General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Badham Pharmacy Ltd, 118 Swindon Road, CHELTENHAM, Gloucestershire, GL50 4BJ

Pharmacy reference: 1116985

Type of pharmacy: Community

Date of inspection: 13/09/2022

Pharmacy context

This is a community pharmacy close to a Health Centre in Cheltenham, Gloucestershire. The pharmacy is open for 100 hours every week. It dispenses NHS and private prescriptions. The pharmacy offers a range of services such as the New Medicine Service (NMS), local deliveries, seasonal flu vaccinations and free blood pressure measurements. And it supplies many people with their medicines inside multi-compartment compliance packs if they find it difficult to take them.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy is not identifying and managing several risks associated with its services as indicated under the relevant failed standards and Principles below.
		1.6	Standard not met	The pharmacy's records are not always maintained in line with legal requirements. This includes records of private prescriptions and controlled drugs. The pharmacy cannot demonstrate that discrepancies in the balances for the latter, when highlighted or identified are appropriately investigated, reported or annotated in the registers.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have enough suitably qualified and skilled staff to provide its services safely and effectively. The current staffing arrangements are insufficient to fully cope with the workload, and routine tasks are not being completed or undertaken in a timely manner.
		2.5	Standard not met	Members of the pharmacy team are inadequately supported, and under-resourced. There is no evidence that sufficient action has been taken when team members have raised legitimate concerns. And they are not provided with opportunities to discuss feedback or concerns due to the lack of regular team meetings and performance reviews.
3. Premises	Standards not all met	3.1	Standard not met	Pharmacy services are not provided from an environment that is appropriate for the provision of healthcare services. The pharmacy is not being cleaned regularly, most of the pharmacy is extremely cluttered, and the dispensary is unable to support the pharmacy's current volume of dispensing.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy's services are not always managed or delivered safely and effectively. The pharmacy has no processes in place to ensure the safety of

Principle	Principle finding	Exception standard reference	Notable practice	Why
				people prescribed higher-risk medicines.
		4.3	Standard not met	The pharmacy is not managing its medicines in a satisfactory way. This compromises the safe supply of medicines and medical devices. The pharmacy cannot demonstrate that its team members have been routinely checking medicines for expiry and medicines requiring refrigeration had not been stored in a suitable way or at the appropriate temperatures on the day of the inspection.
		4.4	Standard not met	The pharmacy cannot demonstrate that it has appropriate procedures in place to raise concerns when medicines or medical devices are not fit for purpose. There is limited evidence that the pharmacy team has been routinely dealing with and appropriately acting upon the drug alerts issued by the Medicines and Healthcare products Regulatory Agency.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy doesn't effectively identify and manage all the risks associated with its services. The pharmacy cannot show that it is maintaining all its records, in accordance with the law or best practice. And the pharmacy has not given its team members adequate refresher training recently enough to effectively safeguard vulnerable people. But the company has procedures in place to help guide its team members. The team protect people's privacy appropriately and members of the pharmacy team deal with their mistakes responsibly.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which were dated from 2019 or 2020. The SOPs provided guidance for the team to carry out their tasks correctly. Only trained members of the pharmacy team had signed them to verify that they had been read. Team members were clear however, about their roles and responsibilities. An incorrect notice to identify the pharmacist responsible for the pharmacy's activities was initially on display. This was discussed and rectified at the start of the inspection.

The pharmacy had some systems in place to identify and manage risks associated with its services. Due to the space constraints described in Principle 3, the pharmacy's team members dispensed prescriptions in batches, they were observed to concentrate on one task at a time and described double checking details during the dispensing process. The pharmacy had a process in place to deal with incidents and complaints. Staff were unaware if any recent dispensing errors had occurred, but previous detailed records were seen. The pharmacist recorded the teams near miss mistakes, and they were reviewed every month. However, only limited details had been recorded. Staff explained that medicines which looked or sounded-alike were highlighted with warning signs placed in front of them. This included amlodipine and amiloride as well as cyclizine and loratadine. This helped them the team to minimise mistakes. However, they also described being continually interrupted when they were dispensing or preparing multi-compartment compliance packs because of the staff constraints (see Principle 2), the new member of staff requiring supervision or advice and working close to the front medicines counter. This increased the risk of mistakes occurring.

The pharmacy's team members had been trained to protect people's confidential information. Confidential material was stored and disposed of appropriately through the company's head office. There were no sensitive details that could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

Trained staff stated that they had previously been trained on safeguarding vulnerable people to level two, but this had not been refreshed for many years and they could not readily provide details or explain what this meant. The pharmacist had been trained to level 2 through the Centre for Pharmacy Postgraduate Education (CPPE) and contact details for the local safeguarding agencies were seen.

