

# Registered pharmacy inspection report

**Pharmacy Name:** Peak Pharmacy, 7-9 Churchill Parade, Falcon Lodge Estate, SUTTON COLDFIELD, West Midlands, B75 7LD

**Pharmacy reference:** 1038435

**Type of pharmacy:** Community

**Date of inspection:** 18/09/2024

## Pharmacy context

This community pharmacy is located in a parade of shops in a residential area of Sutton Coldfield. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides NHS funded services such as the Pharmacy First service and blood pressure testing. Some private services are also available, including travel vaccinations and ear wax removal.

## 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 manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. Team members understand their role in protecting vulnerable people and they keep people's personal information safe.

### Inspector's evidence

The pharmacy was part of a chain of pharmacies located across central and northern England. A range of corporate standard operating procedures (SOPs) were available which covered the activities of the pharmacy and the services provided. SOPs were held electronically on the company intranet. There were training record sheets on the intranet which identified the SOPs that team members should be read dependent on their job role. The pharmacy team had a set of printed SOPs and associated training sheets, but these had not been kept up to date and they were not always the most recent version of the SOPs available on the intranet. The risks associated with having SOPs available for 'quick reference' were discussed. The responsible pharmacist (RP) agreed to archive the paper copies and review the team members' training on SOPs to ensure they had read the latest versions.

A professional standards audit had been carried out by a store manager from another of the company's pharmacies in June 2024. The pharmacy team were given a copy of the audit and an action plan to work through as feedback. The team gave examples of some of the changes that they had made since the audit. Some of these were checked during the inspection. For example, it had been identified that liquid medicines had not been marked with the date that the bottle had been opened, and this had been addressed. Some other actions appeared to not have been fully addressed, such as SOP training.

A near miss log was available and some near misses were recorded every month. Near misses were discussed with the dispenser involved to help make sure they learnt from the mistake, and any learning was shared with the team. The team demonstrated examples of medicines that had been highlighted to reduce the risk of them being selected in error during the dispensing process. Dispensing incidents, near misses, and medicine recalls were summarised each month on a review form. However, the rest of the form was not completed to show what learning opportunities had been identified when reviewing this information and they could be missed. The RP explained how he would handle a dispensing error and gather as much information as possible from the person, investigate, identify preventative actions. The pharmacy manager would then use a form on the intranet to report the incident to the Superintendent.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine containing medicines. The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team verbally, in writing or by contacting head office. The pharmacy team members tried to resolve

issues that were within their control and involved head office if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The RP notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register. Private prescription records were seen to comply with requirements. The RP was also an independent prescriber and thorough consultation records were maintained if a private prescription was issued.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The RP had completed level three safeguarding training, and the rest of the team had completed safeguarding training. The pharmacy team had a clear understanding of what safeguarding meant and what to do if they had a concern. A home delivery driver gave examples of hypothetical situations that he may encounter and demonstrated that he knew what to do if he had a concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Its team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the pharmacy manager (dispensing assistant), a pharmacist, two trained dispensing assistants, a trainee dispensing assistant and two home delivery drivers. One of the dispensing assistants was responsible for checking emails and for alerts from head office to support the pharmacy manager. Holiday requests were made in advance and approved if another member of the team had not already booked that week off. Cover was provided by other staff members as required. The pharmacy team felt that they had enough staff to meet the workload, and this was observed to be the case throughout the inspection.

Pharmacy team members completed some ongoing training and training needs were identified to align with pharmacy services, and the NHS Pharmacy Quality Scheme requirements. The pharmacy team were observed working well together and team members helped each other by moving from their main duties to help with more urgent tasks when required. The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times. A weekly newsletter was sent from head office to inform the pharmacy team of company and pharmacy updates.

Pharmacy team members said that they could raise any concerns or suggestions with the area manager or SI. They felt that they were approachable and responsive to feedback. Team members said that they would speak to other members of the team, or the GPhC if they ever felt unable to raise an issue internally. The RP was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions. Some targets for professional services were set and the RP felt that the targets were realistic and achievable.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy team in private when needed.

### Inspector's evidence

The premises were smart in appearance and well maintained. Any maintenance issues were reported to head office and various maintenance contracts were in place. The dispensary was large, and an efficient workflow was seen to be in place.

Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The temperature in the dispensary felt comfortable and lighting was adequate for the services provided.

There was a consultation room which was used by the pharmacy team throughout the inspection when they needed to speak to someone privately. The consultation room was professional in appearance, and the door to the consultation room remained closed when not in use to prevent unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are accessible. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy was situated within a row of local shops and services. There was a push/pull door and staff assisted people with the door when required. A home delivery service was available for people who could not easily visit the pharmacy. Team members referred people to other services using local knowledge and the internet to support signposting.

The pharmacy offered the NHS Pharmacy First service. Posters were displayed advertising the service to people using the pharmacy. The team had undergone training and had read the company SOPs. They had quick reference guides available and the NHS PGDs (patient group directions) and supporting documentation had been printed for reference.

A range of private patient group directions (PGDs) were available. Consent forms were completed prior to administering vaccinations and records for all services were maintained in accordance with the PGD's requirements. The RP was accredited to offer these treatments after completing relevant training and being named on the PGD. Each PGD was countersigned by the SI. The weight loss service took place face-to-face, and the RP reviewed the person throughout their treatment. The RP had recently been trained to carry out ear wax removal, although there had been no demand for this service yet. The RP was an independent prescriber and very occasionally issued private prescriptions after a face-to-face consultation in the pharmacy. He explained that he only issued prescriptions when the condition was within his scope of competence and if referring the person to another healthcare professional would unduly delay their treatment. There was an electronic prescribing system and detailed consultation notes were recorded, including the justification for prescribing rather than making a referral. Head office had visibility of the system so that it could monitor and audit private prescriptions that were being issued.

Medicines were dispensed into baskets to help make sure they were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Team members signed the 'dispensed-by' and 'checked-by' boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team had a clear understanding of the risks associated with the use of valproate containing medicines, and the need for additional counselling. They knew to supply valproate containing medicines in original containers and had received a recent alert from head office about the requirement to provide additional counselling to men who had been prescribed valproate.

Multi-compartment compliance packs were supplied to some people in the community. Prescriptions were requested from the surgeries and any missing items or changes were queried ahead of the

intended date of collection or delivery. A sample of dispensed compliance packs were labelled with descriptions of the medicines and patient information leaflets were sent every month so people could access additional information. There was a process in place for managing mid-cycle change requests.

A random sample of dispensary stock was checked, and all the medicines were found to be in date. Short-dated medicines were highlighted, and they were pro-actively removed prior to their expiry date. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically, and a response was sent to head office to confirm they had been actioned.

The controlled drug cabinet was secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available.

Equipment for clinical consultations had been suitably procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. Computer screens were not visible to members of the public. Cordless telephones were in use to prevent people using the pharmacy from overhearing.

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

Finding	Meaning
<span style="color: green;">✓</span> <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.
<span style="color: green;">✓</span> <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.
<span style="color: green;">✓</span> <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.