

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, 27 - 29 Bath Street, ILKESTON,
Derbyshire, DE7 8AH

Pharmacy reference: 1125529

Type of pharmacy: Community

Date of inspection: 03/08/2022

Pharmacy context

This community pharmacy is located in the town centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It also offers a travel vaccination clinic and fit to fly Covid testing.

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 team records and analyses adverse dispensing incidents to identify learning points which it incorporates into day-to-day practice to help manage future risks.
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 generally manages risks to make sure its services are safe, and it acts to improve patient safety. It completes the records that it needs to by law, and it asks its customers for their views and feedback. 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. The SOPs were also available as electronic versions. 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 name badges showing their roles. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

A business continuity plan was in place which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services. There was a SOP for dealing with an incident, error or near miss. The pharmacy team reported dispensing errors to the pharmacist superintendent's (SI) office and took actions to prevent a re-occurrence. For example, following an incident when the wrong strength of gabapentin had been supplied, the two strengths were separated, and an alert sticker attached to the shelves so extra care would be taken when selecting these medicines. There were alert stickers in front of look-alike and sound-alike drugs (LASAs) such as sertraline and sildenafil, and pantoprazole and pravastatin. Clear plastic bags were used for assembled CDs and medicines requiring refrigeration to allow an additional check at hand out. Near misses were recorded on a log and discussed with the pharmacy team. The records were formally reviewed annually when a patient safety report was completed. Patient safety learnings from other pharmacies in the group and other professional issues from the SI were shared in a weekly email. These messages were printed off and read by the pharmacy team.

There was a SOP for dealing with complaints, but there was nothing on display highlighting this, so people might not know how to raise a concern. A customer satisfaction survey was being carried out and people were being asked to provide their feedback using an online questionnaire. Results from previous surveys were not displayed.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. 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, denaturing kits were available.

There were SOPs on confidentiality and data handling. A dispenser explained she had covered this as

part of her dispensing assistant course, as well as reading the SOPs. She understood the difference between confidential and general waste. Confidential waste was collected in designated bags which were sent to head office for disposal. 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 which included guidance. The pharmacy manager had completed level 2 training on safeguarding, and other staff had completed level 1 training. The dispenser said she would discuss any concerns regarding children and vulnerable adults with the pharmacy manager. The pharmacy had a chaperone policy, but there was nothing on display highlighting this, so people might not realise this was an option when using the consultation room. Members of the pharmacy team knew about the 'Ask ANI' scheme where people suffering domestic abuse could use the code words to alert the staff that they needed help and support. Members of the pharmacy team had completed Dementia Friends training, so had a better understanding of people living with this condition.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. Its 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 was the pharmacy manager. There was also an NVQ2 qualified dispenser (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 people who visited the pharmacy. Absences were covered by re-arranging the staff rota or requesting assistance from the area relief team which consisted of pharmacists, pharmacy technicians (PTs) and dispensers. Regular cover for a dispenser on maternity leave was being provided by a relief dispenser.

Members of the pharmacy team carrying out the services were qualified and could access online training resources to keep their training up to date. Training records were available for each member of the team and included recent training on suicide awareness, flu vaccination, infection control and antimicrobial stewardship. The pharmacy manager had completed face -to-face refresher training on vaccinations as well as online training. She had read and signed all the relevant patient group directions (PGDs). There was a formal appraisals process where team member's performance and development was discussed. The area manager visited the pharmacy at least monthly. The pharmacy team received a weekly email from head office which included a range of topics including patient safety, details of upcoming training and stock supply issues. A listening forum for staff to participate in was advertised in the latest email. The team discussed issues on a daily basis. A dispenser described an open and honest culture in the pharmacy and confirmed she felt comfortable admitting and reporting errors. She felt that learning from mistakes was the focus. The dispenser said they would feel comfortable talking to the pharmacy manager or area manager about any concerns she might have. Team members could make suggestions or criticisms informally and there was a whistleblowing policy.

The pharmacy manager 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. She said targets were in place for some services, but they were achievable and she did not feel too much pressure to meet them.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean, spacious and well maintained. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled. The pharmacy had been fitted out to a high standard, and the fixtures and fittings were in good order. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue.

There was a separate stockroom on the ground floor and lots of storage and office space on the first floor. Staff facilities included a staff room with a kitchen and two WCs, and wash hand basins with 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. There were information notices about Covid-19 and Perspex screens at the medicine counter to help reduce the spread of infection.

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. This room was used when carrying out services such as the travel clinic and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. The pharmacy team members are helpful and give healthcare advice and support to people in the community. 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 everyone, including people with mobility difficulties and wheelchair users. A list of the services provided by the pharmacy was displayed in the window of the pharmacy along with the opening hours. There was a healthy living area displaying information on weight loss, sleep and children's dental care. There was also a range of healthcare leaflets from the British Heart Foundation (BHF) and Derbyshire alcohol service. The pharmacy team was clear what services were offered. Signposting information was on display which could be used to inform people of services and support available elsewhere. The pharmacist sent emails to patient's GPs when they provided private services such as travel vaccinations, so that their medical records could be updated.

There was a home delivery service with associated audit trails. Each delivery was recorded. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The pharmacy 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 generally initialled on the medication labels, although these were not completed for assembled methadone. The pharmacy manager thought this was not necessary for supervised medication, as the medication container did not leave the pharmacy. She agreed to review this practice to provide an audit trail. There was a risk that people receiving supervised medication might have their confidentiality breached by being given their medication at the medicine counter. The pharmacy manager said she offered people the use of the consultation room when they commenced the service, but it was usually refused. And the pharmacy was reasonably quiet, so people receiving supervised medication were usually the only ones in the pharmacy, so confidentiality was not an issue. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Speak to Pharmacist' stickers were used to highlight when counselling was required. High-risk medicines such as warfarin, lithium and methotrexate were targeted for extra checks and counselling. The team were aware of the valproate pregnancy prevention programme. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Support for people with disabilities was outlined in a 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. Most people requiring compliance aid packs had their packs dispensed and supplied from a neighbouring branch. Some people preferred to have their medicines dispensed locally and a small

number of compliance aid packs were assembled at the pharmacy. These were well managed with an audit trail for communications with GPs and changes to medication. Medicine descriptions were included on the labels to enable identification of the individual medicines. One set of compliance aid packs did not contain the cautionary and advisory labels, so the patient might be unclear how to take their medicines. The dispenser said she would look into this as other patient's packs contained the full labelling. Packaging leaflets were not usually included, so patients might not be able to easily access 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 abusing medicines such as a codeine containing product.

CDs were securely stored in a CD cabinet and safe. The keys were under the control of the responsible pharmacist during the day and 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. 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

The pharmacy has the equipment it needs to provide its services safely. Equipment is appropriately monitored and maintained so that it is safe to use.

Inspector's evidence

Recent versions of the British National Formulary (BNF) and BNF for children were available for reference and professional websites were accessible via the patient medication record (PMR) system. The pharmacy manager said she usually used the electronic BNF which she accessed via an App on her mobile phone.

There were two clean medical fridges. 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. There was a selection of clean glass liquid measures with British standard and crown marks. Measures were marked and separate ones were 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 were not visible from the public areas of the pharmacy. 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.