

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: 29/05/2024

Pharmacy context

This is an independent pharmacy, largely providing NHS dispensing services, and is situated in a small village in Bedfordshire. It provides the NHS Pharmacy First service, Covid-19 vaccinations, seasonal flu vaccinations and the hypertension case finding service. It delivers medicines to some people. And it supplies some medicines in multi-compartment compliance packs to people who need this support to take their medicines at the right times.

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's team members have written procedures to refer to so they can work safely. The pharmacy protects people's information, and it largely keeps the records it needs to. The pharmacy has a process to record mistakes that happen during the dispensing process so the team can learn from these. But these events aren't always recorded so the pharmacy may be missing opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) which the team could refer to and which had been last reviewed in April 2023. There was evidence, by way of a signature on the documents, that team members had read these.

When mistakes were made and corrected during the dispensing process, known as near misses, there was a process to record these so they could be used as an opportunity to learn and improve. However, the last record had been made in March 2024 and the pharmacy superintendent (SI) and team members accepted other near misses had occurred since then. They also accepted this could limit the pharmacy's ability to spot any trends happening across the team and said they would try to record these more often. However, when mistakes happened, the SI discussed these and potential improvement actions with the individuals involved. And a team member could explain some improvements they had been trying to make such as avoiding interruptions and checking the strengths of medicines more carefully. There was also some evidence that the storage locations of medicines which looked or sounded alike were highlighted to warn staff to be extra careful when picking the right item. Since the last inspection, an incident form had been put in place to record mistakes that had not been detected before handing out to people. There had been no incidents to record to date.

There were patient group directions (PGDs) available in the pharmacy for the vaccination services and for Pharmacy First. However, the signed copies of the Pharmacy First PGDs could not be located. Evidence of these was subsequently sent to the inspector after the visit. The correct Responsible Notice (RP) was displayed where members of the public could see it. The RP record was kept on paper and was largely complete though difficult to read in places. Private prescriptions were recorded when they were dispensed and the records seen were complete.

Controlled drug (CD) registers were available. The headings at the top of each page were largely complete though the handwritten entries in the registers were sometimes difficult to read. When the physical stock of a number of CDs was checked against the recorded balance, some discrepancies were identified. The SI had just returned to work after a period of leave and said he would look into these as a priority. Following the inspection, the SI confirmed that the discrepancies had been resolved. There was a designated book to record patient-returned CDs. Entries were made in this book on receipt and when destruction was done. And these items were well-separated in the CD cabinet. There were resin kits available for safe disposal and the keys to the CD cabinet were kept safely.

Patient details on prescriptions waiting to be collected were well-screened from public view. Confidential waste was disposed of securely. The pharmacy had indemnity insurance and could provide

evidence of the current certificate relating to this. When asked, team members could explain that concerns about vulnerable people would be referred to the pharmacist on duty. The SI had access to local safeguarding contacts if they needed to escalate concerns though none had occurred recently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Its team members are suitably trained or are doing the right training for the roles they undertake. And they can raise any queries or concerns in an open way.

Inspector's evidence

The regular RP at the pharmacy was also the SI and he was present during the inspection. There was also a qualified dispenser and a trainee dispenser present. A family member of the SI who was also a qualified dispenser sometimes worked at the pharmacy but was not present during the inspection. There was also a locum pharmacist who supported the pharmacy, particularly with vaccination services. The team members had either completed or were undertaking accredited training for the roles they undertook. The trainee dispenser was waiting for a replacement tutor to be appointed by the training provider so they could continue their training. They said they received on-the-job support from the SI including coaching about mistakes they made.

The SI explained that local pharmacy closures had increased the workload of the pharmacy which had made providing services more challenging. And stock issues were regularly taking a significant amount of time to resolve. However, the pharmacy appeared to be coping with its workload. Its team members were observed working closely together during the inspection and referring queries to the RP whenever needed. They clearly had a good rapport with their regular customers and the SI showed several awards the pharmacy had received in recognition of their contribution to the local community.

When asked, team members could explain their roles and generally understood what they could and couldn't do if there was no RP present. When asked, team members could explain the questions they asked before selling a medicine over the counter and knew about the restrictions on sales of codeine-containing painkillers.

The pharmacy team members were not set targets and there were no incentives linked to providing services. Team members received informal feedback about how they were performing and there were team meetings to share updates and other important information. When asked, team members said they would feel comfortable about raising any issues or concerns with the SI.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and are generally suitably maintained to help ensure its services are provided safely. The limited space in the dispensary requires ongoing care to ensure clutter or poor organisation doesn't increase risks during the dispensing process.

