

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, The Village Green, Buxton Road;
High Lane, STOCKPORT, Cheshire, SK6 8DR

Pharmacy reference: 1079993

Type of pharmacy: Community

Date of inspection: 19/07/2019

Pharmacy context

This is a traditional community pharmacy next to a health centre, situated on a main road of a semi-rural residential area, serving the local population. It mainly prepares NHS prescription medicines. And a large number of people receive their medicines in weekly multi-compartment compliance aids to help make sure they take them safely. It also has a delivery service and other NHS services such as Medicines Use Reviews (MURs), New Medicine Service (NMS) emergency hormonal contraception (EHC) and flu vaccinations.

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	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy has a clear plan to maintain its services when staff are on leave.
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 generally manages its risks well. The pharmacy team follows written instructions to help make sure it provides safe services. And it records its mistakes so that it can learn from them. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that had been issued in October 2017 and were due for review in October 2019. These covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CD). Records indicated that all the staff had read and understood the procedures relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication. And it assisted with investigating and managing mistakes. The pharmacy team recorded mistakes it identified when dispensing medicines. The RP, who was also the manager, said that they would discuss any mistake that they felt was more significant with the rest of the team at the time it happened and take appropriate action to avoid it happening again. However, the team rarely recorded why it thought it had made each mistake. The RP usually reviewed the records every three months. But they only shared their review with the rest of the team if they felt they had something significant to raise about it. So, other staff could miss opportunities to learn and mitigate risks in the dispensing process.

The team received positive feedback in key areas in its recent satisfaction survey of people who used its services. A public notice explained how patients could make a complaint and the team had read the pharmacy's complaint procedures, so it could effectively respond to them.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP, private prescriptions and CD transactions. And it checked its CD running balances regularly on a weekly basis, so could detect any discrepancies at an early stage. A randomly selected CD corresponded to its running balance. The pharmacy also maintained its records for MURs, NMS and specials medications it had supplied.

The RP explained that the pharmacy rarely received emergency medication supply requests from people during the week and only occasionally on Saturdays. The team made records of these supplies in accordance with the law when it received these requests.

The pharmacy conducted annual data protection reviews. And it had detailed policies on protecting people's data and written procedures for securely storing and disposing of people's confidential information. However, whilst team members understood the basic principles, only two of them had read the policies. The superintendent pharmacist subsequently said that this would be addressed. Staff securely stored and destroyed confidential material. And they used passwords to protect access to electronic patient data, but usually shared each other's security cards to access this data. So, there was a small risk that it could be unclear who had accessed this information.

The RP and registered technician employed at the pharmacy had level two safeguarding accreditation. And the pharmacy had its own procedures for safeguarding vulnerable adults and children, which all the staff had read. The RP also had online access to the local safeguarding board's procedures and their contact details.

The pharmacy had consulted the GP when its delivery drivers had reported concerns about people who might have signs of memory loss or difficulties with managing their welfare. Sometimes this had led to the pharmacy limiting these people to seven days' medication per supply or arranging carers to support them. However, the pharmacy had not formally assessed all the people receiving multi-compartment compliance aids to determine if any of them needed limiting to seven days' medication per supply, which could help them to avoid becoming confused. And nearly all the people who used the compliance aid service each had four weeks' medication issued to them in a single supply.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe services. Team members work well together and have the qualifications and skills needed for their roles. The pharmacy supports newer team members while they are undergoing training. And each team member has a performance review, so that they can identify their skills and knowledge that need updating.

Inspector's evidence

The staff present were the RP, a full-time registered technician, an NVQ level 3 relief dispenser, an experienced full-time dispenser and a trainee medicine counter assistant (MCA). The other staff employed were a relief dispenser, a full-time MCA and a pre-registration pharmacist (pre-reg). The pharmacy shared its delivery driver with two of the pharmacy owner's other pharmacies in the locality.

The pharmacy had enough staff to comfortably manage the workload. The team said that they had repeat prescription medicines, including those dispensed in multi-compartment compliance aids ready in good time for when people needed them. The pharmacy received most of its prescriptions via the electronic prescription service (EPS), which helped to reduce workload pressure on its staff. And it had a steady footfall of people presenting for their recently issued acute prescription. So, the team avoided sustained periods of increased workload pressure and it promptly served people. Three dispensers provided the compliance aid service and staff worked well both independently and collectively. And they used their initiative to get on with their assigned roles and required minimal supervision.

The pharmacy closed for one hour over lunch period. The area manager, who was a pharmacist covered the RP's day off each week. And the relief dispenser provided cover four days a week, so that staff could maintain the compliance aid service. The pharmacy only allowed one team member to take planned leave at any one time. And the pharmacy's head office arranged cover for its staff while they took leave. The RP said that these arrangements helped the pharmacy to effectively maintain services.

