

# Registered pharmacy inspection report

**Pharmacy Name:** Peak Pharmacy, 1 Burton Road, DERBY, Derbyshire,  
DE1 1TH

**Pharmacy reference:** 1030327

**Type of pharmacy:** Community

**Date of inspection:** 10/04/2019

## Pharmacy context

This is a busy community pharmacy located next door to a medical centre, not far from Derby city centre. Most people who use the pharmacy are registered at the medical centre next door. The pharmacy dispenses NHS prescriptions and provides other NHS funded services. The pharmacy team also dispenses medicines into weekly packs for people that can sometimes forget to take their medicines.

## 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	N/A	N/A	N/A
<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 effectively manages the risks associated with the services to ensure people are kept safe. People can give feedback and make a complaint about the services. Members of the pharmacy team are clear about their responsibilities and follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

### Inspector's evidence

The pharmacy owners officially changed from WR Healthcare Ltd (trading as Manor Pharmacy) to PCT Healthcare Ltd (trading as Peak Pharmacy) on 1 October 2018. In the 12 to 18 months prior to the change there had been a change of company directors, a change of superintendent (SI) and a company restructure.

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been prepared by head office and were the same across the pharmacies in the company. Signature sheets were used to record staff training. Most pharmacy staff were seen to have read and signed SOPs specific to their job role. One dispensing assistant had not signed the SOPs but appeared to have read them as she explained the 'Monitored Dosage System Dispensing' SOP during the inspection and highlighted the additional steps she had added to the SOP within the branch. Roles and responsibilities of pharmacy staff were highlighted within the SOPs. The responsible pharmacist (RP) said that he had been sent an email and had been informed that some updated SOPs were being sent from head office but he was unsure which ones they would be replacing.

Near miss logs were in place and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A trainee dispensing assistant explained that each near miss was discussed at the time to see if there were any reasons for the near miss and it was used as a learning opportunity. There was a space at the bottom of the near miss log for the pharmacy manager to record a monthly review of the near miss logs for patterns and trends. The dispenser gave examples of where LASA (look alike, sound alike) medicines had been highlighted to reduce the risk of selecting the wrong medicine during dispensing. The branch manager had used red tape around some high-risk medicines such as warfarin, gliclazide and digoxin.

Dispensing incidents (dispensing errors for example) were recorded using an online template forms and reported to the SI. An example of a previous dispensing error was discussed and the RP explained how the branch processes had been updated to reduce the risk of a similar error occurring in the future.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant answered hypothetical questions related responsible pharmacist absence correctly.

The complaints, comments and feedback process was explained to people in the practice leaflet which was available in the shop. People could give feedback to the pharmacy team in several different ways; verbal, written, to head office and the annual NHS Community Pharmacy Patient Questionnaire (CPPQ) survey. The branch team tried to resolve issues that were within their control and passed any formal complaints to head office. The pharmacy team had reviewed the dispensing process for electronic prescriptions based on feedback. Prescriptions were labelled and the stock ordered on the day they were received from the surgery so that if someone collected their prescription before it had been assembled it could be found easily and the stock would have been received from the wholesaler. The results of the 2018 to 2019 patient survey were displayed in the shop.

The pharmacy had up-to-date insurance arrangements in place.

The responsible pharmacist (RP) notice was prominently displayed and the electronic RP log was seen to be compliant with requirements.

CD registers were in order. The RP intended to complete monthly CD balance checks although these were not always done every month. Two random balance checks matched the balances recorded in the register. A patient returned CD register was in use and returned CDs were destroyed promptly after receipt.

Private prescriptions were recorded electronically. A sample of entries was seen to generally comply with legal requirements. But, the incorrect prescriber was recorded on one of the records. Specials records were maintained with an audit trail from source to supply. NHS Medicines Use Review (MUR) consent forms were seen to have been signed by the person receiving the service. Prescription deliveries were made by the company driver and signatures were obtained as proof of delivery.

Confidential waste was stored separately to normal waste and sent to head office for destruction. No confidential information could be seen from the customer area. Head Office completed the 2019 NHS Data Security and Protection Toolkit on behalf of the branch. The RP could access NHS Summary Care Records and confirmed that Smart Card passcodes were not shared.

Pharmacy staff answered hypothetical safeguarding questions correctly. Staff gave examples of potential safeguarding issues; local safeguarding contacts were available and had been used to report concerns. The RP had completed CPPE training on safeguarding and there was a SOP for safeguarding.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy provides services using a team with a range of skills and experience. The pharmacy staff levels and contingency plans mean that on occasions the team struggle with the workload.

The pharmacy team members work well together. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services. But they do not have regular performance reviews. This could mean that gaps in their skills and knowledge are not identified and supported.

### Inspector's evidence

The pharmacy team comprised of a pharmacy manager (RP at the time of the inspection), accuracy checking dispensing assistant (ACDA), a dispensing assistant, a trainee dispensing assistant and a medicine counter assistant.

On the day of the inspection there was a member of staff off sick and one was attending a training course. So, the RP and trainee dispensing assistant were prioritising their workload and dispensing walk-in prescriptions and dispensing other prescriptions when the person came to collect them, as they were a couple of days behind on dispensing electronic prescriptions. The dispenser that was attending a training course at Head Office on Health and Safety had still been asked to attend the training despite being behind with the workload and having a member of staff off sick. The RP contacted the area manager and requested additional dispenser cover so that staff could answer questions for the inspection.

