

Registered pharmacy inspection report

Pharmacy Name: Badham Pharmacy Ltd, Aspen Centre, Horton Road, GLOUCESTER, GL1 3PX

Pharmacy reference: 1123985

Type of pharmacy: Community

Date of inspection: 29/10/2024

Pharmacy context

This is a community pharmacy located next to a Medical Centre close to the centre of Gloucester in Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter (OTC) medicines and offers a few services such as seasonal flu vaccinations, local deliveries and Pharmacy First. The pharmacy provides people who require their medicines inside multi-compartment compliance packs if they find it difficult to manage them at home. And the pharmacy supplies medicines to people in residential care homes.

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	1.2	Good practice	The pharmacy continually reviews and monitors the safety and quality of its services. The team routinely records, reviews and feeds back details about near misses and incidents.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The company provides team members with learning resources which ensures their knowledge and skills are kept up to date.
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 has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team have access to written instructions to help them to work safely. They regularly monitor the safety of their services by recording their mistakes and learning from them. Team members understand how to protect the welfare of vulnerable people and can safeguard people's confidential information appropriately. But the pharmacy could do more to make sure some of its records contain all the necessary details.

Inspector's evidence

This was an organised pharmacy run by capable staff. Members of the pharmacy team understood their roles well and they knew what they could or could not do in the absence of the responsible pharmacist (RP). Staff worked in accordance with the company's set procedures. This included current standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. The pharmacy also had an appropriate complaints and incident management procedure where any issues raised were dealt with appropriately by the RP and, or pharmacy manager. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display although this was not clearly visible from the retail space. Moving this to a more prominent area was advised during the inspection.

The pharmacy's team members were observed to work in set areas. There was also a separate section for the pharmacist to undertake the final accuracy-check of assembled prescriptions which helped minimise distractions and enabled him to supervise retail transactions easily. One member of staff was responsible for ordering and preparing multi-compartment compliance packs and this occurred from a segregated area in the dispensary. This helped minimise mistakes. The pharmacy's workspaces were clean, tidy, and clear of clutter. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Some of the baskets were also colour coded which helped identify priority. 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 this as an audit trail. Staff were observed using prescriptions to dispense medicines against.

Errors that occurred during the dispensing process (near miss mistakes) were routinely recorded. Higher-risk medicines such as methotrexate were kept separate, look-alike and sound-alike medicines were identified, and 'fast-line' medicines were stored in a designated area. This helped reduce the chance of selection errors occurring. Staff discussed frequent mistakes, and the pharmacy manager routinely collated, analysed, reviewed, and fed back relevant details so that trends and patterns could be identified.

Staff had been trained to safeguard the welfare of vulnerable people. The pharmacist had been trained to level three and team members could recognise signs of concerns; they knew who to refer to in the event of a concern and contact details for the local safeguarding agencies were also easily accessible. The pharmacy's team members had been trained to protect people's confidential information. The team ensured confidential information was protected. No sensitive details were left in the retail area or could be seen from the retail space. Bagged prescriptions awaiting collection were stored in a location

where personal information was not easily visible. People using the pharmacy's services were observed automatically standing some distance away from the medicines counter before being served. This helped promote privacy. Confidential information was stored and disposed of appropriately. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy had suitable professional indemnity insurance arrangements in place. The pharmacy's records were mostly compliant with statutory and best practice requirements. This included the RP record, a sample of electronic registers seen for controlled drugs (CDs) and the pharmacy's CD destruction register which held details about CDs returned by people for destruction. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. However, unclear abbreviations were sometimes seen to record the nature of the emergency when a supply of a prescription-only medicine was made, in an emergency without a prescription. This could make it harder for the pharmacy to justify the supplies made. Some prescriber details were missing from records of unlicensed medicines and some relevant dates were missing from records of private prescriptions. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team are capable and manage the workload well. They have a range of skills and experience, have completed or are undertaking the required training for their roles. And the pharmacy provides them with suitable resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date

Inspector's evidence

The pharmacy operated with regular, experienced locums who worked on set days. There were enough staff to support the workload and team members were up to date with this. Staff at the inspection consisted of one of the regular locum RPs, the pharmacy manager who had completed the NVQ3 in dispensing, four dispensing assistants, an apprentice, and a relatively newly employed medicines counter assistant (MCA). The latter was enrolled onto appropriate training for their role. Other members of the pharmacy team were trained through accredited routes. Team members wore uniforms and name badges. They supported and assisted each other when required and the team was very organised. They also appeared to have a good rapport and relationship with the adjacent medical centre. Staff understood their responsibilities well and they referred appropriately. This included the newest member of staff who was working on the counter during the inspection. Relevant questions were asked before selling medicines and repeat requests were monitored. The apprentice described having protected time to complete her course. Updates about new services or guidance was provided through the pharmacy manager and head office, the team's individual performance was monitored formally. Staff were provided with resources for ongoing training. They completed this routinely and their certificates to verify completion were on display in the dispensary. This helped ensure they kept their knowledge and skills current.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises present a professional image and provide a suitable environment for people to receive healthcare services. The pharmacy is kept clean. And a separate space is available where people can have confidential conversations with the pharmacy team.

