General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Badham Pharmacy Ltd, 9 High Street, NEWNHAM, Gloucestershire, GL14 1BB

Pharmacy reference: 1107907

Type of pharmacy: Community

Date of inspection: 17/10/2019

Pharmacy context

This is a community pharmacy in the centre of the historic village of Newnham in the Forest of Dean, West Gloucestershire. Most people using the pharmacy are elderly. The pharmacy dispenses NHS and private prescriptions. They also sell over-the counter medicines and several mobility aids. The pharmacy supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines. It also supplies medicines to people in local care homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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	2.4	Good practice	The team members are encouraged to keep their skills up to date and they do this in work time.
		2.5	Good practice	The pharmacy team are well supported by their manager. And, they feel comfortable about providing her with feedback to improve services which is acted on.
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. The work areas are tidy and organised. The pharmacy keeps the up-to-date records that it must by law. It is appropriately insured to protect people if things go wrong. The pharmacy 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

The pharmacy team identified and satisfactorily managed most risks. Dispensing errors and incidents were recorded. But, a recent incident report, about a form error on 23 August 2019, regarding Dovobet, did not outline any specific actions taken to reduce the likelihood of a similar recurrence. Near misses were recorded but insufficient information was documented to allow any useful analysis, such as, another form error, where ramipril capsules were picked against a prescription calling for ramipril tablets. No learning points or actions taken to reduce the likelihood of similar recurrences were recorded on the log. It just documented the mistake. General trends could however be identified.

The dispensary was tidy and organised. There were separate dedicated areas: a labelling area, an administration area, a general assembly area, a checking area, an area for the assembly and checking of care home prescriptions and an area for the assembly and checking of multi-compartment domiciliary compliance aids. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled.

Up-to-date, signed and relevant standard operating procedures (SOPs), including SOPs for services provided under patient group directions, were in place and these were continually reviewed by the superintendent pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. The company's sales protocol was displayed and included questions to be asked of customers requesting to buy medicines and when customers should be referred to the pharmacist, such as specific patient groups and those requesting multiple sales. The medicine counter assistant said that she would refer all medicine sale requests for patients who were also taking prescribed medicines, to the pharmacist. She was aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches, such as chloramphenicol eye drops and Ella One and referred requests for these to the pharmacist. A dispenser knew that fluconazole capsules should not be sold to women over the age of 60 for the treatment of vaginal thrush. None of the staff were aware of the NFA-VPS (non-food animal – veterinarian, pharmacist, suitably qualified person) status of veterinary medicines. The pharmacy manager gave assurances that the staff would receive training on this.

The staff were clear about the complaints procedure and reported that feedback on all concerns was actively encouraged. The pharmacy did an annual customer satisfaction survey. In the 2018 survey, 100 % of the people who completed the questionnaire were satisfied with the service from the pharmacy. The staff said that there had been some feedback over the last year about the waiting times for prescriptions. The pharmacy had been without a manager for about a year up to March 2019 which they believed had contributed to this. A new manager had started working in March 2019. The pharmacy had not received any complaints about this since then.

Public liability and indemnity insurance provided by the National Pharmacy Association (NPA) and valid until 30 November 2019 was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records, fridge temperature records and date checking records were all in order.

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had all read the SOP on the safeguarding of both children and vulnerable adults. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And, the company provides help when people are on holiday or off sick. The team members are encouraged to keep their skills up to date and they do this in work time. They are well supported by their manager. And, they feel comfortable about providing her with feedback to improve services which is acted on.

Inspector's evidence

The pharmacy was in the centre of the historic village of Newnham in the Forest of Dean, West Gloucestershire. They dispensed approximately 5,000 NHS prescription items each month with the majority of these being repeats. Most of the business at the pharmacy was the assembly of medicines into compliance aids for both domiciliary patients and care home patients. Few private prescriptions were dispensed.

The current staffing profile was two part-time pharmacists, one of whom was the manager, two full-time NVQ2 qualified dispensers and one part-time medicine counter assistant (MCA). They could also call on the services of a trained dispenser, on a zero hours contract, if necessary. Help was also provided by the pharmacy's head office. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal with a six-monthly review where any learning needs could be identified. Review dates would be set to achieve this. The MCA had recently raised that she would like more responsibility. Because of this, she had been enrolled on the NPA Stock Control course.

The staff were encouraged with learning and development and completed e-Learning, such as, the CPPE course on antibiotic resistance. They were given dedicated learning time each week and said that they spent about two hours each month of protected time learning. All the dispensary staff reported that they were supported to learn from errors. The pharmacist said that all learning was documented on her continuing professional development (CPD) record.

The staff knew how to raise a concern and reported that this was encouraged and acted on. A qualified dispenser had recently raised issues with the overall organisation of the work at the pharmacy. Because of this, the pharmacy now operated more efficiently. There were monthly staff meetings and all the staff seen said that they felt able to raise any issues and that these were acted on. They were aware of the company's whistle-blowing policy.

