

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, 2a Bridge Street, Killamarsh,
SHEFFIELD, South Yorkshire, S21 1AH

Pharmacy reference: 1039268

Type of pharmacy: Community

Date of inspection: 27/11/2019

Pharmacy context

This is a community pharmacy located in the centre of a large village close to a medical centre and veterinary practice. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter and veterinary medicines. It supplies some medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. It offers an ear nose and throat diagnosis and treatment service which there is a high demand for.

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 | 1.2 | Good practice | The pharmacy reviews and monitors services in order to help improve the safety and quality. |
| 2. Staff | Standards met | 2.4 | Good practice | The pharmacy team work well together. Team members communicate effectively and openness, honesty and learning is encouraged. |
| 3. Premises | Standards met | N/A | N/A | N/A |
| 4. Services, including medicines management | Standards met | 4.2 | Good practice | The pharmacy proactively manages its services to ensure effective care. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy generally manages the risks associated with its services to ensure it keeps people safe. It asks its customers for their views and completes all the records that it needs to by law. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and act to help stop the same sort of mistakes from happening again. The team have written procedures to keep people's private information safe and know how to protect children and vulnerable adults.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that all members of the pharmacy team had read and accepted them. Confirmation was sent to the pharmacist superintendent's (SI) office when new SOPs were introduced to confirm that the team had received them and would read and implement them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

There was an incident, error and near miss SOP. Dispensing incidents were reported electronically and this could be accessed at the SI office. Near misses were reported on a separate log. The pharmacy manager reviewed the near misses on an ad-hoc basis and discussed trends or patterns with the pharmacy team. Team members could describe actions they had taken to prevent re-occurrence. For example, following near misses Tegretol had been placed on a separate shelf to Tegretol prolonged release. Madopar and Sinemet products had been given a full shelf each to give sufficient space to separate all the different strengths and forms. Learning was shared in bulletins from the SI office. For example, olanzapine was stored under Z to avoid confusion with omeprazole following communication from the SI office that this had resulted in a serious incident in another pharmacy. Similar packaging was highlighted to the pharmacy team in these bulletins so the team were able to ensure that they were appropriately separated. Clear plastic bags were used for assembled CDs, insulin and compliance aid packs to allow additional checks before supply.

There was a 'dealing with complaints' SOP. The complaints procedure and the details of who to complain to was outlined in the practice leaflet. A customer satisfaction survey was carried out annually. The results of the previous survey were on display and available on www.NHS.uk website. An area of strength (100%) was 'time it took to provide your prescription and/or any other NHS service'. An area identified which required improvement (89% dissatisfied) was advice on healthy eating. The pharmacy's response was to increase health promotion in the pharmacy and during Medicines Use Reviews (MURs). There had been some issues following the introduction of the 'medicine order line' by the neighbouring medical practice such as patients not receiving all their medicine at the same time. The pharmacy team explained to patients that they needed to order in plenty of time as the process took a little longer than when the pharmacy managed the repeat prescription ordering process. They also suggested that the patient should let the pharmacy know the number of items ordered, in case they needed to wait for any additional items before collection or delivery. The pharmacy manager described an incident which occurred when a patient who was on two different strengths of the same

medication only received a prescription for one of the strengths. She investigated why it had occurred and had identified it was because the patient had not indicated both strengths were required, when they made their request on the ordering line. This was explained to the patient to avoid a re-occurrence.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supply records, the RP record, and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

There was a SOP which covered storage and disposal of confidential waste. It was collected in designated bags which were sent to head office for disposal. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions awaiting collection were not visible from the medicines counter. A statement that the pharmacy complied with the General Data Protection Regulation and the NHS Code of Confidentiality was given in the practice leaflet. Consent was received when Summary Care Records (SCR) were accessed. A record of the consent and the reason for the access was recorded on the patient medication record (PMR) system.

The pharmacy manager and pharmacy technician (PT) had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. This was refreshed every two years. There was a safe guarding children and vulnerable adults SOP and a safeguarding policy in place with links to useful contacts, advice and support. The pharmacy had a chaperone policy, but there was nothing on display highlighting this to patients, so people might not realise this was an option. Members of the pharmacy team had completed Dementia Friends training, so had a better understanding of patients living with this condition.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members receive training for the jobs they do. They work well together and communicate effectively. They are comfortable providing feedback to their manager and receive feedback about their own performance. The pharmacy enables the team members to act on their own initiative and use their professional judgement to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was a pharmacist, a PT, two NVQ2 qualified dispensers (or equivalent) and a medicines counter assistant (MCA) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the patients. There was an absence policy and planned absences were organised so that not more than one member of the team were away at the same time. Absences were covered by re-arranging the staff rota and transferring staff from neighbouring branches. There were also relief dispensers who could be requested to cover when necessary. A review of staffing levels had taken place recently as the workload had changed when the neighbouring medical practice introduced the 'medicine order line' and this had freed up some time in the pharmacy.

Members of the pharmacy team carrying out services had completed the appropriate training for their role and used various resources to ensure their training was up to date. The pharmacy manager had completed a one-day course provided by the NHS before commencing the ear, nose and throat diagnosis and treatment service. Training events were held at sites in Manchester and Chesterfield which members of the pharmacy team were invited to. For example, winter health and self-care which were recent events. Team members were provided with training materials from medical reps, trade magazines and wholesalers and the pharmacy manager carried out ad hoc training when new products came in such as Viagra Connect. The MCA had recently completed training on Covonia and the Tena range. This training was not usually recorded, and the team did not have regularly protected training time, so their knowledge may not be always fully up to date.

