

# Registered pharmacy inspection report

**Pharmacy Name:** Peak Pharmacy, 40 Rosemary Street, MANSFIELD, Nottinghamshire, NG18 1QL

**Pharmacy reference:** 1035555

**Type of pharmacy:** Community

**Date of inspection:** 27/11/2019

## Pharmacy context

This community pharmacy is on a busy through road in the ex-mining town of Mansfield in Nottinghamshire. The pharmacy sells over-the-counter medicines and it dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. The pharmacy also offers a medicine delivery service to people's 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.5	Good practice	The pharmacy is good at listening to its team members. And it uses feedback from them to inform how it manages its services .
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy considers barriers which could prevent some people accessing their medicines. And it take steps to overcome these. Pharmacy team members work proactively with other healthcare professionals resulting in positive outcomes for people accessing the pharmacy's services.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services. It keeps people's private information secure. It advertises how people can feedback about its services. And it responds appropriately when feedback is received. Pharmacy team members act openly and honestly by sharing information when mistakes happen during the dispensing process. And they make changes to their practice to improve patient safety. They understand how to recognise, and report concerns relating to vulnerable people. And they record the actions they take to help ensure the safety and wellbeing of these people. The pharmacy generally keeps all records it must by law. But some gaps in these records and time delays result in incomplete audit trails. This may make it more difficult for the pharmacy to resolve a query should one occur.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). These were a mix of procedures authorised by the current owners and some from the previous owners. The superintendent pharmacist (SI) had provided email confirmation to the pharmacy informing it that the current version of SOPs were to be followed. The SOPs contained details of a two-yearly review date. And some had been due for review in October 2019. There was evidence of some SOPs being updated following the change in ownership in 2017. The SOPs included the roles and responsibilities of pharmacy team members. And team members had signed those relevant to their roles. A member of the team explained what tasks could and couldn't be completed if the responsible pharmacist (RP) took absence from the premises. Pharmacy team members were observed referring queries and requests for advice to the RP appropriately. The accuracy checking technician (ACT) explained details of her role. And demonstrated how clinical checks of prescriptions were recorded prior to an accuracy check taking place.

Workflow in the dispensary was efficient. Acute prescriptions were prioritised and brought to the direct attention of the RP. And the pharmacy team used a separate room on the first-floor level of the pharmacy to manage the multi-compartment compliance pack service. This helped provide a distraction free environment for managing tasks associated with the service.

Pharmacy team members took ownership of their mistakes by discussing them with the pharmacist and recording them in a near-miss error log. Entries contained details of the mistake but did not regularly include any contributory factors relating to the mistakes made. Pharmacy team members explained how they regularly discussed their mistakes. And they provided examples of risk reduction actions they had applied following these discussions. For example, different strengths of amitriptyline had been separated on the dispensary shelves to reduce the risk of picking error. And the team's attention had been drawn to the risk of warfarin and amitriptyline in very similar packaging being received recently. The pharmacy manager completed an annual patient safety review which helped to identify trends in near-miss errors and incidents. A discussion took place about the benefits of formally recording the outcome of the teams ongoing discussions and risk reduction actions to help continually demonstrate how learning was shared.

The pharmacy reported dispensing incidents to its superintendent's office electronically. Feedback in the first instance was provided to those directly involved in the incident to prompt reflection and

learning. An overview of the incident and learning from the event was then shared with the pharmacy team through a discussion. Pharmacy team members explained how they had recently engaged in shared learning relating to 'look-alike' and 'sound-alike' medicines and the risk of these being involved in a near miss or dispensing incident.

The pharmacy had a complaints procedure. And it provided details of how people could leave feedback or raise a concern about the pharmacy through its practice leaflet. A member of the team explained how she would manage a complaint. And she was aware of the need to escalate a concern to the pharmacy manager. Pharmacy team members demonstrated how they had implemented a 'specials' shelf in the dispensary to ensure it held stock of specific brands of medicines following requests from people. The pharmacy also promoted feedback through their annual 'Community Pharmacy Patient Questionnaire'. It published the results of this questionnaire for people using the pharmacy to see.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. The RP record did not fully comply with legal requirements. This was because there were frequent sign-out times missing in the record. Tips to support the RP in remembering to sign out of the record at the end of the working day were shared during the inspection. A sample of entries in the pharmacy's prescription only medicine (POM) register and specials records complied with legal and regulatory requirements. But pharmacy team members tended to enter prescriptions into the POM register in batch usually at weekly intervals, rather than on the date of supply. This meant there was a high chance of the register not being kept up to date. The pharmacy maintained running balances in its controlled drug (CD) register. And it completed monthly stock checks of solid dose formulations of CDs. It completed balance checks of methadone oral solution every four to eight weeks. A physical balance check of Sevredol 10mg tablets complied with the balance recorded in the register. The register was maintained in accordance with legal requirements. The pharmacy kept a patient returned CD destruction register. And pharmacy team members entered returns into this register upon receipt.