The pharmacy had appropriate professional indemnity insurance in place, this was through the National Pharmacy Association (NPA) and due for renewal after 30 November 2022. Records verifying that fridge temperatures had remained within the required range had been completed although there were issues seen with all three of the fridges on the day of the inspection (see Principle 4). There were some

incomplete details seen in a few of the pharmacy's records such as the RP record and records of emergency supplies. However, prescriber details including the name and address had not been recorded in the private prescription register and there were some concerns noted with a sample of registers seen for controlled drugs (CDs).

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy does not have enough staff to manage the workload safely. Its current staffing levels mean that the team is struggling to maintain the workload. Members of the pharmacy team are under considerable pressure and stress. They are unable to effectively keep up to date with all routine tasks. And new members of staff are not being trained properly. This situation is unsafe.

Inspector's evidence

Staff at the inspection included a locum responsible pharmacist (RP) who had worked at the pharmacy before, two trained dispensing assistants and a new medicines counter assistant (MCA). The latter had only very recently started working at this pharmacy. They all worked full-time. The team said that the regular pharmacist worked half a day only, the rest of the time they usually had locums. In line with the pharmacy's volume of dispensing, this was not enough staff to manage the workload effectively. At the time of the inspection, team members were a day behind with the workload, one member of staff had left, another was off-sick, and the assistant manager was working reduced days. Vacancies were being advertised. Staff were concerned about this situation, they described being stretched and under pressure. They struggled to cover each other and manage the workload. The inspector was told that they couldn't consistently stay on top of the workload by working with a reduced team. One of the directors of the company was described as sometimes coming in to assist the team but they had no other contingency cover.

The pharmacy's new member of staff had spent a short induction period in another of the company's pharmacies. One of the directors was the pharmacy manager there. This team member was aware of the questions that should be asked when people requested to purchase medicines as there was a list present on one side of the medicines counter as a prompt. He did not sell any medicines and would obtain the relevant information before asking the RP. However, he did not know what he could or could not do in the absence of the RP, he had not read the SOPs and had not been allocated anyone to help him with his training. He also stated that because the other company's pharmacy was also short-staffed, he had not had anyone to show or train him over there on the company's internal processes. This member of staff was due to work the coming weekend on his own with no trained staff to support him.

Staff confirmed that not all routine tasks could be completed because of the minimal size of the team. This included cleaning and ensuring some of the pharmacy's records were appropriately maintained. The inspector was told that working weekends were very stressful. The owner had set the team a target and expected them to prepare 40 compliance packs over the weekends. This involved one trained member of staff, alongside the new team member and the pharmacist. Preparing compliance packs, dispensing and assisting the new member of staff meant that they were constantly distracted. Staff said that they had asked to prepare the compliance packs upstairs, but this was not possible because of the lack of trained dispensers downstairs.

Team members also stated that they had no support or resources provided to assist them with ongoing learning or improve their existing skills and knowledge. The last team meeting had been held a few months ago, but they could not recall any details about this, and they had not had any performance reviews. The team confirmed that it had not always been like this. One member of staff had been employed for several years and said that when she was first employed, the company was supportive

with ongoing training provided but this had not been the case for the past few years.

There were set targets in place. The team described the owner's increased expectations involving compliance packs (as described above) when working with reduced staff and with signing people up to the New Medicine Service (NMS). They mentioned a lack of appreciation and felt demoralised by him. The owner was also the superintendent pharmacist. The inspector was told that he always focused on mistakes and targets instead of how hard the team had been working to maintain the pharmacy's services.

Principle 3 - Premises **Standards not all met**

Summary findings

The pharmacy's premises do not provide an appropriate environment for the delivery of healthcare services. Parts of the premises are extremely cluttered and not cleaned regularly enough. The dispensary downstairs doesn't have sufficient space to support the pharmacy's current volume of dispensing. The pharmacy doesn't do enough to prevent unauthorised access to some parts of its premises.

Inspector's evidence

The pharmacy premises consisted of a small retail space and dispensary, a consultation room, an upstairs section which had staff facilities and was also used to prepare compliance packs. The latter was spacious. The pharmacy was suitably bright, appropriately ventilated and the ambient temperature was suitable to store medicines.

