

# Registered pharmacy inspection report

**Pharmacy Name:** Apple Tree Pharmacy, 6 Chelmer Village Centre,  
CHELMSFORD, Essex, CM2 6RF

**Pharmacy reference:** 1031068

**Type of pharmacy:** Community

**Date of inspection:** 20/11/2019

## Pharmacy context

The pharmacy is in a small village square on the outskirts of Chelmsford in Essex. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication into multi-compartment compliance packs for some people who need help managing their medicines. It delivers medicines to people in their own homes on one day a week. The pharmacy offers a range of Health-checks including blood pressure and cholesterol. The pharmacy administers flu vaccinations during the winter season and a private travel vaccination clinic throughout the year. The pharmacist is an independent prescriber and uses this qualification for travel services and minor ailments. The pharmacist provides an aesthetics clinic providing Botox, dermal fillers and skin peels.

## 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 team members record and regularly review incidents. They can show how this improves safety and is discussed with the team. |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A   |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A   |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A   |
| <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 to help provide them safely. It records and regularly reviews its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe.

### Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed monthly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The team members had identified that the most likely time for an error to occur was when owed items were being dispensed. As a result of this the whole team had been briefed to raise awareness and additional checks were introduced for this process. The team members had also reviewed and changed the workflows for owings to reduce future risks. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the open culture in the pharmacy where mistakes were discussed to reduce future risk.

The pharmacist said that people liked the friendly and helpful team. Because the consultation room was located at the rear of the pharmacist, some people were not aware of this and the pharmacy introduced additional signage to highlight this. The complaints procedure was included in the practice leaflet. People were encouraged to complete an annual satisfaction survey. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. These included: the private prescription register (for private prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD balance checks were done regularly. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation and had signed confidentiality agreements.

The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. Team members could give an example of a safeguarding concern that they had previously identified. There were contact details available for the local safeguarding team.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained, and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

### Inspector's evidence

There was one regular full-time pharmacist and one part-time registered technician. There was a full-time trained dispenser and a part-time Medicines Counter Assistant. Team members had completed accredited courses. The pharmacy team were up-to-date with current prescriptions and routine tasks. Dispensary team members were also counter trained to provide a skill mix in the pharmacy.

The pharmacy team undertook informal on-going learning to keep up-to-date with new products and changes in procedures. The dispenser regularly read articles in the Pharmaceutical Journal and the pharmacist attended regular training courses. The pharmacist was aware of the requirements for professional revalidation.

All the staff had annual appraisals which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. The dispenser said that she felt comfortable about making suggestions for changes in the pharmacy and the team had recently reorganised the stock shelves to improve stock selection and workflows. Targets and incentives were not used in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area. The consultation room is maintained to a high standard.

### Inspector's evidence

The pharmacy had tiled floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout. The pharmacy had imminent plans to install an air-conditioning unit ready for the summer. Team members monitored the room temperature with a thermometer to ensure that medicines were stored at the right temperature.

There was a clean, bright and well-maintained consultation room with handwashing facilities and a good level of soundproofing where people could consult pharmacy team members in private. This was located at the rear of the dispensary and team members escorted people through the dispensary to minimise the risk of an accidental disclosure of confidential information. The room was maintained to a high clinical standard. The pharmacy premises were kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use.

### Inspector's evidence

The pharmacy was accessed via a wide door at path level with an automatic opener. There was an open layout and clipboards to assist wheelchair users. The pharmacy team had trained as Dementia Friends and large print labels were generated on request. The pharmacist was fluent in Hindi and Gujarati and this was sometimes used to help people access pharmacy services.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. The pharmacy had scanners to decommission medicines in accordance with the Falsified Medicines Directive.

The pharmacy counselled people on high-risk medicines such as lithium, warfarin and methotrexate but the pharmacists did not routinely enquire about whether they were having blood test related to these medicines. They also provided additional advice to people about how to take these medicines safely. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all the people they had dispensed valproate containing medication for and issued the published support materials.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy highlighted each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. These were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the medicines. The pharmacy routinely supplied patient information leaflets with packs to people. The pharmacy had record sheets to record any changes to medication in the packs and to help with effective team communication. The person's GP requested when people should receive their medication in compliance packs. The pharmacy conducted a needs assessment before starting people on the packs. The pharmacy also had a medicines reminder text service.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needlestick injury avoidance

The pharmacist used an online assessment tool to ensure that people received the most up-to-date vaccination advice for the area they were travelling to. The pharmacist attended courses and additional training to ensure that she prescribed within her area of competence. The pharmacist had a level 7 qualification in aesthetic medicine to ensure that these products were administered safely.

Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for its services and it largely maintains it well. It uses its equipment to help protect people's personal information.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination.

There was a blood pressure monitor which was replaced annually. There was a cholesterol meter which was checked using control samples each month. There was also a range of appropriate infection control materials including single-use finger prickers, gloves and surface wipes. Anaphylaxis equipment was present and in date.

All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract.

There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using a shredder.

### 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.  |