

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, 716 Bolton Road, Pendlebury, Swinton, MANCHESTER, Lancashire, M27 6EW

Pharmacy reference: 1033455

Type of pharmacy: Community

Date of inspection: 13/08/2024

Pharmacy context

This community pharmacy is located on a main road in Swinton, Greater Manchester. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service and seasonal flu and COVID vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right 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 team follows written procedures, and this helps them to provide services safely and effectively. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They discuss known risks of things which could go wrong to help prevent mistakes happening. They make records of their mistakes so they can review them. But sometimes the actions they take are not related to the mistakes they have identified. So they may not be able to demonstrate effective action has been taken to reduce the risk of similar mistakes from happening again.

Inspector's evidence

The pharmacy had a folder containing standard operating procedures (SOPs) which had been issued in May 2021. But some SOPs were overdue their stated date of review, which meant they may not always reflect current practice. The head office had updated some of the SOPs and uploaded these onto electronic software for team members to read. But there were no training records to show when members of the team had read these. So the pharmacy may not be able to always show team members fully understand the processes that underpin the services they provide.

The pharmacy had systems in place to record and investigate dispensing errors, and the subsequent learning outcomes. A paper log was available to record near miss incidents. Mistakes which had been identified from the company's off-site compliance pack pharmacy hub had been recorded. But few other mistakes had been noted, and the pharmacist thought this was due to the low volume of dispensing carried out on-site. A monthly patient safety report was completed, but it had few demonstrable outcomes detailed. So, the pharmacy may not always be able to show what learning had been identified from the process. The team had recently moved the different strengths of gabapentin due to similar looking boxes, to try and reduce the risk of a picking error.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) had their notice on display. The pharmacy had a complaints procedure. But details about it were not on display which would help to encourage people to provide feedback. Any complaints were recorded and followed up. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked frequently. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded.

An information governance (IG) policy was available, and the pharmacy team had completed GDPR training. When questioned, a dispenser explained how confidential information was separated into waste bags which were removed and destroyed by the head office. Safeguarding procedures were available and had been read by members of the team. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. Members of the team would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough members of the team to manage the pharmacy's workload and they are appropriately trained for the jobs they do. They complete some additional training packs to help keep their knowledge up to date. But this is not structured so learning needs may not always be addressed.

Inspector's evidence

The pharmacy team included a pharmacist manager, a trainee pharmacy technician, three dispensers, and a delivery driver. Staffing levels were maintained by a staggered holiday system. A zero-hour contracted dispenser could also be asked to provide additional cover during absences. The pharmacy was currently advertising for a full-time dispenser position. There was a high volume of work, but the team were able to manage it effectively.

Members of the pharmacy team completed some additional training, for example they had previously completed a training pack about infection control. Training records were kept showing what training had been completed. But ongoing training was not provided in a consistent manner. So learning needs may not always be fully addressed and members of the team may not be able to demonstrate how they keep their skills and knowledge up to date.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and referred people to the pharmacist if needed. The pharmacist felt able to exercise their professional judgement, and this was respected by members of the team. A dispenser felt well supported by the pharmacist manager, and they felt the team worked well together. Appraisals had been conducted annually. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the area manager or head office. There were targets set for various professional services, but the pharmacist did not feel any pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy was generally clean and tidy, and appeared adequately maintained. But parts of the dispensary were cluttered with totes boxes containing dispensed compliance packs from the hub pharmacy, which may reduce the team's available space. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using air conditioning units and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available, containing a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So, they might not always check that the medicines are still suitable or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was via a power-assisted door and was suitable for those with mobility issues. There was also wheelchair access to the consultation room. Various posters advertised the services offered and information was also available on the website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy team initialled 'dispensed-by' and 'checked-by boxes' on dispensing labels to help show who was involved in the dispensing process. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen confirming the patient's name and address when medicines were handed out. The pharmacy's computer software alerted the team when prescriptions were due to expire, and these were removed from the collection shelves. The team provided counselling advice to people when it was requested, but there was no process to routinely identify those taking higher-risk medicines (such as warfarin, lithium, and methotrexate). So, team members may not remember to discuss these medicines to help make sure they remained suitable and safe to use. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy. Educational material was supplied with the medicines. Team members were not aware of any current patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack the pharmacy would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge information was sought, and previous records were retained for future reference. Most of the compliance packs were assembled at a central hub. The computer software transmitted the details to the hub for them to assemble the packs. They were returned to the pharmacy the following week, each labelled with the descriptions of the medications contained in the pack. But patient information leaflets (PILs) were not routinely supplied. So people may not always have up to date information about how to take their medicines. The pharmacy completed an additional accuracy check of the packs to ensure they were correct and help reduce the risk of mistakes. In the past some errors with the compliance packs had been identified and details of these mistakes had been recorded and raised with the superintendent pharmacist, who had subsequently acknowledged work was being undertaken to address these issues. But this additional accuracy check of compliance packs created inefficiencies in

the pharmacy's work.

The pharmacy had a delivery service, and records of deliveries were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were said to be checked once every three months, but the team were a few weeks behind with this process. A record was kept showing the areas that had been checked. Any short-dated stock was highlighted using a sticker and most liquid medication had the date of opening written on, but one had not so team members may not know if this remained suitable for use. The team acknowledged they would ensure all bottles are marked with the date of opening. A spot check of medicines did not find any expired stock. Controlled drugs were stored appropriately in the CD cabinets, with clear separation between current stock, patient returns and out of date stock. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Records of the action taken, when and by whom were kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc, and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet counting triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required.

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.