Staffing levels were reviewed by head office and the team felt that the current staffing level generally met the workload although they felt short staffed at the moment due to sickness. The team would usually have three support staff and a medicine counter assistant working on Thursday and Friday which were the busier days of the week.

Annual leave was booked in advance and only one person was allowed annual leave at any one time. Locum dispensers were available as contingency cover and staff worked overtime or rotas were adjusted to provide cover.

The team were unsure of the company appraisal process and could not recall when their last one was. The team said the pharmacy manager gave them ongoing feedback within the dispensary and felt that he would address any performance concerns if they occurred. There was no formal ongoing training programme or eLearning access that the team were aware of. Some training linked to NHS Quality Payment Scheme had taken place i.e. Dementia Friends training and Oral Health training.

The team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacy manager and would speak to the pharmacy manager, area manager or Head Office if they had any concerns. Various processes had been reviewed by the team and adapted to try to make the process run smoother i.e. weekly tray dispensing

and electronic prescription dispensing.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. Targets were in place for services; the RP explained that he would use his professional judgement to offer services e.g. MURs when he felt that they were appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private. But there is limited space for storage, so some items are stored on the floor. This could increase the risk of trips and falls.

### Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was an ample size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Weekly packs were dispensed in an office upstairs.

Due to the workflow of prescriptions, there were piles of partly dispensed prescriptions in dispensing baskets, prescriptions waiting for collection and tote boxes from the wholesalers on the floor around the sides of the dispensary and these could be a trip hazard to staff.

There was a private soundproof consultation room which was used by the pharmacist during the inspection and prescriptions were handed out in a semi-private area of the shop which reduced the risk of other people overhearing confidential information. The door to the consultation room was closed when not being used and did not have a lock.

The pharmacy was clean and generally tidy and it was cleaned by the pharmacy team. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available.

The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally delivers its services safely and effectively. The pharmacy sources, stores and manages medicines appropriately. People receive the advice and support they need to help them use their medicines properly.

### Inspector's evidence

The pharmacy was situated next door to a medical centre and on a main road into Derby. There were two push and pull door entrances and step-free access from the surgery. A home delivery service was available for people that could not access the pharmacy.

The range of pharmacy services provided by the pharmacy was displayed in the window and in the shop. There was a health promotion noticeboard displayed in the shop and a dispensing assistant changed the display seasonally. The current health promotions were flu vaccinations and oral health and there was a plan for health promotions throughout the year. The pharmacy staff referred people to local services when necessary and used local knowledge, a signposting folder and the internet to support signposting.

A dispensing audit trail was seen to be in place for prescriptions through the practice of staff signing their initials on the dispensed and checked by boxes provided on medicine labels. Dispensing baskets were used to keep medication separate. Different coloured baskets were used to prioritise workload.

Weekly packs were dispensed for approximately 40 people. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. A sample of dispensed weekly packs were seen to have been labelled with an audit trail for who had been involved in the dispensing and checking process and patient information leaflets were supplied monthly. Descriptions of medication were written onto the packs if the dispenser had time; descriptions help people to differentiate between the medicines in their packs. The pharmacy had previously dispensed around 200 weekly packs each month but most of them had been transferred to another pharmacy to give the pharmacy more time to undertake other tasks.

Substance misuse prescriptions were usually dispensed first thing in the morning. This reduced work load pressure and the risk of dispensing incorrect doses when the person came to collect the prescription. Assembled substance misuse prescriptions were stored in the controlled drug (CD) cabinet. Supervised consumption took place in the shop rather than the consultation room so the RP was advised to check the Service Level Agreement to ensure this met the requirements.

Notes were attached to prescription bags to assist counselling and hand-out messages i.e. eligibility for a service, controlled drugs, specific counselling or fridge item. A purple folder containing stickers, leaflets and information for people who may become pregnant prescribed sodium valproate was available and staff were aware of the additional counselling required.



A prescription collection service was in operation. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up. The pharmacy offered different services dependent on what the person preferred and the surgery allowed. Prescriptions that had been received electronically from the surgeries on Monday 8 April were being dispensed during the inspection on Wednesday 10 April. Prescriptions from Tuesday 9 April had been labelled, stock ordered and would be dispensed after prescriptions from 8 April had been completed. The prescriptions were put into alphabetical order so if someone came in to collect a prescription it could be located and assembled whilst they waited. People came in to collect prescriptions that had not been assembled throughout the inspection.

The dispensary was date checked every two months and short dated products were marked. One out-of-date item was seen and the expiry date was clearly marked. Medicines were obtained from a range of licenced wholesalers. Medicines were generally stored in an organised manner on the dispensary shelves although some of the shelves required tidying as different medicines and strengths has become mixed together. Medicines were stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. The pharmacy had barcode scanners and had registered with SecurMed for Falsified Medicines Directive (FMD). Some medicines had been scanned and the system was working.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD cabinet key overnight were in place.

There was a large medical fridge in place to hold stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained and records showed that the pharmacy fridges were working within the required temperature range of two and eight degrees Celsius.

Patient returned medicines were stored separately from stock medicines in designated bins.

The pharmacy received information about drug recalls from head office. Each alert was printed and annotated to show it had been actioned and stored in a drug recall folder.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely.

### Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including BNF and cBNF. Internet access was available.

The pharmacy had equipment used for pharmacy services that was appropriately maintained and calibrated. The blood pressure monitor had a sticker attached to show when it is due to be replaced.

A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines.

Patient medication records were stored electronically and there were enough terminals for the workload currently undertaken. Access was password protected. Screens were not visible to the public as members of the public were excluded from the pharmacy premises.

Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

### 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.