

# Registered pharmacy inspection report

**Pharmacy Name:** Badham Pharmacy Ltd, Wilson Health Centre, 236  
Prestbury Road, Cheltenham, Gloucestershire, GL52 3EY

**Pharmacy reference:** 9011904

**Type of pharmacy:** Community

**Date of inspection:** 14/08/2024

## Pharmacy context

This is a community pharmacy in a residential area of Cheltenham, Gloucestershire. The pharmacy is in a Health Centre which also has two GP surgeries. The pharmacy dispenses NHS and private prescriptions, sells a few over-the-counter medicines, and provides health advice. It also offers the New Medicine Service (NMS), local deliveries, blood pressure checks and the Pharmacy First scheme. In addition, its team members provide multi-compartment compliance packs for people who find it difficult to manage their medicines at home as well as supplying medicines to a residential care home. The pharmacy also operates a collection point where people can collect their medicines outside of the pharmacy's opening hours.

## 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy regularly reviews and monitors the safety and quality of its services.
		1.8	Good practice	The pharmacy's team members actively ensure the welfare of vulnerable people. They can demonstrate taking appropriate action when concerns are identified. And the pharmacy has the relevant processes in place to assist with this. and team members are suitably trained.
<b>2. Staff</b>	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, or they are undertaking the right training. And the pharmacy gives them plenty of support.
<b>3. Premises</b>	Standards met	3.1	Good practice	The pharmacy premises are professional in appearance with ample space available to help ensure pharmacy services are provided appropriately.
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy takes extra care to make sure its services are provided safely. Members of the pharmacy team routinely ensure safe practice is in place for people requiring additional services and when prescribed higher-risk medicines. And they record the advice they give.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services well. Members of the pharmacy team thoroughly monitor the safety of their services by recording their mistakes and learning from them. They actively protect the welfare of vulnerable people. The pharmacy safeguards people's confidential information appropriately. And it maintains its records as it should.

### Inspector's evidence

The pharmacy was clean, tidy, with clear benches in the dispensary, organised processes in place and very capable members of staff. The pharmacy had current documented and electronic standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. The staff had read them. Members of the pharmacy team understood their roles well and worked in accordance with the company's set procedures. Team members had set tasks, but readily helped where needed to efficiently manage the workload. Staff worked independently of the responsible pharmacist (RP) in separate areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Designated and clearly labelled areas in the dispensary ensured different processes took place efficiently. This included a section for people who required multi-compartment compliance packs, a section where prescriptions were labelled and prepared, assembled prescriptions requiring delivery, owed medicines and a section for the pharmacist to undertake the final accuracy-check of assembled prescriptions. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. The baskets were also colour-coded to highlight priority and different types of prescriptions. 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 RP's process to manage incidents was suitable and in line with requirements. The team's near miss mistakes were regularly recorded, analysed, and reviewed formally every month which helped identify any trends or patterns. Necessary changes were then implemented.

Staff had been trained to safeguard the welfare of vulnerable people. The pharmacist had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Team members could recognise signs of concerns; they knew who to refer to in the event of a concern and described concerns seen as well as how they had responded. The pharmacy's team members were also trained to protect people's confidential information. 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. 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's records were maintained in accordance with legal 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. The pharmacy had suitable professional indemnity insurance arrangements in place. Records about emergency supplies, private prescriptions, the RP record, and records verifying that fridge temperatures

had remained within the required range had been appropriately completed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the appropriate skills, qualifications, or are being appropriately supervised to deliver the pharmacy's services. And the pharmacy provides them with plenty of support as well as the resources they need, so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

### Inspector's evidence

Team members present at the inspection included the regular RP who was also the manager, two trained dispensers and a medicines counter assistant, who was newly employed. Following the last inspection, staff explained how the situation had improved. More staff had been employed, they had been enrolled onto the appropriate accredited training, contingency cover was arranged when needed and legitimate concerns were now listened to as well as predominantly acted upon. The pharmacy's team members worked well together. They knew which activities could take place in the absence of the RP and referred appropriately. Relevant questions were asked before selling medicines. Meetings and discussions took place regularly between them. Formal performance reviews had taken place and the staff were provided with resources for ongoing training. This helped ensure they continually learnt and kept their knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises provide a suitable environment for people to receive healthcare services. The pharmacy is kept clean, it is secure, designed well and professionally presented. And it has a separate space where confidential conversations or services can take place.