Inspector's evidence

There had been improvement since the last inspection in the way the dispensary was organised and maintained. Though still somewhat limited in dispensing bench space, the team was trying to keep areas of the bench clear to reduce risks during the dispensing process. And shelves above the dispensing bench were used to keep baskets containing prescriptions ready to be checked by the pharmacist rather than keeping these on the floor. This had reduced trip hazards.

There was a clean sink in the dispensary for preparing medicines and this had hot and cold running water. The room temperature and lighting were suitable for safe working and storing medicines. The dispensary and shop areas were generally clean and tidy and medicines were stored on shelves. Access to the dispensary could be controlled well and the pharmacy premises were secured overnight.

There was a good-sized consultation room to the side of the dispensary with access from both the dispensary and the shop floor. It was accessible to people with a wheelchair, and it was kept clean and tidy. It was reasonably well screened from public view though the small window in the door could increase risks to people's privacy. Conversations inside the room could not be overheard in the shop area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has improved the way it manages its medicines, and it carries out its dispensing activities in a more organised environment. It stores its medicines tidily and it has better systems in place to identify and remove out-of-date medicines from stock. It makes sure its medicines are stored at the right temperature, so they are safe to use.

Inspector's evidence

The pharmacy was open Monday to Friday, 9am to 6pm, and on Saturdays from 9am to 1pm. It closed for lunch between 1pm and 2pm. There was ramped access to the premises making it easier for people who had a wheelchair or other mobility issues. And there was some seating available for people waiting for pharmacy services. Its opening times were displayed at the entrance and there was some written health promotion material available for people to read and take away. The pharmacy delivered prescriptions to some people who couldn't collect their medicines from the pharmacy in person.

The dispensing process was observed during the inspection. Dispensing and accuracy checking tasks were done by different people to reduce the chances of mistakes going undetected. The areas for dispensing were clearer than found during the previous inspection, reducing risks. There was an audit trail on dispensing labels showing who had been involved in preparing each dispensed item, but this was not always as clear as it could have been, as highlighted during the previous inspection. So, it may not always be possible to identify who had carried out certain tasks if there was a future query. Baskets were used to keep prescriptions for different people separate. Dispensers referred to the prescription when selecting medicines from the dispensary shelves. The trainee dispenser knew when to involve the pharmacist in handing out prescriptions medicines. They were seen asking the RP to hand out a prescription for methotrexate during the inspection. The SI was aware of the additional guidance relating to supplies of valproate including the need to supply in these medicines in their original packs. A recent audit had shown the pharmacy didn't supply these medicines currently to anyone who needed to on a pregnancy prevention programme.

The SI understood the inclusion and exclusion criteria for the Pharmacy First service, including treatments for urinary tract infections. He was also able to give evidence of signposting people to other sources of support when needed. He explained the service was helpful but could be time consuming and people didn't always understand the limits of the service which could make some interactions more difficult.

A small number of people were supplied their medicines in multi-compartment compliance packs, either on a weekly or monthly basis. The packs contained descriptions of the contents so people could identify their medicines more easily. And the pharmacy provided the manufacturers' patient information leaflets routinely.

The pharmacy obtained its medicines from a number of licensed wholesalers. The SI explained that sourcing stock was now taking a considerable amount of time due to stock shortages in the market. Medicines were stored in a much more orderly way than was found during the previous inspection. The process for dealing with drug alerts and recalls had been checked during the previous inspection and

was not reviewed on this occasion. A spot check of around 20 medicines on the dispensary shelves found one that was out of date; this was removed. The trainee dispenser showed how the pharmacy kept a record of date checks completed and possible improvements to this were discussed. There was also one pack containing mixed brands and the team was advised to avoid this as it made date checking and checks for recalls more difficult. The pharmacy fridge had ample capacity to store medicines appropriately and there was no ice build-up. Fridge temperatures were checked regularly and recorded. The records seen and temperatures found during the inspection were within the required range of between 2 and 8 degrees Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely and effectively and its equipment is stored appropriately. It keeps electronic patient information safely, to protect people's privacy.

Inspector's evidence

The pharmacy had equipment of a suitable standard for counting tablets and for measuring liquids accurately. This equipment was clean. The team members had access to online reference sources such as the British National Formulary meaning that they could use up-to-date information when providing advice to people. Patient medication records were held securely with access controlled by username and password. And patient data on computer screens could not be viewed by members of the public visiting the pharmacy. The cordless phones available meant the team could hold phone conversations out of earshot of people waiting in the shop. The pharmacy had the equipment needed to provide Pharmacy First consultations and the hypertension case finding service effectively, including an otoscope and a range of blood pressure meters. This equipment was stored securely.

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.