Staff each had an annual appraisal with the RP and they informally discussed their performance with them throughout the year. The full-time dispenser was close to achieving accuracy checker (AC) accreditation. And the trainee MCA who started course around January 2019 was on schedule to complete their course by December 2019. The pharmacy's head office provided an internal training course based on each BNF category for the pre-reg, which included regular study days and tests of their knowledge. All the staff training for a formal accreditation had protected study time. And they said that they felt well supported in progressing their training. The pharmacy's head office organised evening workshops for all the other staff every three or four months, which could be difficult for some of them to attend and meant they had less opportunities to complete formal or structured training.

The RP said that the pharmacy had a realistic and achievable target for the number of MURs it completed. They could manage the competing MUR and dispensing workloads and had an effective strategy for when to conduct an MUR consultation. For example, they would invite people for a consultation while the team dispensed their medication or during periods of less dispensing workload. The RP spent around 10 to 15 minutes on each consultation and always held them in consultation room.

The pharmacy obtained people's written consent to provide the MUR service and NMS. And it obtained people's verbal consent for the electronic prescription service so it may not be able to effectively confirm who wanted this service.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, safe, secure and spacious enough for the services provided. And 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 premises' cleanliness was appropriate for the services provided. And it had the space needed to allow the pharmacy to dispense medicines safely. Staff could secure the premises to prevent unauthorised access. The consultation room offered the privacy necessary to enable confidential discussion. But its availability was not prominently advertised, so people may not always be aware of this facility. The superintendent pharmacist subsequently said that this had been addressed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices generally help make sure people receive safe services. It gets its medicines from licensed suppliers and it generally manages its medicines well to make sure they are in good condition, so are suitable to supply.

Inspector's evidence

The pharmacy opened Monday to Friday 9am to 6pm and Saturday 9am to 1pm and its entrance had a small step. The staff could see people entering the premises and offer assistance if needed. So patients could access the premises across most of the week. The flu vaccination service was only available one day a week only, but the pharmacy received a minimal number of requests for it, and people were usually agreeable to returning on the day it was available. So the service was probably accessible enough for its demand.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anti-coagulants, insulin, methotrexate, lithium and valproate. The team had audited all its valproate patients in the last six months and identified any patients who could be in the at-risk group. It had counselled and given them the MHRA approved valproate guidance booklet and advised them to consult their GP. The team also monitored and regularly reminded people on higher-risk medicines to have a regular blood test and recorded their results if they had them. And it checked if they were experiencing side effects or interactions caused by these medicines during MURs. The RP also advised people about how to safely use and dispose of their fentanyl patches.

The team scheduled when to order compliance aid patients' prescriptions, so it could supply patients' medication in good time. And it kept a record of each patient's current medication that stated the time of day they should take them. This helped it effectively identify and query any medications changes with the GP surgery. The pharmacy recorded verbal communications about medication changes for compliance aid people. So, it had the information that helped it make sure these people received the correct medicines. The team labelled each compliance aid with a description of each medicine inside it, which helped people to identify each medicine.

The pharmacy team used colour-coded baskets during the dispensing process to separate people's medicines and prioritise its workload. This helped it to avoid confusing each patient's medicines with others and organise its workload. And it marked part-used medication stock cartons, which helped make sure people got the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored all of them in an organised manner. The pharmacy had a system for it to comply with the Falsified Medicines Directive (FMD), which the staff only sometimes used to check medicines that had the appropriate barcode. So the pharmacy did not always comply with the FMD where it could.

The pharmacy suitably secured its CDs and properly segregated its date-expired and patient-returned CDs. And it had destruction kits for destroying CDs. The team monitored its medication refrigerator storage temperatures and records indicated that the pharmacy monitored its medicine stock expiry dates over the long-term. Staff took appropriate action when they received alerts for medicines suspected of not being fit for purpose and they made records related to the action they had taken. The

team disposed of its obsolete medicines in waste bins kept away from medicines stock. So, it reduced the risk of supplying its medicines that might not fit for purpose.

The team used an alpha-numeric system to store its patients' bags of dispensed medication. So, it could efficiently retrieve patients' medicines when needed. Records showed that the pharmacy had a secure medication home delivery service. And it had records of the pharmacist who had supplied each CD. So, it could identify the pharmacist responsible for CDs it had delivered.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide the services it offers.

Inspector's evidence

The pharmacy team kept the dispensary sink clean and had hot and cold running water and an anti-bacterial hand-sanitiser. So, it had facilities to make sure it did not contaminate the medicines it handled. The team had a range of clean measures, so could accurately measure and give patients their prescribed volume of medicine. And it had the latest versions of the BNF and cBNF, so could refer to the latest clinical information for people.

The pharmacy team had facilities that protected people's confidentiality. It viewed electronic patient information on screens not visible from public areas. And the pharmacy regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. The team had facilities to store bags of dispensed medicines and their related prescriptions away from public view.

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.