

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, Home Farm, Beaumont Leys,
LEICESTER, Leicestershire, LE4 0RY

Pharmacy reference: 1034060

Type of pharmacy: Community

Date of inspection: 27/03/2024

Pharmacy context

This is a community pharmacy situated in a local shopping precinct in a Leicester suburb. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes, assisted living and care homes. It also provides the 'Pharmacy First' service and the substance misuse service. The pharmacy delivers medicines to people's homes, assisted living and care homes.

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 identifies and manages the risks associated with the provision of its services. The pharmacy manages people's personal information safely. And it keeps the records it needs to by law. The pharmacy has some procedures to learn from its mistakes. But because the pharmacist does not always record the outcome of the near miss reviews, the pharmacy might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of electronic up-to-date standard operating procedures (SOPs) which had been read and understood by the pharmacy team members. Staff were seen following the SOPs which included dispensing medicines and handing medicines out to people safely. Roles and responsibilities of the team members were identified in the SOPs. Staff understood how to sell medicines safely and knew the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. The pharmacy highlighted prescriptions containing CDs to remind staff of their shorter validity.

The pharmacy had processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time they were found and were then recorded in the near miss log. The near miss log checked did not have information recorded in the section for comments, contributory factors, or actions. Which might make the records less useful when they were being reviewed. The pharmacist said that she reviewed the logs for trends and patterns but did not complete the record sheet on the back of the near miss log. This might mean opportunities to improve ways of working were missed.

The Responsible Pharmacist (RP) notice was visible in the dispensary and identified the pharmacist on duty. The pharmacy maintained the necessary legal records. These included the RP record, private prescription records, and the CD register. The entries for two CD items checked at random during the inspection agreed with the physical stock held. Weekly running balance checks of some, but not all, CDs were completed. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs to prevent dispensing errors.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential electronic information was stored securely, and confidential waste was destroyed appropriately. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacy team members were aware of the 'Safe Space Initiative,' and they knew what to do if someone 'asked for Ani.'

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There were two pharmacists, two pharmacy technicians (one of whom was an accuracy checking technician), one trainee dispenser, and an apprentice and a trained counter assistant. Both the apprentice and the dispenser were on recognised training courses. The pharmacists both worked part-time, and both worked on a Wednesday to create a handover period.

When asked, members of the team said they discussed any issues informally on a daily basis and felt able to raise concerns if necessary. They had an annual review where they were able to give and receive feedback. The pharmacy team was given informal training by the pharmacist which had recently included training on the new 'Pharmacy First' NHS service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private. The pharmacy makes changes to help keep people using the pharmacy safer from the risk of catching infectious diseases.

Inspector's evidence

The public area had plenty of space for people using the pharmacy. There was a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. And there was hand sanitiser available. The dispensary was a reasonable size for the services provided. But there were some boxes on the floor which could create a trip hazard. There was suitable heating and hot and cold running water was available. One good sized consultation room was available for people to have a private conversation with pharmacy staff. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had a push-pull door and flat access which provided reasonable access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team members understood the signposting process and used local knowledge to direct people to local health services. The pharmacy knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate and had implemented the latest advice.

The pharmacist gave advice to people using the pharmacy's services. This included advice when they had a new medicine, their dose changed, antibiotics, or for people who were taking medicines that required ongoing monitoring such as methotrexate or warfarin. The pharmacy provided services to care homes and assisted living. The pharmacist said that they made a list of the advice they wanted to give and rang the care homes and assisted living units to make sure they also received advice.

The pharmacy was providing the 'Pharmacy First' service. This allowed the pharmacy to treat seven common conditions including supplying prescription-only medicines. The pharmacy team said that the service had been positively received.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. Compliance packs seen included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. And they had a QR code which linked to the online electronic medicines compendium which has electronic patient information leaflets. The pharmacy also supplied medicines to assisted living units in compliance packs and to care homes, mainly in racking systems. The pharmacy had processes for making sure that people got the right medicines at the right time across the month.

Medicines were stored on shelves and cupboards in their original containers. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team had a process for date checking medicines. A check of a small number of medicines did not find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacy manager explained the process for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. But two of the fridges had maximum and minimum temperatures that were outside of the required range. The fridges also had data loggers which automatically recorded fridge temperatures. The pharmacist said that she would contact the head office to check what temperatures the data loggers had recorded and then consider the appropriate next steps. She said that she would discuss fridge temperature recording with the member of staff responsible who was not present at the time of inspection. The pharmacy's portable electronic appliances had been recently tested to make sure they were safe.

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.