The pharmacy displayed a privacy notice. It stored people's personal information in staff only areas of the pharmacy. And pharmacy team members explained how their working practices protected people's confidentiality. For example, people were invited into the consultation room when discussing personal medical information. Pharmacy team members had an awareness of the General Data Protection Regulation (GDPR). They explained the pharmacy's NHS Data Security and Protection toolkit submission was completed by its head office team. The pharmacy disposed of confidential waste through transferring it to designated bags which were sealed when full, and the contents securely disposed of via a waste management contractor.

The pharmacy had procedures and information relating to safeguarding vulnerable people. Contact information for safeguarding teams and further guidance was available as a shortcut on the main dispensary computer. The RP and ACT had completed level two learning on the subject through the Centre for Pharmacy Postgraduate Education (CPPE). And other pharmacy team members were due to complete learning imminently. A dispenser provided details of safeguarding training she had completed in a GP surgery environment before moving to the pharmacy. And she demonstrated a good understanding of how to recognise and report concerns. The RP demonstrated entries relating to safeguarding concerns and the actions taken by the pharmacy to share these concerns with a GP on a person's medication record.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services safely and effectively. And they complete regular learning relevant to their role. They are comfortable talking about their own mistakes and engage in regular conversations relating to patient safety and risk management. Pharmacy team members are confident in explaining how they could raise any concerns they may have. The pharmacy is good at listening to its team members. And it uses feedback from them to inform how it manages its services.

### Inspector's evidence

On duty at the time of the inspection was the RP (pharmacy manager), an ACT and a qualified dispenser. The pharmacy also employed another three qualified dispensers. Pharmacy team members explained how they planned their workload around leave and public holidays to help them keep up to date during busier periods. The company had two other pharmacies within the town and the manager confirmed she could request support if required. Company employed drivers provided the medicine delivery service. This service was provided from a delivery hub operated by another of the company's pharmacies.

The pharmacy displayed certificates of its team members qualifications. Pharmacy team members provided examples of how they regularly completed learning to support them in their roles. For example, training associated with public health campaigns and patient safety. The pharmacy did not keep formal records of this ongoing learning. The pharmacy manager explained how staff received protected learning time only when they were completing accredited training courses. Ongoing learning was completed during quiet periods and in team members own time. Pharmacy team members received regular feedback from the manager through one-to ones and team briefings.

The pharmacy had some targets which supported pharmacy team members in promoting and delivering services to people. And the pharmacy regularly met these targets. The RP clearly enjoyed taking opportunities to provide advanced NHS services and talking to people about their health and wellbeing. The RP was undertaking a clinical diploma. And provided examples of how she had applied learning from the diploma to support people using the pharmacy. For example, checking the indication of an antibiotic to ensure the prescribed regimen was suitable for the condition treated. The RP recorded interventions on people's medication records.

The pharmacy team held structured conversations through regular briefings. It did not record the details of these discussions. But pharmacy team members provided examples of how they had applied learning following the discussions. For example, learning associated with the rescheduling of gabapentin and pregabalin to a schedule 3 CD had been followed up by testing staff understanding of the pharmacy's processes for managing prescriptions for these medicines. Pharmacy team members explained how they regularly discussed their own near-miss errors with each other. And identified risks associated with medicines in similar packaging to each other when unpacking medicine orders.

The pharmacy had a whistleblowing policy in place. And a pharmacy team member explained how she could raise a concern or provide feedback if required. Pharmacy team members on duty expressed that

they belonged to a good team and felt supported in their roles. Examples of their feedback being taken on board and used to inform the delivery of pharmacy services were provided. For example, the team had recognised the risk of missing CD prescriptions following changes to the pharmacy receiving these through the NHS Electronic Prescription Service (EPS). In addition to highlighting CD prescriptions pharmacy team members now made regular checks of collected prescriptions to help them to identify and manage them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and secure. And the premises provide a professional environment for delivering the pharmacy's services. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

### Inspector's evidence

The pharmacy was smart in appearance and it was secure. It was maintained to a respectable standard. Pharmacy team members confirmed any maintenance issues were reported immediately and these were managed in a timely manner. The pharmacy was clean. Floor spaces and workbenches were free from clutter. Antibacterial handwash and towels were available at designated handwashing sinks. The pharmacy had suitable heating and air conditioning arrangements. Lighting throughout the premises was sufficient.