### Inspector's evidence

The pharmacy premises were new with modern fixtures and fittings and had been designed well. The premises included a retail area with two entry points, two consultation rooms, a large dispensary, and staff areas to one side. The dispensary was very spacious with ample space to carry out dispensing tasks safely. There were designated sections for various activities to take place and for storage. Every area was well signposted and kept clear of clutter. The consultation rooms were also spacious. They were kept locked when not in use and were appropriate for their intended purpose. The pharmacy was clean and tidy. The premises were bright, suitably ventilated, and professional in appearance. The ambient temperature was suitable for the storage of medicines. The pharmacy was secured against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is operating safely. Its team members identify and provide appropriate advice to people with higher-risk medicines. And they keep suitable records of that advice. This helps ensure people take their medicines correctly. People can easily access the pharmacy's services and the pharmacy provides a range of useful services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well.

### Inspector's evidence

People could either enter the pharmacy through the health centre or via the front door. This was wide and accessible from a ramp outside. The retail area consisted of clear, open space and wide aisles which helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. There were four chairs inside the pharmacy if people wanted to wait for their prescriptions and a car park was available outside. Staff could make suitable adjustments for people with diverse needs, they used simple language to aid people when required. They also described speaking slowly and clearly to help people to lip read and provided written communication for people who were deaf or partially deaf. Team members were aware of the local health facilities to signpost people accordingly if this was required and had access to documented information to assist with this. The pharmacy's opening hours, and various information as well as leaflets were on display to help promote health or services.

To help people to access their medicines easily, the pharmacy provided an automated collection point. Dispensed prescriptions were stored inside, they could be collected from a vending machine which could be accessed by people 24 hours a day and on seven days of the week. The machine was located to one side of the premises, with the internal section accessible from one end of the retail area. This section was kept locked and the unit itself was shuttered and alarmed. The pharmacy had deregistered the area in which the vending machine was situated with the GPhC, so that a RP and their supervision was not required. This meant that the vending machine could then operate outside the pharmacy's opening hours. The pharmacy had obtained written consent from people to sign up to the service and there was an SOP to provide guidance to the team. Prescriptions for CDs, fridge and bulky items were not included as part of the service. The RP described calling people beforehand if counselling was required. This included prescriptions with higher-risk medicines or where pharmacist intervention was required.

The pharmacy offered the Pharmacy First service which enabled people to access medicines for seven minor conditions, without needing to see their GP and after an appropriate consultation with the pharmacist. The RP was familiar with and had read as well as signed the service specification and patient group directions (PGDs) which authorised these supplies. She also kept the necessary records for each supply.

The pharmacy supplied 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. Any queries were checked with the prescriber and the records were updated accordingly. 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 the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and in general, no medicines were left unattended. People occasionally requested for the latter to take place, staff made appropriate checks, documented details and could justify this practice when it had been required.

Team members were aware of risks associated with valproates. Staff ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and had identified people at risk, who had been supplied this medicine. People were counselled accordingly. The team also routinely identified people prescribed other higher-risk medicines. When these people's assembled medicines were handed out, staff asked details about relevant parameters, such as blood test results and after obtaining this information, they kept suitable records about this.

The pharmacy obtained medicines and medical devices from licensed wholesalers, and they were seen to be stored in an organised way. Staff date-checked medicines for expiry regularly, they kept records of when they did this and routinely identified short-dated medicines. CDs were stored under safe custody and medicines were kept appropriately in the fridge. Dispensed medicines requiring refrigeration were stored within clear bags which helped to easily identify the contents upon hand-out. Medicines returned for disposal, including sharps, were accepted by staff, and stored within designated containers. Drug alerts were received electronically, actioned appropriately and 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 clean and used in a way which protects the privacy of people using the pharmacy's service.

### Inspector's evidence

The pharmacy's equipment and facilities included access to suitable reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, a legally compliant CD cabinet and appropriately operating pharmacy fridges. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. The blood pressure machine was new. Relevant equipment for the Pharmacy First scheme had also recently arrived. This included an otoscope, pulse oximeter, thermometer, and torch for example. Computer terminals were positioned in a location that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and confidential waste was suitably disposed of.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.