

Registered pharmacy inspection report

Pharmacy Name: Badham Pharmacy Ltd, Delta Way, Whittle Square,
Gloucester Business Park, BROCKWORTH, Gloucestershire, GL3 4BJ

Pharmacy reference: 1105809

Type of pharmacy: Community

Date of inspection: 18/06/2021

Pharmacy context

This is a community pharmacy located in a business park to the south-east of the city of Gloucester. A wide variety of people visit the pharmacy but most medicines are delivered and to elderly people. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. It supplies several medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The pharmacy also supplies medicines for people in local supported living homes and care homes. The inspection was carried out during the COVID-19 pandemic.

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 working practices are generally safe and effective. It is appropriately insured to protect people if things go wrong. The pharmacy keeps the required up-to-date records. The team members keep people's private information safe and they know how to protect vulnerable people. But they could learn more from mistakes to prevent them from happening again.

Inspector's evidence

This inspection took place during the COVID-19 pandemic. The pharmacy team members generally identified and managed the risks associated with providing its services. It had put some changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus (see under principle 5). The pharmacy had some standard operating procedures (SOPs) as a result of the COVID-19 pandemic, but they were the generic NHS COVID procedures and not specific to the business. The other SOPs were up to date and appropriate for the business. The pharmacy had updated its business continuity plan to accommodate any potential issues as a result of the NHS 'test and trace' scheme. It would liaise with nearby pharmacies under the same ownership to ensure that there was no disruption in the supply of medicines to its patients if it had to close.

The previous pharmacy manager, who left two weeks before the inspection, had conducted a risk assessment of the premises and occupational risk assessments of all the staff. The occupational risk assessment included any potentially vulnerable people in their households. The risk assessments had been reviewed in December 2020. The team members knew that they needed to report any COVID-19 positive test results. They had all received both doses of a COVID-19 vaccine and they performed COVID-19 lateral flow tests twice each week.

The pharmacy team members recorded near miss mistakes, that is, mistakes that were detected before they had left the premises. But they did not document any learning points. The team reviewed and discussed the near miss log every month. The review was documented. Most errors in May 2021 were strength or form errors. However, the review did not include specific actions to prevent any future recurrences. There had also been a recent mistake where the incorrect medicine left the pharmacy. This was a 'look alike, sound alike' (LASA) issue. Domperidone 10mg was given instead of donepezil 10mg. The team had not taken any specific action to reduce the likelihood of this happening again.

The dispensary was spacious, tidy and organised. There were dedicated working areas, including a clear checking bench. The dispensers placed the prescriptions and their accompanying medicines into baskets to reduce the risk of errors. They also used different coloured baskets to distinguish the medicines for people who were waiting, those for delivery, those for assembly into multi-compartment compliance packs for domiciliary patients, those for the residents of the homes and those with electronically transferred prescriptions. This allowed the pharmacist to prioritise the workload.

The staff knew their roles and responsibilities. A NVQ2 trainee dispensing assistant would refer any medicine sale requests that she was uncertain of, to the pharmacist. A NVQ2 qualified dispensing assistant would refer any medicine sale requests for children under two or those for people with a persistent cough to the pharmacist. All the pharmacy team knew that codeine-containing medicines

should only be sold for three days use. The staff reported an increased demand for codeine-containing medicines since the outbreak of the pandemic. They referred many of these requests to the pharmacist.

The pharmacy team members were clear about their complaints procedure but this was not displayed. They had not received any complaints since the outbreak of the pandemic. All the recent feedback from people using the pharmacy had been positive. They were grateful for the hard work and dedication of the pharmacy team in the recent difficult circumstances.

The pharmacy had current public liability and indemnity insurance provided by the National Pharmacy Association (NPA). It kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. The pharmacy also had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

The staff understood the importance of keeping people's private information safe. They stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The pharmacy team members shredded all confidential wastepaper. The pharmacy offered some face-to-face services. These were done in the consultation room. People could not be overheard or seen in the consultation rooms.

