

Registered pharmacy inspection report

Pharmacy Name: Badham Pharmacy, Cleavelands Medical Centre,
Sapphire Road, Bishops Cleeve, Cheltenham, Gloucestershire, GL52
7YU

Pharmacy reference: 9011196

Type of pharmacy: Community

Date of inspection: 22/04/2021

Pharmacy context

This is a community pharmacy in a newly opened medical centre in the large village of Bishops Cleeve to the north of the Cotswold town of Cheltenham. A wide variety of people use the pharmacy. Most people are elderly, but there are new homes, housing young families, in the immediate vicinity. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. It supplies several medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines. 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 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.

Inspector's evidence

The pharmacy was newly opened (August 2019) and located in a newly built health centre. The area had several newly built properties and it was anticipated that both the pharmacy and the health centre would become much busier in the near future.

The pharmacy team members identified and managed the risks associated with providing its services. They had put several changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus. The pharmacy had some standard operating procedures (SOPs) relating to the pandemic. However, these were generic in nature. The Superintendent has given assurances that these will be made specific to the business at the pharmacy. And he will consider what changes to procedures, as a result of the pandemic, will be continued for the foreseeable future. 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.

Just a pharmacist, the manager, and a full-time dispenser worked at the pharmacy. The manager had conducted a risk assessment of the premises and occupational risk assessments of herself and the dispenser. The occupational risk assessment included any potentially vulnerable people in their households. The risk assessments had not been reviewed in the recent past. The two team members knew that they needed to report any COVID-19 positive test results. They had 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. They documented learning points but few specific actions to prevent any future recurrences. The team reviewed and discussed the near miss log regularly and highlighted common 'look alike, sound alike' (LASA) mistakes. But, they did not document the review of the near miss log. The pharmacy had had no recent errors where the incorrect medicines had left the pharmacy.

The dispensary was relatively spacious, tidy and organised. There were dedicated working areas, including a clear checking bench. The dispenser 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 who were calling back and those for delivery. This allowed the pharmacist to prioritise the workload. Shelves were used for any incomplete prescriptions, that were waiting for items that had to be ordered.

The dispenser was aware of her role and responsibilities. She would refer any medicine sale requests, that she was uncertain of, to the pharmacist. The dispenser would also refer any medicine sale requests for children under two or those for people with a persistent cough to the pharmacist. She knew that codeine-containing medicines should only be sold for three days use.

The pharmacy team were clear about their complaints procedure. They had not received any complaints since the outbreak of the pandemic. All the recent feedback from people using the pharmacy had been positive. People 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 face-to-face services. These were done in the consultation rooms. 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 as a 'safe space' under the national initiative for victims of domestic violence. The team also provided help and support to anyone suffering with mental health issues as a result of the pandemic.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its current 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 are comfortable about providing feedback to higher management.

Inspector's evidence

The pharmacy was in newly opened medical centre (August 2019) in the large village of Bishops Cleeve. It mainly dispensed NHS prescriptions. Several domiciliary patients received their medicines in multi-compartment compliance aids. The current staffing profile was one pharmacist, the manager and one NVQ2 qualified dispenser. This meant that both staff members were sometimes interrupted with their work in order to serve customers. The pharmacy no longer provided services to a nursing home and this had eased their workload. However, the medical centre was actively advertising for new patients and it was likely that, in the near future, the number of walk-in people visiting the pharmacy, will increase. The superintendent has given assurances that he will make sure there are sufficient staff if the pharmacy becomes busier.

The manager and dispenser clearly worked well together as a team. They had daily 'huddles' to discuss the workload. The staff had an annual performance appraisal where they could identify any learning needs. They were supported by higher management and felt able to raise any issues. The dispenser completed regular on-going e-learning. She was sometimes able to do this at work, during quiet times, but mostly at home. The company provided a yearly learning programme for their pharmacists to support them with their continuing professional development (CPD) records. The company sent regular updates regarding the COVID-19 pandemic. It also supported the staff with their mental health and signposted them to various websites offering help and support.

No formal targets or incentives were set

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, on the door, but this is not visible when people enter the pharmacy. So, people may not be aware that there is somewhere private for them to talk.

Inspector's evidence

The premises presented a professional image. It was tidy and organised. But it was newly built and a large amount of space had been allocated to the retail area at the expense of the dispensary. It was anticipated that the pharmacy will become busier in the near future. In addition, the pharmacy assembled many compliance aids but there was no separate area for these. There was one assembly bench and one checking bench for all prescriptions.

The premises were clean. As a result of COVID, the pharmacy was cleaned every day with a deep clean each week. 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. But the signpost was not visible to people as they entered the pharmacy either from the surgery or from the dedicated pharmacy entrance. The consultation 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 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.

Inspector's evidence

Everyone could access the pharmacy and the consultation room. The team members had access to the NHS telephone translation service and to an electronic translation application for any non-English speakers. The pharmacy could print large labels for sight-impaired patients. The pharmacy offered several services in addition to the NHS essential services: the New Medicine Service (NMS), the Discharge Medicine Service, the Gloucestershire Urgent Repeat Medicine Service, emergency hormonal contraception (EHC), the Community Pharmacy Consultation Service (CPCS) and seasonal flu vaccinations.

The dispenser was aware of the services 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. She had also completed the training for the provision of the EHC service, DMS and 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 also had not received any DMS referrals.

A large amount of the current workload at the pharmacy was the assembly of medicines into compliance aids for a domiciliary patients. The pharmacy had recently stopped supplying medicines to a large nursing home and this had eased their workload. The domiciliary compliance aids were assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. All changes were recorded and so the pharmacist had a clear clinical picture of the patient. The pharmacy used a progress log for the compliance aid prescriptions. This detailed when the prescriptions were ordered, assembled and checked.

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. The pharmacist counselled most walk-in patients. She also 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, such as one seen for a person who had been prescribed metronidazole.

Because of the pandemic, the delivery driver did not currently ask people to sign indicating that they had received their medicines. The delivery driver signed the sheet on their behalf. 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, Phoenix and Badhams Warehouse. The latter sent the pharmacy unlicensed medicines such as thiamine 100mg and vitamin B compound strong. These were seen on the dispensary shelves. Controlled drugs (CDs) were stored tidily in accordance with the regulations and access to the cabinet was appropriate. Date checking procedures were in place. The pharmacy used designated bins for medicine waste. It separated cytotoxic and cytostatic 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 signed and dated the alert and included any required actions. The pharmacy had received an alert on 22 April 2021 about trimethoprim 200mg. The pharmacy had none of the affected batches in stock and this was 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 for the services it provides. And, the team members make sure that it is clean and fit-for-purpose

Inspector's evidence

As a result of the pandemic, the pharmacy had created a clear signposted one-way system. 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. The partition to the dispensary was high. Whilst this made it difficult for the team members to see people coming into the retail area, it afforded them protection against coronavirus. 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. Confidential waste information was shredded. 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.