

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, 7 Green Lane, Chinley, HIGH PEAK,
Derbyshire, SK23 6BA

Pharmacy reference: 1029746

Type of pharmacy: Community

Date of inspection: 09/09/2019

Pharmacy context

This is a community pharmacy located in the centre of the village. Most people who use the pharmacy are from the local area. The pharmacy mainly dispenses NHS prescriptions and sells a range of over-the-counter medicines.

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	2.2	Good practice	The pharmacy team members have the appropriate skills, qualifications and competence for their role and are supported to address their ongoing learning and development needs.
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 generally manages risks to make sure its services are safe, and it keeps the records required by law. Members of the pharmacy team are clear about their roles and responsibilities. They keep people's private information safe and complete training, so they know how to protect children and vulnerable adults. They do not always make full records of their mistakes and review them, so may be missing out on some learning opportunities.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided. One of the pharmacy technicians (PTs) had not signed to show that she had read and accepted the SOPs, but she confirmed that she had read them and was following them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and identity badges. The incorrect name of the responsible pharmacist (RP) was on display at the start of the inspection, but this was corrected when pointed out. A business continuity plan was in place which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services.

Dispensing incidents were reported on the intranet which was accessible to the pharmacist superintendent (SI). A copy of the report was printed of and retained in the pharmacy. Learning points and actions taken to prevent re-occurrence had not been included in the report of the most recent incident when indapamide tablets had been supplied in error against a prescription for imipramine tablets, but the team had been made aware of the incident. It was thought that the high temperature in the pharmacy on the day of the incident may have affected the team's concentration, as it was during a heat wave and the pharmacy did not have air-conditioning. Fans were in operation. One or two near misses had been recorded each month and the pharmacy manager confirmed these were discussed with the pharmacy team. But there was no documented review or analysis, so additional learning opportunities might be limited. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out. 'Check drug' stickers were in front of some look-alike and sound-alike drugs (LASAs) so extra care would be taken when selecting these. Similar packaging was highlighted.

A notice was on display on the medicine counter with the complaint's procedure and the details of who to complain to. It was also outlined in practice leaflets which were on display. A customer satisfaction survey was carried out annually. A summary of the results from the previous survey were on display and were very positive, with all respondents rating the pharmacy very good or excellent. A summary was also available on www.NHS.uk website. Areas of strength (100%) were advice on leading a healthier lifestyle, being able to speak without being overheard and cleanliness of the pharmacy. Previous feedback from people had been that the waiting area was too near to the medicine counter, so the chairs were moved to the other end of the pharmacy to improve privacy. Opening hours had been reviewed after suggestions that the pharmacy should open on a Saturday, but it was decided that this was not feasible, and a neighbouring branch was open on Saturdays.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supply records were maintained but the incorrect prescriber had been entered on one of the samples checked, which might cause confusion if

there was a query or problem. A private prescription had been faxed to the pharmacy in August 2019, but not yet been reconciled with the original. The pharmacy manager confirmed she would ensure the original was obtained. The RP record and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Relevant documents on information governance (IG) were kept in a designated file and included the details of annual IG audits. A PT confirmed she had completed training on confidentiality. She correctly described the difference between confidential and general waste. Confidential waste was collected in a designated bin, bagged up, sealed and sent to head office for destruction. Assembled prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR) and leaflets 'your data matters to the NHS' were on display with the details of the information commissioner's office (ICO) and the NHS. Consent was received when summary care records (SCR) were accessed and access was recorded as an intervention on the patient medication record (PMR) system.

The pharmacy manager and PTs had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. There were SOPs and policies on safe guarding children and vulnerable adults. A PT said she would discuss any concerns with the pharmacy manager who said she would obtain advice from the SI if necessary, but pointed out the contact numbers of who to report concerns to in the local area, which was on display. The pharmacy had a chaperone policy, but there was nothing on display highlighting this, so people might not know this was an option. Members of the pharmacy team had completed dementia friends training and so had a better understanding of patients living with this condition.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the right qualifications for the jobs they do. The pharmacy encourages them to keep their skills up to date and supports their development. The team members work well together and can raise concerns. They are comfortable providing feedback to their manager and receive feedback about their own performance.

Inspector's evidence

There was a pharmacy manager (RP) two PTs and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the patients. The area manager could be contacted to organise assistance from a relief team of dispensers and the pharmacy had regular support one day a week from this team. There was a second employed pharmacist and the two pharmacists managed the pharmacy between them on a job share basis.

