

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, Kings Medical Centre, King Street,
Sutton-in-Ashfield, Nottinghamshire, NG17 1AT

Pharmacy reference: 9011030

Type of pharmacy: Community

Date of inspection: 01/05/2019

Pharmacy context

The pharmacy is next to a surgery close to the town centre. The pharmacy re-located from other premises in the town centre in December 2018. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also supplies medicines in multi-compartmental compliance packs to people living in their own homes.

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's working practices are safe and effective. The pharmacy responds appropriately to people who raise concerns and provide feedback about its services. And it generally keeps the records it must by law up to date. The pharmacy manages people's private information securely. The pharmacy team members discuss mistakes made during the dispensing process. But they do not always record these. So, this may mean that they miss opportunities to share learning and prevent similar mistakes from occurring. They are clear about their roles and responsibilities. And demonstrate how they work to identify and report concerns to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy changed ownership at the time of re-location (December 2018). It had standard operating procedures (SOPs) in place. A written statement from the pharmacy's superintendent pharmacist gave permission for the team to refer to a range of SOPs implemented by the previous owners. These SOPs had last been reviewed in October 2017 and contained clear indication of a two-year review date. New SOPs were being phased in gradually by the company. Roles and responsibilities of the pharmacy team were set out within SOPs. Training records confirmed that members of the team had completed training associated with SOPs. A member of the team explained what tasks could and could not take place if the responsible pharmacist (RP) took absence from the premises.

The dispensary was organised. Workflow was efficient. Separate areas of the dispensary were used for labelling, assembly and accuracy checking. The team assembled and checked multi-compartmental compliance packs in a quiet area to the side of the dispensary. The RP acted to manage high-risk activities such as dispensing controlled drugs (CDs). Assembly of substance misuse medicines took place against the prescription in advance of people attending the pharmacy. This helped to reduce workload pressure. Assembled doses were stored in a secure CD cabinet. The RP was observed checking details on the prescription with the medicine prior to supervising consumption of these medicines.

The pharmacy had a near-miss reporting record. But it was not always completed with details of mistakes made during the dispensing process. For example, the record for April was empty. Pharmacy team members explained that they discussed details of near-misses at the time they occurred. They could demonstrate actions taken to reduce the risk of mistakes during the dispensing process. For example, they had separated amoxicillin capsules and amlodipine tablets after a trend in picking errors was identified.

The pharmacy had a dispensing incident reporting process in place. The RP explained how she would investigate, correct and report a dispensing incident. The pharmacy submitted incident reports to the superintendent pharmacist's team for review. Evidence of reporting was available. And the team demonstrated actions taken to reduce risk following shared learning from these types of mistakes. For example, the team were applying additional checks of CDs during the dispensing process following an incident which had led to a hand-out error.

Pharmacy team members did not regularly engage in structured reviews relating to near-misses or

dispensing incidents. A 'patient safety review' template for January 2019 was completed. But the exercise had not been repeated for subsequent months. A discussion took place about the advantages of carrying out regular safety reviews. These reviews would help the team to identify trends, share learning and demonstrate risk reduction actions taken. Pharmacy team members explained how information from the superintendent's team was used to reduce risk in the dispensary. For example, the pharmacy had segregated olanzapine preparations from other similar sounding medicines.

The pharmacy had a complaints procedure in place. But there was no practice leaflet advertising how people could provide feedback to the pharmacy team. The team reported that copies of the leaflet were on order and explained that the company's complaints procedure was available on their website. A member of the team explained how the pharmacy would manage feedback and seek to resolve it locally. She was aware of how to escalate concerns to the pharmacy's head office if required. The team explained that the majority of feedback was related to medicine availability. Pharmacy team members identified how they managed these concerns by ringing other branches in the area to enquire if stock was available within the company. They also liaised with the surgery about long-term stock shortages. People had provided feedback relating to the pharmacy's entrance. The team explained that the push button was not always seen. So, people had on occasion thought the pharmacy was closed. The team had signposted the button in a number of ways to assist with access.

The pharmacy had up to date insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record generally complied with legal requirements. There was a couple of missed sign-out times in the sample of the register examined.

A sample of the CD register found that it generally met legal requirements. The pharmacy maintained running balances in the register. Balance checks of the register against physical stock took place weekly-fortnightly. Methadone balance checks took place weekly. The address of the wholesaler was occasionally missing when methadone was signed into the register. A physical balance check of MST Continus 60mg tablets complied with the balance in the register. A CD destruction register for patient returned medicines was maintained. But the team did not always enter returns on the day of receipt. A discussion took place about best practice and providing a clear audit trail of all schedule 2 CDs on the premises.