The public area was accessible to people using wheelchairs and pushchairs. There was a clearly sign-posted consultation room. The room was a sufficient size and it was professional in appearance. Pharmacy team members monitored access into the room from the front of the dispensary and from the medicine counter. The pharmacy kept its equipment to support services on high shelves at the back of the room. The dispensary was an appropriate size for the level of activity undertaken. It had allocated shelving for holding part-assembled prescriptions awaiting stock. This helped to keep work benches clear. Off the dispensary was a staff toilet and access to a fire exit and staircase. The pharmacy's first floor level consisted of staff facilities, store rooms and an appropriately sized room for managing the pharmacy's multicompartment compliance pack service.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy promotes its services well. And it makes its services accessible to all. Pharmacy team members work proactively with other healthcare professionals resulting in positive outcomes for people accessing the pharmacy's services. The pharmacy identifies high-risk medicines to help make sure people taking these medicines have the support they need. It obtains its medicines from reputable sources. And it keeps its medicines safe and secure. The pharmacy has procedures to support the pharmacy team in delivering its services. But there are occasions when the team members work outside of these procedures when providing medicines in multi-compartment compliance packs. They show how they manage some of the risks on these occasions. But they are not always working in the safest and most effective way.

### Inspector's evidence

The pharmacy was accessible from street level, through a push/pull door. Pharmacy team members explained how they would assist people with access into the pharmacy when required. A graduated internal ramp with handrails led from the door to the main public area of the pharmacy. The pharmacy advertised its opening hours and services in its window displays. And there was a focus on advertising healthy living campaigns and services in the public area. The public area was open plan and it stocked healthcare items and a small selection of toiletries on shelves in front of a partition wall between the public area and the dispensary. Pharmacy team members explained how they took opportunities to talk to people about their health and wellbeing. And this was observed throughout the inspection. Pharmacy team members had a good rapport with people and greeted regular visitors to the pharmacy by name. This could prompt conversations and uptake of services. Pharmacy team members were aware of sign-posting arrangements in the event they could not provide a service or a medicine. And they explained how they often used the internet to support them in signposting people. Designated seating was available for people waiting for prescriptions or pharmacy services.

There was a commitment to ensuring the services provided to people were of benefit. And the RP explained how she tailored her approach to providing advice to a person's needs. Formal records of interventions and clinical audits were kept. Quick reference clinical guides were available in the dispensary to support the pharmacist in making decisions. These included guidance on the different formulations of insulin, a guide to switching antidepressant therapy taken from 'The Maudsley' and scoring guidance relating to sepsis. The RP provided examples of how she used the guides to support her professional judgement and to liaise with prescribers if there was a need to intervene. For example, when a person was switched from one antidepressant to another and the switch was not being undertaken in accordance with clinical guidance. The RP explained how she had worked with surgery teams to suggest a change to inhaler regimens to avoid people having to use multiple inhalers when a combination inhaler was indicated. This potentially increased compliance and cost effectiveness to the NHS. The pharmacy had up-to-date and legally valid patient group directions (PGDs) to support the delivery of the flu vaccination service and the supply of emergency hormonal contraception. And it had the most up-to-date version of the minor ailments protocol available to supply medicines through this service.

The pharmacy had processes in place to identify and support people taking high-risk medicines. And it



recorded interventions associated with these medicines. At the time of inspection, the pharmacy team was completing a valproate audit. And pharmacy team members demonstrated a sound understanding of the requirements of the valproate pregnancy prevention programme (PPP). The pharmacy did not dispense high-risk medicines into multi-compartment compliance packs due to the need for continual monitoring and frequent dose changes.