The pharmacy team were given formal appraisals where performance and development were discussed and were given positive and negative feedback informally by the pharmacy manager. Informal meetings were held where a variety of issues were discussed, and concerns could be raised. The pharmacy team were all required to read 'Friday e-mails' and professional bulletins from the SI which highlighted issues such as an upcoming over-the-counter (OTC) training event, the serious shortage protocol (SSP) and GPhC revalidation. All member so the team had access to these and they were printed off and then stored electronically for reference. A member of the team felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager about any concerns she might have. She said a form could be completed and sent to head office if there were concerns about a pharmacist. The staff worked well as a team and could make suggestions or criticisms informally. There was a whistleblowing policy. A member of the team said she was comfortable admitting errors and felt that learning from mistakes was encouraged.

The pharmacy manager said she felt empowered to exercise her professional judgement and could

comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine because she felt it was inappropriate. She said targets were set for MURs and New Medicine Service (NMS), and these were linked to a bonus scheme, but she didn't feel targets ever compromised patient safety and she didn't feel under pressure to achieve them. She explained that the flu vaccination service was delayed for a few weeks because she did not feel there was adequate staffing to provide this, as one member of the pharmacy team was on long term sick, and head office supported this when it had been explained to them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a professional environment for people to receive healthcare. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy premises including the shop front and fascia were clean, spacious and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with three chairs. There was also two children's chair and an activity desk. A cleaning rota was used. The temperature and lighting were adequately controlled. The fixtures and fittings were in good order. Maintenance problems were reported to head office via the internal internet and these could be tracked. There were two handymen in the company who would attend and the response time was appropriate to the nature of the issue.

Staff facilities included a kitchen area and a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. Hand sanitizer gel was available. The consultation room was equipped with a sink, and was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door and in the practice leaflet. The pharmacy team explained they would use this room when carrying out the services and when customers needed a private area to talk. An area at the end of the dispensary was partially screened. This was on the opposite side of the pharmacy to the medicine counter and allowed a degree of privacy when prescriptions were being handed out.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are effectively managed and easy for people to access. The pharmacy team members give advice and make extra checks when people are receiving higher-risk medicines, so they take them in the right way. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. Large print was available on dispensing labels and this facility was used by a partially sighted patient. A list of the services provided by the pharmacy was displayed in the window of the pharmacy along with the opening hours. Services were also advertised inside the pharmacy and listed in the practice leaflet. There was a range of healthcare leaflets and posters advertising local services. For example, the NHS 'sleep station' service. The pharmacy team were clear what services were offered and where to signpost to a service not offered. For example, travel vaccinations. Signposting and providing healthy living advice were not routinely recorded. It was therefore difficult to monitor the effectiveness of the health promotional activities.

There was a home delivery service with associated audit trail. This was organised by a delivery centre at head office and deliveries were electronically recorded and could be tracked. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy after two failed deliveries.

The dispensary was spacious and the work flow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. CD stickers specifically for schedule 3 and 4 CDs were used to ensure they were supplied within 28 days. MUR stickers were used to highlight patients who might benefit from this service. 'Speak to Pharmacist' stickers were used to highlight counselling was required or that a patient could be included in one of the audits which were taking place. High-risk medicines such as warfarin and methotrexate were targeted for extra checks and counselling. INR levels were requested and recorded when dispensing warfarin prescriptions.

The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and two patients in the at-risk group had been identified. There was a note on one of these patients assembled prescriptions to highlight that a discussion was required about pregnancy prevention. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. There was an audit taking place for patients prescribed lithium and stickers had been placed in front of lithium on the dispensary shelves to remind the team. There were twelve checks to be made with the patient. One patient who had been checked had the required blood tests but could not remember being given advice on the importance of

hydration. The pharmacy manager explained this to him and made a note of the intervention on his PMR. There was an audit of people with diabetes which was checking if patients had a retinopathy eye and foot test within the last year. Before commencing the audit, the pharmacy manager liaised with the practice manager at the neighbouring practice about how to refer patients who it was identified had not had the required tests. Records of referrals and interventions were maintained and recorded on the patient's medication record (PMR).

Between fifty and sixty patients received their medication in multi-compartment compliance aid packs. There was a SOP for 'Dealing with a request for MDS' which included an assessment by the pharmacist that a pack was the most appropriate adjustment for the individual patient, rather than providing a medicine administration record (MAR) chart or large print labels which might be more appropriate. The compliance aid packs were well managed with an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed and medicine descriptions were included on the labels to enable identification of the individual medicines. Packaging leaflets were included and disposable equipment was used.

The MCA knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. CDs were stored in two CD cabinets which were securely fixed to the wall and CD keys were stored securely overnight. Date expired, and patient returned CDs were segregated. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. The pharmacy was not compliant with the Falsified Medicines Directive (FMD) so the team were not currently scanning to verify or decommission medicines. They had the software and hardware needed to comply but had not had any formal training and were waiting from the go ahead from head office. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins.

Alerts and recalls were received via e-mail messages from head office. These were read and acted on by a member of the pharmacy team and then filed. The action taken was recorded so the team were able to respond to queries and provide assurance that the appropriate action has been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe and use it in a way that protects privacy.

Inspector's evidence

Current versions of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. The thermometer had been calibrated. All electrical equipment appeared to be in good working order and had been PAT tested. The blood pressure testing machine had been replaced around four months ago. Replacements were sent regularly from head office to ensure the machine in use was accurate.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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. |