However, on entering the pharmacy, the premises looked run-down and untidy. The floor needed vacuuming, every bench space in the dispensary was taken up with baskets of prescriptions and there was limited space here to accommodate the pharmacy's volume of workload. There was a designated area for the pharmacist to accuracy-check prescriptions in the dispensary but only a very small and limited section for staff to utilise when dispensing prescriptions. Staff explained that they were unable to physically go upstairs to use the larger space because there were not enough staff downstairs to cope with the workload. The pharmacy's consultation room was accessed via a small single step from the waiting area. This was not easily accessible to people using wheelchairs due to the narrow size and space of the room. The room had a desk, seats and relevant equipment including a fridge. This was full of stock (see Principle 4). The room was not locked and led to the upstairs section. There was therefore a risk of unauthorised access to prescription-only medicines.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy cannot always show that all its services are provided safely or that its medicines are stored in a safe and effective way. Some of the pharmacy's records about its services are unsatisfactory or missing altogether. The pharmacy's team members cannot show that they identify, advise and record any information about people who receive higher-risk medicines, or that they routinely deal with safety alerts appropriately. The pharmacy cannot show that temperature sensitive medicines are stored appropriately. And the team cannot demonstrate that they are routinely checking the expiry dates of their medicines. But the pharmacy obtains its medicines from reputable suppliers and suitably supplies people with their medicines inside multi-compartment compliance packs.

Inspector's evidence

People could enter the pharmacy through the front door which was accessible from the street via a slight ramp and the retail space, although small, was made up of clear, open space. This meant that people with restricted mobility or using wheelchairs could easily enter the pharmacy. There were a few seats for people if they wanted to wait for their prescription. The pharmacy's opening hours were on display and the pharmacy was open for long hours. This provided a convenient service for people if they wished to access the service outside of normal hours.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section and a designated space was used to assemble compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy offered free blood pressure checks but was not currently providing many additional or enhanced NHS services other than the New Medicine Service and seasonal flu vaccinations. The latter had not started at the time of inspection although stock had been ordered (see below). The pharmacy offered local deliveries and the team kept the appropriate records to verify 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.

The pharmacy also supplied many people's medicines inside compliance packs once the person's GP or the team had identified a need for this. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose electronically. Any queries were checked with the prescriber and the records were updated accordingly. Compliance packs were not left unsealed overnight, and all medicines were removed from their packaging before being placed inside them. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied. Separate prescriptions were obtained for CDs, fridge or 'when required' items and higher-risk medicines so that they could be supplied separately. However, the RP described having to accuracy-check the compliance packs at the last-minute due to the staff constraints.

Staff were aware of the risks associated with valproates. There were some warning labels present which they could use to attach to stock. However, team members had not identified people at risk, who had

been or were due to be supplied this medicine, and they did not know if any advice had been provided or whether people supplied these medicines were counselled accordingly. People prescribed other higher-risk medicines were also not routinely identified, relevant parameters such as blood test results were not being asked about and no details were being documented to help verify this.

The pharmacy obtained medicines and medical devices through licensed wholesalers such as Phoenix, AAH and Alliance Healthcare. CDs were stored under safe custody. Medicines stored in the dispensary, however, could have been stored in a more organised way and the dispensary was very cluttered. The team described date-checking medicines for expiry regularly every three months, they said they had done this in February, April and June this year. However, recent records of when this had been carried out had not been maintained as the last recorded details were from 2020. Short-dated medicines were identified. Following the inspection, the superintendent pharmacist confirmed that the company's processes involved cleaning each section in the dispensary and date-checking medicines at the same time. Shelves were then labelled with the month and year to indicate when this had been completed. Photographs of these labels were also sent. Medicines returned for disposal, were accepted by staff, and stored within designated containers. However, they had been stored in the staff WC. This increased risks.

There were three fridges in the pharmacy, one in the dispensary, one in the consultation room and one upstairs for staff use. However, every fridge was packed full to the brim with stock. This included flu vaccinations. Staff were observed struggling to fit in regular medicines which required refrigeration. This also reduced the ventilation inside the fridges and temperature readings taken from all three fridges read above eight degrees (they were between eleven and eight degrees for each one). This was not within the defined or acceptable range to store medicines which required cold storage.

The locum pharmacist informed the inspector that she received drug alerts and product recalls as well as checked the relevant details when she worked in this pharmacy. However, other members of staff could not confirm that the stock highlighted in recalls had been regularly checked or the appropriate action taken in response. The last recorded details about this were from June 2022. Emails present on the pharmacy's system had not been opened or actioned. The pharmacy therefore could not show that it had taken the appropriate action in response to affected batches of medicines.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities to provide its services. Its equipment is sufficiently clean.

Inspector's evidence

The pharmacy team had access to reference sources and relevant equipment. This included counting triangles, standardised, conical measures, fridges, legally compliant CD cabinets and there was a relatively clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. The pharmacy had its computer terminals positioned in a way and location that prevented unauthorised access. The pharmacy used an automated software system (Methasoft) to dispense methadone for people. This was calibrated and cleaned daily and staff, maintained records to help demonstrate this. However, there was no indication that the blood pressure machine had been calibrated or was fit for purpose.

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.