The pharmacy team understood safeguarding issues. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults. It was registered under the national initiative for victims of domestic violence, 'Ask for Ani' (Action Needed Immediately). But the pharmacy did not display a poster about the initiative.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy team members are encouraged to keep their skills and knowledge up to date. And they are kept informed about changes in advice relating to COVID-19. The team members work well together and they are comfortable about providing feedback to improve services at the pharmacy.

Inspector's evidence

The pharmacy was located on a business park to the south-east of the city of Gloucester. It mainly dispensed NHS prescriptions electronically transferred from local surgeries. Several domiciliary patients received their medicines in multi-compartment compliance packs. The pharmacy also supplied medicines for the residents of a few local assisted living homes and care homes. The current staffing profile was one pharmacist, one full-time NVQ2 qualified dispensing assistant, one part-time NVQ2 qualified dispensing assistant, one full-time NVQ2 trainee dispensing assistant, one part-time NVQ2 trainee dispensing assistant and one delivery driver. The pharmacy received some help from the company to accommodate any planned or unplanned absences. The full-time qualified dispenser was due to go on holiday soon. She was largely responsible for the medicines for the residents of the homes. She was currently working ahead to accommodate this.

The staff clearly worked well together as a team. They usually had had an annual performance appraisal but had not had one for some time due to the pandemic. The pharmacy was currently without a pharmacist manager but the position had been advertised. The company had secured the services of a couple of regular locums. The team held weekly staff meetings before the manager had left. The members felt able to raise any issues. A dispenser had recently raised an issue with medicine deliveries. The pharmacy now printed off two copies of the delivery sheet, one of which was kept in the pharmacy.

The team members completed regular on-going e-learning. They spent about 30 minutes each month in worktime on learning. Those staff members enrolled on accredited training courses were able to spend some time studying at work, usually when the pharmacy was quiet. The full-time qualified dispenser was keen to do the NVQ3 technician training. She had been told a long time ago that she would be enrolled on the course but, to date, this had not happened. The Superintendent Pharmacist said that he would look into this. The pharmacist, a locum, recorded any learning on his continuing professional development (CPD) records. The company sent updates regarding the COVID-19 pandemic. It also set targets for New Medicine Service (NMS) reviews but the previous manager did not feel unduly pressured by these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean, tidy and organised. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus. The pharmacy signposts its consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy presented a professional image. It was tidy and organised. There were dedicated work areas for different tasks.

The premises were clean. As a result of COVID, the pharmacy was cleaned twice every day. Frequent touch points were cleaned throughout the day. The pharmacy team members used alcohol gel after each interaction with people. They washed their hands regularly throughout the day.

The pharmacy had a signposted consultation room. The room had a sink and a computer. People could not be seen or overheard in the consultation room. The staff cleaned the consultation room thoroughly after each use to reduce the spread of COVID-19.

The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius and it was well lit.

Principle 4 - Services ✓ Standards met

Summary findings

Everyone can access the services the pharmacy offers. It generally manages its services effectively to make sure that they are delivered safely. The pharmacy team members make sure that people have the information they need to use their medicines properly. The pharmacy mainly gets its medicines from appropriate sources and stores them safely. The team members make sure that people only get medicines that are safe but they could be better at recording this.

Inspector's evidence

Everyone could access the pharmacy and the consultation room. The team members had access to an electronic translation application for any non-English speakers. The pharmacy could print large labels for sight-impaired patients. The pharmacy offered some services in addition to the essential NHS services: the New Medicine Service (NMS), the Discharge Medicine Service, the Community Pharmacy Consultation Service (CPCS), supervised consumption of methadone and buprenorphine, the Gloucestershire Urgent Repeat Medicine Service (URMS) and seasonal flu vaccinations.

