

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: 08/01/2024

Pharmacy context

This is a community pharmacy located in the centre of a large village close to a medical centre. 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 medicines. And it provides a flu vaccination service and some other NHS funded services. It supplies some medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. These packs are dispensed at the company's hub.

Overall inspection outcome

✓ Standards met

Required Action: None

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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	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their roles, and the pharmacy effectively supports them to address their ongoing learning and development needs.
		2.4	Good practice	The pharmacy team works well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
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 effectively manages risks to make sure its services are safe and it completes 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 they make changes to help stop the same sort of mistakes from happening again. The team has written procedures on keeping people's private information safe. And team members understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms and badges which identified their roles. The incorrect responsible pharmacist (RP) notice was on display at the start of the inspection. This was corrected immediately once pointed out.

The pharmacy team recorded dispensing incidents and learning points were included in the report. For example, following a hand-out error when a person received insulin which was in the fridge from a previous prescription, rather than their latest prescription, the team had introduced a two-person hand-out accuracy check for insulin. This was in addition to the double accuracy check for all medicines requiring refrigeration which was already in place. Error reports were sent to the pharmacist superintendent's (SI) team. The SI team reported them on the National Reporting and Learning System and shared learnings with other pharmacies in the group in a weekly email. Near misses were recorded on a log. These were reviewed every three months by the pharmacy manager or RP and discussed within the pharmacy team.

The pharmacy had an SOP on dealing with complaints. The complaints procedure and the details of who to contact about a complaint were available on the company's website (www.peakpharmacy.co.uk). But there was nothing on display in the pharmacy providing these details, so people visiting the pharmacy might not know how to raise a concern or leave feedback. Professional indemnity insurance arrangements were in place.

Private prescription records, the RP record, and the controlled drug (CD) registers 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 were SOPs on confidentiality and data handling and team members had completed training on data security. Confidential waste was collected in designated bags which were sent to head office for destruction by a third-party company. The dispenser correctly described the difference between confidential and general waste. The delivery driver knew what it meant to maintain patient confidentiality. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public.

There was a safeguarding children and vulnerable adults SOP. The RP had completed level three training on safeguarding and the pharmacy technician's (PT) had completed level two. The delivery driver had a basic understanding about safeguarding and knew to voice any concerns to the pharmacist. Members of the pharmacy team had completed training on domestic abuse and safe spaces. The RP confirmed that the consultation room was always available for anyone requiring a confidential conversation. The pharmacy had a chaperone policy, and this was highlighted to people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are well trained, and they work effectively together. The pharmacy encourages them to keep their skills up to date and supports their development. They are enthusiastic and knowledgeable. They are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

The RP, a PT, an NVQ2 qualified dispenser (or equivalent), a medicines counter assistant (MCA) and a delivery driver were on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other and people who visited the pharmacy. Planned absences were organised so that no more than one person was away at a time. Absences were covered by re-arranging the staff rota. Team members were allowed to work overtime when necessary to help manage the pharmacy's workload, and there was a relief team of dispensers who could be requested to provide cover if necessary. The RP was the regular pharmacist and had worked at the pharmacy for several years. The pharmacy manager was a PT, and she shared the management duties with the RP. There was an area manager who visited the pharmacy regularly and provided procedural and operational support. The SI team provided professional support, and the RP said she felt well supported by them.

Members of the pharmacy team carrying out the services had completed appropriate training. They used various resources to ensure their training was up to date and they were given protected time to complete it. Training records were available for each member of the team and included modules on infection control and antimicrobial resistance, new services, and new products. For example, medicines which were changing from prescription only (POMs) to pharmacy (P). The team had completed recent training on the Pharmacy First Service and had been directed to local events and webinars. The SI's team were able to access the pharmacy's staff training records to see if there were any outstanding training requirements.

The pharmacy team were given formal appraisals, either by the area manager or pharmacy manager depending on their role, where performance and development were discussed. Day to day issues were discussed within the pharmacy team informally as they arose. The team received a weekly email from head office which covered a range of topics including the company's performance, patient safety matters, and amendments to SOPs. These messages were printed off and read and signed by the team members. The latest email contained professional information such as the count down to the Pharmacy First Service and training recommendations, as well as information from HR such as the support lines available to the pharmacy team over the Christmas break. The dispenser said she felt there was an open and honest culture in the pharmacy, and she felt comfortable admitting and discussing errors. She said she would feel comfortable talking to the RP or pharmacy manager about any concerns she might have. There was a whistleblowing policy and a notice on display showing this.

