General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, 11 College Street, LEIGH, Lancashire, WN7 2RF

Pharmacy reference: 1094282

Type of pharmacy: Community

Date of inspection: 17/04/2024

Pharmacy context

This is a community pharmacy located next to a GP surgery. It is situated in a residential area 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 the NHS Pharmacy First 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. The pharmacy 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 discuss when things go wrong to help identify learning, but they do not always make records of their mistakes. Which would help them to identify further learning opportunities.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which were issued in May 2021. But they were overdue their stated date of review of May 2023. So, the procedures may not reflect current practice. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

The pharmacy had systems in place to record and investigate dispensing errors, and the subsequent learning outcomes. A paper log was available to record near miss incidents, but only a few had been recorded. The team admitted they did not think all mistakes had been recorded. So, they are unable to use the records to help identify further learning opportunities. However, team members explained that the pharmacist would highlight any mistakes they made and discuss them so they could identify learning. They also discussed any similar boxes of medicines when stock was received from wholesalers to make each other aware of potential picking errors.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) had their notice on display. The pharmacy had a complaints procedure. But details about it were not on display which would help to encourage people to provide feedback. Any complaints were recorded and followed up. A current certificate of professional indemnity insurance was available.

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

An information governance (IG) policy was available. The pharmacy team had completed GDPR training. When questioned, a dispenser was able to explain how confidential information was separated into waste bags which were removed and destroyed by the head office. Safeguarding procedures were available and had been read by members of the team. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included four dispensers, one of whom was the pharmacy manager. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be manageable. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about suicide awareness. Training records were kept showing what training had been completed. But further training was not provided in a consistent manner, so learning needs may not always be fully addressed.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The locum pharmacist felt able to exercise their professional judgement, and this was respected by members of the team. The dispenser said they felt well supported by the pharmacy manager, and they felt the team worked well together. But team members did not receive appraisals, so development needs may be missed. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. The pharmacist was not set 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 for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using air conditioning units and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available. It was clean, with a computer, 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 licensed sources, stores them appropriately and carries out regular checks to help make sure that they are 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 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. Various posters advertised 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 had a delivery service, and 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.

The pharmacy team initialled ‘dispensed-by’ and ‘checked-by boxes’ on dispensing labels to help show who was involved in the dispensing process. They used baskets to separate individual patients’ prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. 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. Members of the team were seen to confirm the patient's name and address when medicines were handed out. The pharmacy's computer software alerted them when prescriptions were due to expire, and these were removed from the collection shelves. The team would provide counselling to people when it was requested, but there was no process to routinely identify people taking high-risk medicines (such as warfarin, lithium, and methotrexate). So, team members may not remember to discuss these medicines to help make sure the medicines remained suitable and safe to use. Members of the team were aware of the risks associated with the use of valproate containing medicines during pregnancy. Educational material was supplied. Team members were not aware of any current patients who met the risk criteria.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Expiry dates of medicines were checked on a two-to-three-month basis. But records were not kept, so some medicines might be overlooked. Any short-dated stock was highlighted using a sticker and 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. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email

from the MHRA. Alerts which required an action were printed, with the details of the action taken and by whom. But alerts which did not require any action did not have a record to show how they had been dealt with.

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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc, and Drug Tariff resources. All electrical equipment appeared to be in working order. 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. People 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.