The pharmacist reported that she was set overall targets, such as 400 annual medicines use reviews (MURs). She said that she only did clinically appropriate reviews but did feel some pressure to achieve the targets because of the low footfall in the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy generally looks professional. The consultation room is signposted so it is clear to people that there is somewhere private for them to talk. But, the design of the room means that people cannot sit face-to-face. This may hinder some conversations. Some areas of the pharmacy are suffering with damp. The building is old and may benefit from experienced, professional help in order to tackle the underlying damp problem.

Inspector's evidence

The pharmacy was well laid out and generally presented a professional image. It is a Grade II listed building in a conservation area and so substantial changes were not possible. Some areas showed evidence of damp, with paint peeling off. This was probably commensurate with the age of the property and its location. The village is on the banks of the River Severn. The dispensary was tidy and organised. The floors were clear. The premises were clean and generally well maintained.

The consultation room was located down two steps. There was no portable ramp to help anyone with specific mobility needs to access the room. In addition, whilst there were two double doors that could be opened to allow wheelchair-users to access the pharmacy and the consultation room, this was obscured with unused storage shelves on the day of the visit.

The design of the consultation room did not allow people to easily sit face-to-face. It was signposted and contained a computer and a sink. But, there was clear glass in the door. This had been obscured with paper which did not present a professional pharmacy image. Conversations in the consultation room could not be overheard. The main dispensary computer screen was not visible to customers but the design of the consultation room made this difficult in here. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

The temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services ✔ Standards met

Summary findings

Most people can access the services the pharmacy offers. But, some people with specific mobility needs may have difficulty entering the pharmacy. The services are generally effectively managed to make sure that they are provided safely. The pharmacy team members make sure that people have the information that they need to use their medicines correctly. The pharmacy generally gets its medicines from appropriate sources. The medicines are stored and disposed of safely. The team members make sure that people only get medicines or devices that are safe.

Inspector's evidence

There was no independent wheelchair access to the pharmacy and the consultation room and no bell on the front door to alert staff to anyone who may need assistance (see also in principle 3). There was access to Google translate on the pharmacy computers for use by non-English speakers. The pharmacy printed large labels for one sight-impaired patient.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS), urgent repeat medicines, emergency hormonal contraception (EHC) and seasonal flu vaccinations (one part-time pharmacist – not seen). The latter was also provided under a private scheme.

One part-time 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. Both part-time pharmacists had completed suitable training for the provision of the free NHS EHC service.

Most of the business at the pharmacy was the assembly of medicines into compliance aids (blister packs) for both domiciliary and care home patients (nursing and residential). The domiciliary blister packs were assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. There were dedicated folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. These were referred to at the checking stage. The pharmacy ordered the prescriptions on behalf of these patients .

The pharmacy also provided services to several homes. The pharmacy ordered the prescriptions for the smaller homes. This meant that they may not be aware of any recent changes because they did not have sight of the current medication administration record chart. The larger homes ordered their own prescriptions. The pharmacy had a clear audit trail of the entire dispensing and delivery process. A pharmacist visited the homes annually but there were no regular medicine management visits. The pharmacy did not receive written confirmation of any changes or other issues. They also did not use dedicated communication diaries for the homes. Most of the medicines for the homes were racked, but the homes did not send the pharmacy a monthly up-to-date racking list. There were no procedures in place to ensure that all patients who had their medicines in compliance aids and were prescribed high-risk drugs were having the required blood tests.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Interventions were seen to be recorded on the patient's prescription medication record. Green 'see the pharmacist' stickers were used. The pharmacist routinely counselled

patients prescribed high-risk drugs such as warfarin and lithium. INR levels were recorded. She also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were checked with the patient on hand-out. All the staff were aware of the new sodium valproate guidance.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist with dedicated laminated cards. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Potential non-adherence or other issues were identified at labelling and ordering. Any patients giving rise to concerns were targeted for counselling. The pharmacist reported that she frequently identified during MURs that patients forgot to take their medicines. She gave them advice to try to remind them, such as, keeping morning tablets on their bedside table.

Medicines and medical devices were obtained from AAH, Phoenix, Alliance Healthcare and Badham's warehouse. Some medicines from the latter were unlicenced, such as thiamine 100mg, vitamin B compound strong and cholecalciferol 800iu. Specials were obtained from The Specials Laboratory. Invoices for all these suppliers were available. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There was one patient-returned CD and a few out-of-date CDs. These were clearly labelled and separated from usable stock. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with electronic records. Date checking procedures were in place with signatures recording who had undertaken the task. Designated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances and a list of such substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 24 September 2019 about bisacodyl suppositories. The pharmacy had none in stock and this was recorded.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy 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

The pharmacy used British Standard crown-stamped conical measures (10ml) and ISO stamped straight measures 100 – 250ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 76 and the 2017/2018 Children's BNF. There was access to the internet.

The fridges were in good working order and maximum/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. Confidential was information was collected for appropriate disposal. 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.