Inspector's evidence

The pharmacy's premises were well-presented, professional in appearance, bright, and appropriately ventilated. Fixtures and fittings in the dispensary were dated but still functional. The ambient temperature was suitable for the storage of medicines and the pharmacy was secured against unauthorised access. The dispensary had a suitable amount of bench space for staff to carry out dispensing tasks safely. The back section containing staff areas and storage could have been tidier. A signposted consultation room was available for services and private conversations. The room was of a suitable size for its intended purpose.

Principle 4 - Services ✓ Standards met

Summary findings

People can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, and it stores as well as manages them appropriately. Team members regularly identify people who receive higher-risk medicines and make the relevant checks, so they can take their medicines safely. But they don't always record any relevant information. This makes it difficult for them to show that people are provided with appropriate advice when they supply these medicines. And they could do more to ensure people receive all the necessary information about their medicines when they supply multi-compartment compliance packs.

Inspector's evidence

People could enter the pharmacy from two entry points which included from the street and, or as they exited from the medical centre. Both entrances were step free. The retail area consisted of clear, open space with wide aisles. This helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. Staff also described physically assisting people when needed. There were some chairs inside the pharmacy if people wanted to wait for their prescriptions and a car park with spaces available outside. The pharmacy's opening hours were displayed alongside a few posters indicating services provided. Staff could make suitable adjustments for people with diverse needs, they offered a separate area or the consultation room when required, spoke slowly and clearly to help people to lip read, and used written communication when required.

The pharmacy obtained its medicines and medical devices from licensed wholesalers. Short-dated medicines were identified. The team checked medicines for expiry and kept records of when this had taken place. There were no date-expired medicines seen. CDs were stored securely and medicines requiring refrigeration were stored in a suitable way. Dispensed medicines requiring refrigeration and CDs were also stored within clear bags. This helped to easily identify the contents upon hand-out. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within sealed containers. Drug alerts were received electronically. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

The pharmacy offered a delivery service for people who found it difficult to attend the pharmacy and the team kept suitable records about 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 provided medicines to residents inside a care home. The care home ordered repeat prescriptions for the residents themselves and sent a copy of the order to the pharmacy. Once prescriptions were received, missing items were identified and sent to the care home to review. Interim or medicines which were needed mid-cycle were dispensed at the pharmacy. The pharmacy provided medication administration records (MARs) which had details about allergies as well as sensitivities included. Patient information leaflets (PILs) were routinely supplied. None of the residents received higher-risk medicines. Staff had not been approached to provide advice regarding covert administration of medicines to care home residents. They also made the appropriate checks to ensure residents had not received any affected batches of medicines from drug alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA).

The pharmacy ordered prescriptions on behalf of people requiring compliance packs and suitable records were kept for this purpose. Queries were checked with the prescriber and the records were updated accordingly. All medicines were removed from their packaging before being placed inside the compliance packs. However, descriptions of the medicines inside the packs were not always accurate and PILs were not routinely supplied. The latter is a legal requirement and could mean that people were not provided with up-to-date information about their medicines.

Staff were aware of the risks associated with valproates. They ensured these medicines were dispensed in the original manufacturer's packs, that relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and they had identified people in the at-risk group who had been supplied this medicine. Team members routinely identified people prescribed medicines which required ongoing monitoring. They asked details about relevant parameters, such as blood test results for people prescribed these medicines, but they did not always record this information.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Team members generally keep them clean. And the pharmacy's equipment is largely used in an appropriate way to keep people's private information safe.

Inspector's evidence

The pharmacy's equipment included legally compliant CD cabinets and an appropriately operating medical fridge. The pharmacy team had access to current reference sources, they could use standardised conical measures to measure liquid medicines and they had the necessary equipment for counting tablets and capsules. The pharmacy had hot and cold running water available, and the dispensary sink for reconstituting medicines was clean. The pharmacy had suitable equipment to carry out the Pharmacy First service and to measure people's blood pressure. This equipment was said to be new. The pharmacy's computer terminals were password protected. They were also positioned in places where unauthorised access was not possible. The pharmacy had portable telephones so that private conversations could take place away from being overheard and confidential waste was suitably disposed of.

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.