

Registered pharmacy inspection report

Pharmacy Name: Badham Pharmacy Ltd, Unit 2, Longford Local Centre, Horsbere Drive, Gloucester, Gloucestershire, GL2 9DH

Pharmacy reference: 9011380

Type of pharmacy: Community

Date of inspection: 14/05/2021

Pharmacy context

This is a new community pharmacy in a village close to the centre of the city of Gloucester. A wide variety of people use the pharmacy but most are elderly or families with young children. 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. It also supplies the medicines for the residents of a local nursing home. The inspection was carried out during the COVID-19 pandemic.

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	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 has taken action to reduce the risk of transmission of COVID-19. The pharmacy is appropriately insured to protect people if things go wrong. The team members keep people's private information safe and they know how to protect vulnerable people. The pharmacy mainly keeps the required up-to-date records. But the team members could learn more from their mistakes to prevent them from happening again.

Inspector's evidence

The pharmacy was newly opened (September 2020) and the inspection took place during the COVID-19 pandemic. The pharmacy team members mainly identified and managed the risks associated with providing its services. It 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 updated some of its standard operating procedures (SOPs) as a result of the COVID-19 pandemic. All the team members had read and signed these SOPs. 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 pharmacy manager had conducted a risk assessment of the premises and occupational risk assessments of all the staff when the pharmacy started trading in September 2020. The occupational risk assessment included any potentially vulnerable people in their households. 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 or had all been offered the vaccine. The team members 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 record any learning points or specific actions to prevent any future recurrences. The pharmacist reviewed the near misses each month but he did not document any actions to reduce the risk of errors. The pharmacist did however highlight prescriptions for gabapentin following a recent mistake with this.

The dispensary was spacious, tidy and organised. There were dedicated working areas, including a clear checking bench, a bench for multi-compartment compliance packs and one for normal prescriptions. 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 who were calling back and those for people who had their medicines in compliance packs. This allowed the pharmacist to prioritise the workload.

The staff knew their roles and responsibilities. A newly appointed NVQ2 trainee would refer any medicine sale requests that she was uncertain of, to the pharmacist. A NVQ3 qualified technician would refer any medicine sale requests for Phenergan or anyone requesting multiple packs of codeine-containing medicines to the pharmacist. Some people who were waiting for operations, delayed because of the pandemic, regularly asked for codeine-containing medicines to treat their on-going pain.

The pharmacy team members were clear about their complaints procedure. The pharmacy had a leaflet telling people how to complain. It had not received any complaints since it had started trading. 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 mainly kept up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records and emergency supply records. The pharmacy recorded its private prescriptions electronically. One seen did not have the required prescriber details. In addition, it had no formal specials records. The pharmacist gave assurance that he would address both of these issues. The pharmacy 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 room. People could not be overheard or seen in the consultation room.

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, Ask for ANI (Action Needed Immediately) for victims of domestic violence. However, it did not display a poster about the scheme.

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 their manager. He acts on this to improve services at the pharmacy.

Inspector's evidence

The pharmacy was located in a village close to the centre of the city of Gloucester. It mainly dispensed NHS prescriptions. Several domiciliary patients received their medicines in multi-compartment compliance aids. And the pharmacy supplied medicines to the residents of a local nursing home. The current staffing profile was one pharmacist (the manager), one NVQ3 qualified technician (four days a week), one part-time NVQ2 qualified dispenser and one part-time NVQ2 trainee dispenser (newly appointed and still in her probationary period). The company had procedures to accommodate both planned and unplanned staff absences. But no staff had been ill or taken any holiday since the pharmacy had started trading in September 2020.

The staff worked well together as a team. The technician had been employed by the company for a year but had not had a formal performance appraisal. The team held 'ad hoc' staff meetings. They were supported by their immediate manager and by the higher management and felt able to raise any issues. The technician had recently raised an issue about the prescriptions for domiciliary people who had their medicines in compliance packs. Because of this, these were now placed in a different coloured basket.

The team members completed regular on-going e-learning, mainly at work. The manager said that he would allocate dedicated study time, in work, for the trainee dispenser. The pharmacist recorded any learning on his continuing professional development (CPD) records. The company sent regular updates regarding the COVID-19 pandemic. It also supported its 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 does not signpost its consultation room so people may not know that there is somewhere private for them to talk.

Inspector's evidence

The premises presented a professional image. It was spacious, tidy and organised. There were dedicated work areas.

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 consultation room but the signpost to this was missing on the day of the inspection. The room had a sink and a computer. People could not be seen or overheard in the consultation room but the design of the room made it difficult for face-to-face consultations. 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 pharmacy had air conditioning and temperature was below 25 degrees Celsius. 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. But they do not record what they have done about any medicine they have received a concern about. This may make it difficult if an issue had to be followed up at a later date.

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 several services in addition to the NHS essential services: the New Medicine Service (NMS), the Discharge Medicine Service, emergency hormonal contraception (EHC), the Community Pharmacy Consultation Service (CPCS), the C-card scheme and seasonal flu vaccinations. It also supplied free COVID-19 lateral flow tests under the current NHS initiative. About five to six people each day requested a box of these.

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 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.

The pharmacy had no substance-misuse clients who had their medicines supervised. 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 and so the pharmacist had a clear clinical history of the patient at the final checking stage.

The pharmacy also supplied medicines, in original packs for the residents of a local nursing home. The nursing home ordered and checked the prescriptions. A pharmacist and a technician were on-site at the home. They informed the pharmacy of any changes or other issues and provided any required counselling or advice. However, the pharmacist at the pharmacy did not know what training the nursing and other staff at the home had received.

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. 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. The pharmacist did the labelling of all prescriptions and so was aware of any prescriptions containing potential drug interactions, changes in dose or new drugs. The pharmacy used 'see the pharmacist' stickers for anyone who needed 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. 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 Badhams Warehouse. Unlicensed thiamine 100mg and vitamin B compound strong, received from the latter, was seen on the shelves. The pharmacy stored its controlled drugs (CDs) tidily in accordance with the regulations. Staff access to the cabinet was appropriate. The pharmacy had several patient-returned 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 but did not print them off. The pharmacist stored the alerts electronically but there was no audit trail indicating that they had been acted on. The pharmacy had received a recent alert about trimethoprim 200mg tablets. The pharmacist said that the pharmacy had none of the affected batches. But there was no audit trail demonstrating this to be the case.

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 four people at a time to enter the premises. The staff had placed tape on the floor, two metres apart, indicating where people should stand. Two robust Perspex screens had been erected across the medicine counter, with small gaps 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 did not have up-to-date, hard versions of common reference books. The pharmacist said that he used the electronic version of British National Formulary (BNF) and the Children's BNF. He said that he would ensure that the whole pharmacy team knew how to access this information.

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.