The staff were aware of the services the pharmacy offered. The pharmacist had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. He had also completed suitable training for the provision of the DMS and the CPCS. The pharmacy had not received any referrals under the newly rolled-out General Practitioner (GP) CPCS scheme. It did receive referrals from 111. It had received a few DMS referrals from the local acute hospital.

The pharmacy had a few substance-misuse clients who had their medicines supervised. The pharmacist did the supervision of the medicines in the consultation room. The client disposed of the container themselves into a dedicated bin. The pharmacist washed his hands after the supervision to reduce the risk of contracting COVID-19.

The dispensary team members assembled medicines into multi-compartment compliance packs for several domiciliary people. The compliance packs were assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. The staff recorded any changes, both on paper and on the patient's electronic prescription medication record. So, the pharmacist had a clear clinical history of the patient at the final checking stage.

The pharmacy also provided the medicines for the residents of a couple of local assisted living homes and a few care homes. The staff at the homes ordered the prescriptions on behalf of the residents well in advance. They checked the prescriptions and chased up any missing items. The residents received few interim items and the prescriptions for these were sent electronically to the pharmacy. The medicines for one home were racked by the staff at the home. The pharmacy team members were not sure about the checks in place at the home for this. The other homes had their medicines in conventional compliance packs. All the homes received paper medicine administration record charts. The pharmacy staff were not sure what training the staff at the homes received. The homes were visited by the Superintendent Pharmacist prior to the pandemic but these had not yet resumed.

There was a good audit trail for all items dispensed by the pharmacy. The pharmacist counselled most walk-in patients. He gave advice to those prescribed high-risk items, antibiotics, new items, oral steroids and complex doses. The staff were aware of the sodium valproate guidance relating to the pregnancy protection program. The pharmacy currently had no 'at risk' patients. All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. The pharmacy used 'see the pharmacist' stickers for anyone needing counselling.

Because of the pandemic, the delivery driver did not ask people to sign indicating that they had received their medicines. The delivery driver signed the sheet on their behalf. He checked any controlled drugs with the person accepting the delivery. The pharmacy used owing slips for any items that were owed to patients.

The pharmacy obtained its medicines and medical devices from AAH, Alliance Healthcare and Badham's warehouse. The latter sometimes sent unlicensed medicines. The pharmacy had unlicensed vitamin B compound strong and thiamine 100mg on its shelves. The pharmacy stored its controlled drugs (CDs) were tidily in accordance with the regulations and staff access to the cabinet was appropriate. It had no patient-returned CDs but some out-of-date CDs. These were clearly labelled and separated from useable stock. The pharmacy had appropriate CD destruction kits. The staff checked the dates of all the stock in the pharmacy. And they completed records showing it had been done. The pharmacy used designated bins for medicine waste. And it separated any cytotoxic and cytostatic waste substances.

The pharmacy team members dealt with any concerns about medicines and medical devices. They received drug alerts electronically, printed them off and checked the stock. A folder was used to store the alerts. The team member who checked the medicines usually signed and dated the alert and included any required actions. The pharmacy had received a recent alert about co-codamol 30/500 effervescent tablets. A dispenser had called a person who was prescribed this to check that they did not have any of the affected batches. They did not. However, the team could not find the alert on the day of the inspection and so it was not possible to verify that the actions had been recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has taken action to reduce the spread of coronavirus with changes to its flow of people and the use of protective screens and equipment. It has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose.

Inspector's evidence

As a result of the pandemic, the pharmacy only allowed three people at a time to enter the pharmacy. The team members had placed tape on the floor to encourage people to remain socially distanced. A robust Perspex screen had been erected across the medicine counter, with a small gap to take payments, to reduce the likelihood of transmission of COVID-19. All the staff were wearing Type 2R fluid resistant face masks.

The pharmacy used British Standard crown-stamped conical measures (10 - 100ml). It had tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 80 and the 2020/2021 Children's BNF. The pharmacy team could access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. The staff shredded all confidential waste information. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.