

Registered pharmacy inspection report

Pharmacy Name: Chesham Pharmacy, 252 Berkhamstead Road,
CHESHAM, Buckinghamshire, HP5 3ET

Pharmacy reference: 1104063

Type of pharmacy: Community

Date of inspection: 09/08/2022

Pharmacy context

This is a community pharmacy located on a main road, on the outskirts of the market town of Chesham, Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter medicines and provides advice. The pharmacy also offers local deliveries and supplies multi-compartment compliance packs to people if they find it difficult to take their medicines on time.

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 is operating in a safe and effective manner. It has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy maintains most of its records as it should.

Inspector's evidence

The pharmacy's ownership had changed very recently but it was observed to be organised, tidy and well-run with competent staff during the inspection. The pharmacy had identified and managed the risks associated with its services appropriately. A range of documented standard operating procedures (SOPs) were readily available to provide guidance on how to complete tasks appropriately. This included a business continuity plan. The SOPs had been implemented and reviewed recently. They were in the process of being read as well as signed by members of the pharmacy team. And staff were clear on their roles and responsibilities. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had processes in place to record and learn from its mistakes, although some of this was from the previous ownership. Separate areas of the dispensary were used to dispense and process different prescriptions, walk-ins were assembled and checked from the front section and a segregated area was used to store and assemble multi-compartment compliance packs. Team members kept records when near miss mistakes happened, and they were regularly reviewed. Labels had been placed in front of look-alike and sound-alike medicines and medicines that were commonly mistaken such as prednisolone had been separated. Details of the pharmacy's complaints process was also on display. The pharmacy had a complaints and incident handling process in place. Staff confirmed that there had been no dispensing incidents or formal complaints since the pharmacy's ownership had changed.

The pharmacy ensured people's confidential information was kept secure. Staff used their own individual NHS smart cards to access electronic prescriptions. Confidential waste was separated and shredded. And the pharmacy's computer systems were password protected. The responsible pharmacist (RP) and pharmacy technician were trained to level two to safeguard the welfare of vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had flow charts, policies in place to guide the team on the process to take in the event of a concern and contact details for the local safeguarding agencies were readily available.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included records of controlled drugs, unlicensed medicines, emergency supplies in general, and records verifying that fridge temperatures had remained within the required range. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and due for renewal after 28 February 2023. However, there were some gaps within the electronic RP register where pharmacists had not signed out and there were missing or incorrect details about prescribers documented within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to dispense medicines safely. Team members are competent and trained through accredited routes. And they keep their knowledge and skills up to date.

Inspector's evidence

Team members at the inspection included a locum RP and a full-time pharmacy technician. The pharmacy had no regular pharmacist at present but there were two other part-time, trained dispensing assistants and two drivers. Certificates to verify their training and qualifications were on display. The pharmacy's staffing profile was appropriate to support the current workload and the team was up to date with this.

Staff knew which activities could occur in the absence of the RP and details about this were also on display. This provided easy reference. Team members referred appropriately, they held the appropriate knowledge about over-the-counter medicines and relevant questions were asked before selling medicines. As they were a small team, they could discuss relevant matters easily, support and regular contact was provided by the new owners.

Members of the pharmacy team had previously completed ongoing training via resources that had been provided through the previous ownership. They described keeping their knowledge and skills up to date by completing courses online, through the CPPE and other online pharmacy websites. There were no formal or commercial targets set to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver healthcare services. The pharmacy is secure. And it has separate spaces to assist with confidential conversations or where services can take place.

Inspector's evidence

The pharmacy's premises consisted of a small retail area with a larger dispensary at the rear, with storage areas and staff facilities located upstairs and to one side. The dispensary had plenty of space to carry out dispensing tasks safely. A signposted consultation room was present in the retail space. This was of an adequate size for its intended purpose. It was clear of clutter. Part of the front medicines counter was screened which meant that confidential conversations could take place or medicines could be handed out discreetly. The premises were bright, well ventilated and professional in appearance. The pharmacy was clean and regularly cleaned by the team. Parts of the pharmacy had been adapted to help reduce infection during the COVID-19 pandemic. This included screens being placed in front of the medicines counter and markers on the floor to assist with social distancing.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has organised processes in place. It obtains its medicines from reputable sources, and it stores as well as manages its medicines appropriately. The pharmacy also supplies medicines inside multi-compartment compliance packs safely. But its team members don't always identify people who receive higher-risk medicines and make the relevant checks. This limits the pharmacy's 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 and the retail space was made up of clear, open space, although, it was on two levels with stairs in the centre. This could mean that people using wheelchairs or with restricted mobility may have struggled to reach the front counter. Footfall in the pharmacy, however, was observed to be low and staff were seen to quickly attend to people walking through the door. Hence, this could be easily overcome.

The workflow in the dispensary involved prescriptions being downloaded and prepared in one area and the RP checked medicines for accuracy from another section. Baskets were used to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once the dispensing labels had been generated, there was a facility on them to help identify who had been involved in the dispensing processes. This was routinely used as an audit trail.

The pharmacy supplied people's medicines inside compliance packs once a need for this had been identified and staff had liaised with the person's GP. 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. Compliance packs were not left unsealed overnight after they had been prepared, 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.

The pharmacy also provided medicines as original packs to residents inside two care homes. The care homes ordered repeat prescriptions for the residents themselves, and once received, they were sent to the homes for them to check whether there were any changes or missing items. The team obtained information about allergies and recorded this on the medication administration record (MAR). No requests had been made for covert administration. The team routinely supplied PILs and interim or medicines which were needed mid-cycle were dispensed at the pharmacy.

People's medicines were delivered to them by one of the two employed drivers. The pharmacy kept records about this service. Failed deliveries were brought back to the pharmacy, staff contacted people about the attempt made before trying to re-deliver and no medicines were left unattended.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare and phoenix as well as the company's own warehouse to obtain medicines and medical devices. Staff date-checked medicines for expiry regularly and kept records of when this had taken place. Short-dated medicines were identified and there were no date-expired medicines seen. Dispensed medicines requiring refrigeration were stored within clear bags. This helped to easily identify the contents upon hand-out. CDs were stored under safe custody. Medicines returned for

disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were referred appropriately. Drug alerts were previously received by email, actioned appropriately and records kept. Staff still received personal alerts about them but were unsure of the company's process. They were advised to check this at the time. The team was aware of the risks associated with valproates and who was supplied higher-risk medicines. Appropriate checks and counselling had taken place before people at risk had been supplied valproates. However, people prescribed other higher-risk medicines were not routinely identified, asked relevant questions or details about their treatment recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy largely has the appropriate equipment and the facilities it needs to provide its services safely. Its equipment is clean and used in way that ensures people's private information is kept secure.

Inspector's evidence

The pharmacy's equipment and facilities included current versions of reference sources, 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. Lockers were available to store the team's personal belongings. Confidential information was shredded. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions and stored them securely overnight. However, there were plastic conical measures amongst the standardised ones which were being used to reconstitute medicines. This meant that they had not been manufactured to standardised requirements which could lead to inaccurate measurements and doses being administered. Removing and replacing them was advised at the time.

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.