

Registered pharmacy inspection report

Pharmacy Name: Badham Pharmacy Ltd, Quayside House, Medical Centre, Quay Street, Gloucester, Gloucestershire, GL1 2TZ

Pharmacy reference: 9011668

Type of pharmacy: Community

Date of inspection: 22/02/2022

Pharmacy context

This is a community pharmacy located inside a purpose-built health centre in the Quayside area of Gloucester, Gloucestershire. The health centre serves a large cross section of the local population. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter medicines and offers some services such as the New Medicine Service, local deliveries, and blood pressure monitoring. And it supplies people with medicines inside multi-compartment compliance packs if they find it difficult to take them. This inspection was undertaken 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 has satisfactory processes to identify and manage the risks associated with its services. The pharmacy's team members protect people's private information well. They understand how to protect the welfare of vulnerable people. And they handle their mistakes responsibly. But the pharmacy doesn't always maintain all its records as it should. This could mean that its team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy had very recently relocated into its current premises and had been trading for a few months. Staff explained that the move had happened swiftly and on one day, so they were still in the process of adjusting. The pharmacy had very little walk-in trade but was still busy with assembling repeat prescriptions, multi-compartment compliance packs and providing a local delivery service. The pharmacy team had identified and managed some of the risks associated with its services. This included limiting the spread of infection from COVID-19. The premises had been modified (see Principle 3). Members of the pharmacy team were wearing face masks. They had been vaccinated against COVID-19. The pharmacy had hand sanitisers available. It was cleaned regularly. And risk assessments for COVID-19 had been completed

The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. The pharmacy had a range of documented standard operating procedures (SOPs). They provided staff with guidance on how to complete tasks appropriately. The SOPs were dated from 2020 and due for review. Except for the responsible pharmacist, other members of the team had read and signed them. Team members were clear about their roles and responsibilities. The pharmacist explained that she had only been working at the pharmacy since October 2021 and knew that this was still outstanding.

Once prescriptions had been assembled, the RP usually carried out the final accuracy-check but the accuracy checking technician (ACT) could also assist with this. The inspector was told that this happened rarely. The process involved the RP clinically checking the prescription first before it was assembled by other staff. The clinical check involved a stamp marked with the RP's details. This helped identify that this stage had been completed. The ACT was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process.

The pharmacy had some processes in place to record and learn from its mistakes. There were clear, signposted, and designated areas for certain activities to take place. Staff recorded their near miss errors and said that they were reviewed, but this was informal. No details about this had been documented and very few examples of learning from mistakes could be given. The team had separated pregabalin and staff said that previously, they had placed stickers in front of look-alike and sound-alike medicines. The pharmacy had a documented complaints process. However, the RP confirmed that since the pharmacy had relocated, details about recent incidents had not been documented.

The pharmacy team actively protected people's confidential information. Staff used their own NHS smart cards to access electronic prescriptions. They separated confidential waste before this was removed for disposal. And there was no sensitive information visible from or left in the retail space. The team explained that some of the shelves closest to the counter had been left empty and people's

assembled prescriptions stored further down in the dispensary. This helped prevent unauthorised access to medicines or sensitive information. In addition, they had completed training through the Centre for Pharmacy Postgraduate Education (CPPE) on the General Data Protection Regulation (GDPR). The pharmacy's computer systems were password protected. And staff explained that a further barrier was due to be installed above the area where compliance packs were assembled. This section faced the retail area and would help prevent people leaning over this area or accessing sensitive details. Staff had been trained to level two to safeguard the welfare of vulnerable people through CPPE. Team members could recognise signs of concern, they referred suitably in the event of a concern and the pharmacy had contact details readily available for the local safeguarding agencies. However, the RP had not been trained to a level appropriate to her role. The RP knew that her training was still outstanding which meant that she may not know how to respond to concerns appropriately. The RP was urged to complete this as soon as possible.

Most of the pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records verifying that fridge temperatures had remained within the required range had been completed. The team had not made any emergency supplies or supplied any unlicensed medicines. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and due for renewal after 31 November 2022. The RP record was mostly complete, but some details of when the pharmacist's responsibility had ceased were missing. There were also issues with the electronic register for private prescriptions as some details of the prescribers were incorrect.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to help manage its workload. Members of the pharmacy team have completed the required training for their roles. And they keep their skills and knowledge up to date by regularly completing ongoing training.

Inspector's evidence

The pharmacy team consisted of the RP, who was relatively new to this employment, a full-time dispensing assistant, a pharmacy technician who was a qualified ACT and four delivery drivers. The staff had set jobs and roles but were trained to cover each other. They were observed to work well together. The team was up to date with the workload and in general, the pharmacy had an adequate number of staff to manage its volume of dispensing. Staff covered each other as contingency, they explained that this was manageable, and that cover could be obtained from the company's other local branches if required. Some people had recently been interviewed to work on the medicines counter. This would help free the staff to concentrate on dispensing tasks.

