

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, The Pharmacy, Leigh Health Park,
Derby Street, LEIGH, Lancashire, WN7 2PD

Pharmacy reference: 1089023

Type of pharmacy: Community

Date of inspection: 21/03/2023

Pharmacy context

This is a community pharmacy next to two medical centres. It is located close to the town centre of Leigh, Greater Manchester. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception.

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	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. It keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong, but the records have not been reviewed for some time. So some learning opportunities may be missed and there could be a similar mistake.

Inspector's evidence

A folder contained the pharmacy's standard operating procedures (SOPs). Training sheets had been signed by members of the pharmacy team to say they had read and accepted the SOPs.

Near miss incidents were recorded on a paper log. Members of the team explained that the pharmacist and accuracy checkers reviewed the records to help identify any potential learning points. But no reviews had been completed since December 2022. The accuracy checker said she highlighted mistakes to members of the team and ask them to rectify their own errors. She gave examples of action which had been taken to help prevent similar mistakes, such as introducing additional accuracy checks for controlled drug medicines. Dispensing errors were investigated, recorded on a form and submitted to the superintendent pharmacist (SI) for review.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were electronically maintained with running balances recorded, and these were checked each week. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the team had completed IG training and had signed confidentiality agreements. When questioned, a dispenser was able to correctly describe how confidential information was separated to be removed by a waste carrier. A poster in the retail area described how people's information was handled and stored by the pharmacy. Safeguarding procedures were available and members of the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are generally enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. But contingency arrangements for staff absences are not always effective. And this means the team does not always keep up to date with less urgent tasks and general housekeeping. Members of the pharmacy team complete regular training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager and five dispensers, one of whom was trained to accuracy check. All members of the pharmacy team were appropriately trained. There was usually a pharmacist supported by four to five dispensers, but the pharmacy team were currently experiencing multiple absences. Relief dispensers and a staggered holiday system were used to help maintain staffing levels. But on a number of recent occasions, no relief dispensers had been available to work at the pharmacy. At the time of inspection, the team was short staffed, but said a relief dispenser was due to arrive in the afternoon. This meant one of the dispensers was having to work on the counter and so the accuracy checking dispenser was not able to perform her usual accuracy checking role. Some routine tasks had not been completed, such as date checking stock and reviewing near miss incidents. When questioned, members of the team said they were generally coping well but had to prioritise more urgent tasks, to ensure people continued to receive their medicines on time. The pharmacy had recruited an experienced dispenser who was due to start in the next few weeks.

The pharmacy provided the team with various e-learning modules. The training topics appeared relevant to the services provided and those completing the e-learning. Training records were available. A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The locum pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy team.

Members of the team said they felt well supported by the pharmacist manager. Appraisals were conducted each year, and the dispenser said she felt it was a fair process. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the area manager or SI. There were no performance targets for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy is situated inside a standalone business unit. It was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using an air conditioning unit. Lighting was sufficient. The staff had access to a kitchenette area and WC facilities.

A consultation room was available. The space was clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources and carries out checks to make sure they are kept in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Posters gave information about the services offered and information was also available on the website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. And members of the team were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR. But there was no process to highlight dispensed high-risk medicines (such as warfarin, lithium, and methotrexate).

The pharmacy had a delivery service. Records of deliveries were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-month basis. A date checking matrix was signed by staff as a record of what had been checked, but the team had fallen behind with this process and some stock had not been checked since October 2022. A spot check did not find any out-of-date medicines, but some were short-dated and had not been highlighted. So there was a risk that expired medicines could be overlooked. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current

stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily. But on four occasions during March the maximum temperature was recorded above the required range of 2 Celsius to 8 Celsius with no further action recorded. So the pharmacy could not show that they had taken appropriate action to make sure the fridge was operating correctly. The current temperature remained within the required range throughout the inspection. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. A record was kept showing the action taken, when and by whom.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Members of the team had access to the internet for general information. This included access to the BNF, BNFC and Drug Tariff resources. According to the stickers attached, electrical equipment had last been PAT tested in October 2022. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was required.

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.