The ACT had a leading role in the multi-compartment compliance pack service. The service on the whole was well managed with full documentation of queries and responses kept in individual patient files. Pharmacy team members discussed some of the challenges they faced when the pharmacy was not notified of changes to medicine regimens. And the team members provided examples of how they had intervened and checked changes with surgeries when they had identified concerns. These examples included key interventions following unintended changes by surgeries. All prescriptions were clinically screened at three-monthly intervals by the RP. Any changes to medicine regimens during these three months were clearly documented and a new clinical check took place. The pharmacy held records of the clinical checks in the individual patient files. A sample of assembled packs included full dispensing audit trails and descriptions of the medicines inside to help people recognise them. The pharmacy provided patient information leaflets at the beginning of each four-week cycle of packs. At the time of inspection, the pharmacy had pre-assembled a small number of packs ahead of it receiving the prescriptions. The process in place for managing the risk associated with the practice was robust. But it was not in accordance with the pharmacy's SOPs. The ACT explained the packs had been assembled from the patient record. They had been part-accuracy checked by the ACT and segregated completely from assembled packs waiting for delivery and collection. Details of the original medicine packaging used to fill the pack and the person's individual record were kept with the packs. The ACT explained once the prescription was received she would undertake another check of the prescription against the person's medication record. She would then complete a full accuracy check of the pack and sign to confirm this was completed. The ACT and RP confirmed this practice only occurred during busier periods, such as the run up to Christmas.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped to inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service. Each assembled pack of medicine sent to the delivery hub had a unique barcode. This allowed the team to track the bag if required. The pharmacy held EPS prescriptions for the deliveries on dated clips in the dispensary. This allowed the pharmacy to ensure it only claimed for these prescriptions once the delivery was completed. People were asked to sign for delivery of their medication.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members demonstrated an awareness of the aims of the Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed and pharmacy team members had completed some learning associated with FMD. The pharmacy was not yet regularly scanning medicines during the dispensing process. But they were aware of changes to medication packaging. For example, tamper proof seals. The pharmacy received details of drug alerts and recalls electronically. And there was an email audit trail of the action taken in response to these alerts.

The pharmacy stored Pharmacy (P) medicines behind and to the side of the medicine counter. The RP had appropriate supervision of the public area from her checking station in the dispensary. And explained how she had moved her checking station to ensure it allowed her to supervise activity at the

medicine counter. The pharmacy stored medicines in the dispensary in an organised manner and within their original packaging. The team followed a date checking rota. This helped to manage stock and identify short dated medicines. The team annotated details of opening dates on bottles of liquid medicines. No out-of-date medicines were found during random checks of dispensary stock. The pharmacy had medical waste bins. Sharps bins and CD denaturing kits were also available to support the team in managing pharmaceutical waste.

The pharmacy held CDs in a secure cabinet. Medicines were stored in an orderly manner within the cabinet. Assembled CDs were held in clear bags. Prescriptions were attached to these bags. And the pharmacy highlighted all CD prescriptions to prompt additional safety and security checks during the dispensing process. The pharmacy had two medical fridges. These were an appropriate size for the level of stock held. But milk was stored in the dispensary fridge despite there being a staff fridge on the first-floor level of the premises. Although not ideal, the milk was upright, and did not risk being spilt. The A discussion took place about risks associated with storing items other than medicines within the medical fridges. Medicines inside the fridges were held in an organised manner. The team checked the temperature of the fridge daily. Temperature records confirmed that they were operating between two and eight degrees Celsius as required.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. It monitors its equipment to help provide assurance that it is in safe working order. And pharmacy team members manage and use equipment in a way which protects people's confidentiality.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF), BNF for children and The Green Book (immunisation against infectious disease guide). Pharmacy team members could access additional resources through the internet. And the RP demonstrated a number of computer desktop shortcuts for regularly used websites such as [www.nhs.uk](http://www.nhs.uk). The pharmacy's computer system was password protected. And information on computer monitors was protected from unauthorised view through the layout of the premises. Pharmacy team members on duty had working NHS smart cards. The pharmacy stored assembled bags of medicines on allocated shelving within the dispensary, out of direct line of sight of the public area. Pharmacy team members used cordless telephone handsets. This meant they could move out of ear-shot of the public area when having confidential telephone conversations.

Crown stamped measuring cylinders were in place for measuring liquid medicines, including separate cylinders for use solely with methadone. The pharmacy had clean counting equipment for tablets and capsules. A separate triangle for use when counting cytotoxic medicines was available. The pharmacy had a blood pressure machine. And this was replaced periodically. Two cuff sizes were available for use with the machine. Equipment to support the flu vaccination service was stored appropriately. This equipment included adrenaline ampoules for the treatment of anaphylactic shock, drawing up needles for the adrenaline and administration needles. Stickers on the pharmacy's electrical equipment indicated portable appliance checks had last been completed in 2016. Electrical leads and plugs were visibly free from wear and tear.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.