The staff said that they liked working at the pharmacy, they were experienced and long-standing employees of the company. The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Regular team meetings did not take place but because they were a small team, they could easily discuss any issues or areas for improvement. This therefore happened informally. The staff were also provided with resources for ongoing training through various organisations who supported pharmacies (such as CPPE and eLearning for healthcare). And this helped ensure they continually learnt and kept their knowledge up to date. The inspector was informed that the team had been set formal targets by the superintendent. This included achieving 75 of the New Medicine Service by the end of March. The targets set were somewhat unachievable and possibly unrealistic as they had completed very few so far (see Principle 4). The pharmacy's team members, however, took a pragmatic view and were sensible in their approach to this. There were no repercussions if targets were not met.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver healthcare services. The pharmacy has introduced some measures to help reduce the spread of COVID-19 inside its premises. And it is very clean.

Inspector's evidence

The pharmacy premises were inside a brand-new building. The pharmacy was therefore very modern with new fixtures and fittings. It was clean and kept clean by the team. The pharmacy was also bright and suitably ventilated. The premises consisted of a spacious retail area and open plan dispensary. The latter had plenty of bench space for dispensing prescriptions. So, tasks could be carried out safely. Some of the benches, however, could have been tidier. The premises had been modified to help reduce the spread of infection inside its premises. A screen had been positioned in front of the medicines counter as a barrier and hand sanitisers were available for people to use. The pharmacy also had two consultation rooms for private conversations and services although only one was in use, the other was currently being used for storage. The room was spacious which was suitable for the purpose it served. It was kept locked and contained appropriate equipment. However, it was not signposted. This could mean people using the pharmacy's services may not realise that the pharmacy had this space available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services in a safe manner. People can easily use the pharmacy's services. The team actively look to improve people's health outcomes. The pharmacy obtains its medicines from reputable sources. It generally manages and stores them appropriately. And it supplies medicines inside multi-compartment compliance packs safely. But the pharmacy doesn't always identify people who receive higher-risk medicines and make the relevant checks. This limits its ability to show that people are provided with appropriate advice when supplying these medicines.

Inspector's evidence

People could enter the pharmacy from the street through a wide, front door and from inside the health centre. Clear, open space inside the retail area helped people with wheelchairs or restricted mobility to easily use the pharmacy's services. Two seats were present for a few people to wait for their prescriptions if needed. The building had a free car park for people using the surgery and there was plenty of car parks as well as on-street parking in the vicinity. Staff explained that they wrote information down to help people who were partially deaf, lowered their face masks for people to lip read and spoke slowly and clearly. They also used 'google translate' for people whose first language was not English and had access to an interpreter line. The RP could speak Italian. And the pharmacy's opening hours were listed on the front door as well as inside the retail area.

Staff held documented information to help signpost people to other services if required. This included actively signposting people for smoking cessation and weight management to the Gloucestershire Healthy Lifestyles Service. People had fed back to the team about achieving successful outcomes through this organisation. Footfall inside the pharmacy was low. The pharmacy currently only offered the NMS by telephone and had very recently started taking people's blood pressure measurements. Staff identified people prescribed anti-hypertensive medication, notes were placed on assembled prescriptions to alert the pharmacist when people came in to collect them so that this service could be offered. However, the inspector was told that providing this service was difficult because of the low footfall and high level of deliveries the pharmacy provided. The pharmacy's team members described completing an audit about people prescribed anticoagulant therapy. Through this, they had identified that some people had been co-prescribed aspirin and clopidogrel or clopidogrel and apixaban. They were referred to their GP accordingly. Staff also said that they routinely monitored and carried out interventions on people's prescriptions. If any anomalies were noted, they were fed back to the person's GP. The team was aware of the risks associated with valproates. Appropriate literature was available to provide to people at risk when supplying valproates. However, people prescribed other higher-risk medicines were not routinely identified, asked relevant questions or details about their treatment recorded.

The pharmacy supplied many people's medicines inside multi-compartment compliance packs once the person's GP had identified a need for this or a referral had been received. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Staff identified any changes that may have been made, updated their records to reflect this and queried with the prescriber if required. 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.

People's medicines were delivered to them and specific records were kept about this service. Due to the pandemic, contactless deliveries were currently taking place. 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 driver mentioned that medicines were put through some people's letterboxes. Staff confirmed that consent for this was obtained first, relevant risks (such as whether people had pets) were checked and assessed beforehand and these details were documented before this happened.

The workflow in the dispensary involved staff preparing prescriptions 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 from one place to another. They were also colour coded which helped identify priority and any that required delivery. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy used licensed wholesalers such as Alliance Healthcare, AAH and the company's own warehouse to obtain medicines and medical devices. Team members confirmed that they date-checked medicines for expiry regularly and short-dated medicines were identified. There were no date-expired medicines seen. However, a schedule of when this had happened had not been kept as required by the pharmacy's relevant SOP. Team members said that the previous records had been sent to their head office. This was discussed with the staff at the time. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps or needles provided they were in sealed bins. Counter staff could easily identify returned medicines which were hazardous or cytotoxic and the designated containers that they needed to be stored within. However, there was no list on display to help guide them, but the team said that they had one available somewhere. Implementing this was stressed at the time. Drug alerts were received by email and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is suitably clean. And its equipment ensures people's private information is secure.

Inspector's evidence

The pharmacy had a suitable range of equipment and facilities. This included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles with a separate one for cytotoxic medicines, a tablet counting machine, a legally compliant CD cabinet and appropriately operating pharmacy fridges. Portable appliance testing (PAT) had been carried out in 2021. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Staff used cordless telephones for private conversations to take place if required and the pharmacy's computer terminals were positioned in a way that prevented unauthorised access.

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.