completed their counter assistant's training but had been working in the dispensary as a dispenser for more than three months and had not received any accredited training for this role.

The assistant knew that they should not supply prescriptions or sell medicines when the pharmacist was not there. At times when the pharmacist was not on the premises during the inspection, people were observed being told to wait until the pharmacist was present before they could be sold medicines or be handed their prescriptions. However, some dispensed medicines were given to the delivery driver to take before the pharmacist returned from his lunchbreak. The assistant said that he would not let it happen again.

## Principle 3 - Premises Standards not all met

### Summary findings

The premises, including the consultation room, are very cluttered, and there is very little free dispensing bench for dispensing medicines safely. Parts of the premises used for providing healthcare services are not kept clean.

### Inspector's evidence

The dispensary was dirty and very cluttered with many baskets on the dispensing benches waiting for items to be added when they arrived. Prescriptions waiting to be checked were placed in baskets on the floor. The consultation room was also cluttered and dirty. The SI said that it had been clean and tidy when the COVID-19 vaccinations were happening. The marked fire exit to the rear of the premises was cluttered and would not be easily used in an emergency. There were stacks of boxes and totes on the shop floor as there was nowhere else to keep them. This looked untidy and posed a trip hazard to people.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy gets its medicines from reputable sources. But it does not store them properly and it cannot show that it always keeps them at the right temperatures. Multi-compartment compliance packs are left unlabelled which increases risk. However, the pharmacy knows that medicines containing valproate need additional care when supplying to people.

### Inspector's evidence

Some people were being supplied their medicines in multi-compartment compliance packs. When they were handed out the packs looked at were labelled but did not have tablet descriptions to identify the individual medicines contained in the packs and no patient information leaflets (PILs) were supplied, meaning that people could not easily access the information provided by the manufacturer about their medicines. However, the packs were stored without labels, left sealed, in baskets with the person's name on, but with nothing to identify the contained medicines. They were labelled each week as they were collected by the person, or their carer.

The SI told the inspector that they had no patients in the at-risk group being supplied sodium valproate. And that he did know to ask about the pregnancy prevention programme, if he got someone from that group with a prescription for it.

Medicines were not always stored in the manufacturer's original packaging. One box of fluoxetine contained six capsules from the box, another four with a different expiry date and seven other strips, from various manufacturers, with no marked batch numbers or expiry dates. There were many other loose foils and boxes containing medicines from multiple brands, batches and expiry dates on the dispensary shelves.

At the time of the inspection, the maximum and minimum temperatures showing on the medicine fridges thermometers were 4.4 and 12.8 and 11 and 30. This was outside the desired range of between 2 and 8 degrees Celsius. The pharmacy did not keep a record of fridge temperatures so it was not possible to determine how long or how often the temperatures had been outside of the required range. The pharmacist said that he did not record the temperatures of the fridges, but that he had done so daily when he was doing COVID-19 vaccinations. The inspector did not check that the temperatures had been recorded then. There were flu vaccines in one of the fridges.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Principle 5 was not looked at during this inspection.

### Inspector's evidence

There was no evidence gathered about principle five on this inspection.

### 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.