Members of the pharmacy team carrying out services had completed the appropriate training. One of the PTs described how she identified training she needed to complete following discussions with patients when she was required to look up information. She used incidents such as this to complete continuing professional development (CPD). She had organised a peer review discussion but had not carried it out yet. The team completed training when requested by head office and some certificates were on file to show what had been recently completed. For example, cervical cancer, risk management and children's oral health.

The pharmacy team did not have regular protected training time but were given time to complete training when required. The PT said there were training events organised by head office which some members of the team attended, although she had not been to any recently. The pharmacy team were given formal appraisals where performance and development were discussed and were given positive and negative feedback informally by the pharmacy manager. Issues were discussed as they arose within the team. Bulletins and e-mails were sent from head office and the pharmacy manager ensured the team had read and acted on these.

A PT felt there was an open and honest culture in the pharmacy and said she felt comfortable talking to the pharmacy manager about any concerns she might have. She explained that there were no dedicated counter assistants, and the PTs were required to answer the telephone and serve people on the medicine counter. She felt this was causing distractions and she had discussed this concern with the pharmacy manager. It had become a particular problem when the workload increased dramatically due to the flood risk at Whaley bridge, when local residents were evacuated, and some GP surgeries closed. The PT said the pharmacy manager listened to her concerns and was working to find a solution. There was a whistleblowing policy and the team could make suggestions or criticisms informally.

The pharmacy manager said she felt empowered to exercise her professional judgment and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine because she felt it was inappropriate. She said targets were set for Medicines Use Review (MUR) and New Medicine Service (NMS), and were closely monitored by the company but she didn't feel under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises generally provide a professional environment for people to receive healthcare. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy premises including the shop front and fascia were clean and in an adequate state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with four chairs. The temperature and lighting were adequately controlled, although the room temperature had become uncomfortably high a few weeks ago when there was heat wave, as there was no air conditioning and the team relied on fans. The pharmacy was in an older building and the pharmacy manager said that some customers had commented that it was rather dated. This had been reported to head office and the company's response was that structural and cosmetic repairs have been raised with the relevant departments within the company. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue. The lock on the back door had recently been replaced.

Staff facilities were limited to a very small kitchen area, and a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sink. Hand sanitizer gel was available. The consultation room was small but was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door and in the practice leaflet.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. Services are generally well managed, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. A list of the services provided by the pharmacy was displayed in the window of the pharmacy with the opening hours. There were posters advertising local services. For example, sexual health services in Derbyshire. The pharmacy team were clear what services were offered and where to signpost to a service not offered. For example, needle exchange. A folder was available containing relevant signposting information which could be used to inform patients of services and support available elsewhere.

There was an effective display showing the sugar in a selection of drinks and above it was information on children's oral health. The pharmacy manager said this display had generated a lot of interest and discussion. The pharmacy had started a 'Know your Numbers' campaign where customers could have their blood pressure tested for free. There was a form to record signposting and providing healthy living advice, but it had not been used for the last few months, so it was therefore difficult to monitor the effectiveness of the health promotional activities.

There was a delivery service with associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. Space was quite limited in the dispensary, but the work flow was organised into separate areas with a designated checking area. The dispensary shelves were quite full due to the small amount of space available, but they were reasonably well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist advice' stickers were used to highlight counselling was required and high-risk medicines such as warfarin and methotrexate were targeted for extra checks and counselling. INR levels were requested and recorded when dispensing warfarin prescriptions. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and no patients had been identified in the at-risk group. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. MUR stickers were used to highlight patients who would benefit from this service. There was a colour coded retrieval system, so any medicines not collected could be taken off the shelves at the end of the month, to free up space and increase efficiency. A record was maintained of this.

Around 34 patients received their medication in multi-compartment compliance aid packs. These were well managed with an audit trail for communications with GPs and changes to medication. A dispensing

audit trail was completed, and medicine descriptions were usually included on the packaging to enable identification of the individual medicines. Packaging leaflets were not always supplied, despite this being a mandatory requirement. Disposable equipment was used. An assessment was completed for all new patient to ensure that a multi-compartment compliance aid pack was the most appropriate support for that individual patient.

A PT knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. The pharmacy had the required hardware and software needed to comply with the Falsified Medicines Directive (FMD). The pharmacy team had completed training but had not got into the routine of scanning to verify or decommission medicines before handing out so were not currently complying with FMD.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. Alerts and recalls were received via e-mail messages from head office. These were read and acted on by a member of the pharmacy team and then filed. A record of the alert and the action taken was made on a matrix providing assurance that the appropriate action has been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use and use it in a way that protects privacy.

Inspector's evidence

The pharmacy team could access approved professional websites for the most up-to-date information. For example, electronic medicines compendium (eMC) and electronic BNF.

There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.