The RP was 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. Targets were set and monitored by the company, and

there were financial incentives for the pharmacy team when targets were met. But the RP didn't feel targets ever compromised patient safety and she didn't feel under pressure to achieve 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 four chairs. A cleaning rota was used and when completed it was sent to head office. The temperature and lighting were adequately controlled. The fixtures and fittings were in good order. 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. 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 pharmacy's window. 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 well managed and easy for people to access. The pharmacy gets its medicines from licensed suppliers, and it carries out some 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 everyone, including people with mobility difficulties and wheelchair users. The front door was fitted with a bell which people could ring to alert staff if they needed assistance to open it. A list of the services provided by the pharmacy was displayed in the window with the opening hours. These details were also stated on the company's website with the pharmacy's contact details. All the services available in other branches of the company were shown on the website. This helped to inform people of services and support available elsewhere. The pharmacy team was clear what services were offered and where to signpost people to a service not offered. There was a range of healthcare leaflets and a healthy living zone which displayed information on a different area of health every month or two.

The RP explained that the pharmacy already offered a range of additional services under Patient Group Directives (PGDs) such as the initiation and continuation of contraceptives, treatment for urinary tract infections (UTIs), and treatment of infected eczema. This was to be extended to include treatment for shingles, otitis media and tonsillitis as part of the Pharmacy First service starting at the end of the month. The team were currently working through PGDs and protocols in preparation for this. The RP confirmed that she had completed the required training, signed a declaration of competence, and had some helpful discussions with other pharmacists preparing for this service to help in her preparation.

There was a home delivery service with an associated electronic audit trail, which recorded the date and time the delivery was made, and the person who had received it. The delivery van was equipped with a fridge so medicines requiring cold storage were transported at the correct temperature. A note was left if nobody was available to receive the delivery and the medicine was returned to a delivery hub, where it was stored securely, before it was returned to the pharmacy the following day. CDs were delivered directly from the pharmacy and failed deliveries of CDs were always returned to the pharmacy rather than the delivery hub.

The dispensary was spacious, and the workflow 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. 'Pharmacist' stickers were used to highlight when counselling was required, and high-risk medicines were targeted for extra checks and counselling. The team were aware of the requirements for a Pregnancy Prevention Programme to be in place and knew that people who were prescribed valproate should have annual reviews with a specialist. The pharmacy did not currently have any patients in the

at-risk group. Team members knew that original packs should always be dispensed to ensure the appropriate information was supplied every time.

Support for people with disabilities was outlined in an SOP. An assessment was carried out by the pharmacist as to the appropriateness of a multi-compartment compliance aid pack, or if other adjustments might be more appropriate to the person's needs, prior to commencing this service. Some people received their medicines in original packs with medicine administration record (MAR) charts instead, and other people had their medicines in bottles with screw tops rather than click-locks. The clinical check for prescriptions to be dispensed into compliance aid packs was completed at the pharmacy and the packs were assembled at the company's hub. The RP explained that she carried out an additional accuracy check when the packs returned to the pharmacy. Any errors were corrected at the pharmacy and reported to the hub online. Medicine descriptions were included on the labels to enable identification of the individual medicines. Packaging leaflets were not usually included with compliance aid packs. A QR code was on the packaging directing people to a website where patient information leaflets could be found. But some people might not be able to easily access this, so may not have all the required information about their medicines. Disposable equipment was used.

The MCA explained what questions she asked when making a medicine sale and when to refer the person 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 misusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which were securely fixed to the wall. The CD keys were stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. 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 stock medicines and appropriate records were maintained for medicines ordered from 'Specials.' 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 and unwanted medicines were segregated and placed in designated bins.

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

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

The pharmacy team could access the internet for the most up-to-date information. The electronic British National Formulary (BNF) and BNF for children and electronic medicines compendium (eMC) websites were available on the pharmacy's computer system. There was a clean medical fridge for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. A sharps bin and other equipment required for the flu vaccination service was available in the consultation room. There was suitable blood pressure testing equipment including equipment for ambulatory testing. There was a selection of clean glass liquid measures with British standard and crown marks. 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. 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.