The pharmacy held the Prescription Only Medicine (POM) register electronically. Records for private prescriptions occasionally contained inaccurate or missing address information of the prescriber. The pharmacy recorded emergency supplies in the POM register. But it did not always record the nature of the emergency when making a supply at the request of a patient. The pharmacy completed full audit trails on certificates of conformity for unlicensed medicines as per MHRA record keeping requirements.

The team held records containing personal identifiable information in staff only areas of the pharmacy. Assembled medicines waiting for collection were located to the side of the dispensary. The team had completed learning following the introduction of the General Data Protection Regulation (GDPR). The pharmacy transferred confidential waste to white bags. Bags were secured and collected for secure destruction periodically.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. The team had access to contact details for local safeguarding teams through the internet. Pharmacists and the pharmacy technician had completed level 2 training on the subject. Other members of the team had engaged in learning through reading procedures. A member of the team explained how she would recognise and escalate a concern to the pharmacist. The team provided several examples of how they had discussed some concerns with GPs.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services and they are qualified in their roles. The pharmacy has some systems to support its team members with ongoing learning associated with their roles. Pharmacy team members engage in informal shared learning following mistakes during the dispensing process. And they know how to raise concerns about the pharmacy or its services if they need to.

Inspector's evidence

On duty at the time of the inspection was the RP (a part-time regular pharmacist) and two pharmacy technicians. A qualified dispenser and medicine counter assistant were on annual leave. Another part-time pharmacist also worked at the pharmacy.

The team were up to date with workload at the time of inspection. They explained that it was the first time two people had been on leave together. But leave arrangements were planned in advance. The current team was relatively new as some staff had transferred from another of the company's pharmacies following the relocation to the new premises. As such the team were still working to develop ways to share learning.

Pharmacy team members had access to some ongoing training relating to their roles. For example, learning related to the NHS Quality Payment criteria such as children's oral health training and safeguarding training. Pharmacy team members did not receive a regular appraisal. This potentially meant that learning or development needs may not be identified. And as such the opportunity to provide support missed.

The pharmacy had some targets in place for services. The RP confirmed that there was no undue pressure put on her to perform against targets. Pharmacy team members generally communicated informally through conversation and verbally passing on information. For example, a pharmacist had found an insulin product in a basket left out overnight. The team had engaged in learning following the event. They now ensured that cold chain stickers were prominently attached to baskets. And cold chain medicines waiting to be checked were brought to the attention of the pharmacist.

Pharmacy team members were aware of the company's whistleblowing policy. They could explain how to raise and escalate a safety concern about the pharmacy or its services. But specific examples of how the pharmacy supported staff in providing feedback were not provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and well maintained. It promotes a professional image for delivering its services. The pharmacy has private consultation facilities which help protect the confidentiality of people accessing its services.

Inspector's evidence

The pharmacy was modern. And the premises were well maintained and secure. Pharmacy team members could report maintenance concerns to their head office. No maintenance concerns were outstanding at the time of inspection. The premises were clean and tidy with no slip or trip hazards evident. Air conditioning was in place. Lighting throughout the premises was bright. Antibacterial soap and paper towels were available at designated hand washing sinks.

The public area of the pharmacy was open plan and led to the medicine counter and consultation room. The pharmacy stored pharmacy (P) medicines behind the medicine counter. This protected them from self-selection. The consultation room was sound proof and clearly signposted. It was professional in appearance and allowed for confidential conversations to take place..

The dispensary was a good size for providing the pharmacy's services. To the side of the dispensary was a corridor. This provided access to a stock room and staff facilities. A clearly designated area in the stock room was allocated to wholesale dealing. Temperature monitoring of this area took place in accordance with MHRA requirements.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It provides information to promote services and supports people in leading healthy lifestyles. And it takes extra care when supplying high-risk medicines to people. But the team doesn't always supply information leaflets with medication to help people take their medicines safely. The pharmacy obtains its medicines from reputable suppliers. It stores medicines safely and securely. And it generally manages its medicines, so they are safe and fit to supply. It has suitable systems in place to deal with concerns about medicines.

Inspector's evidence

The pharmacy was accessed through a power-assisted door at street level. This meant that people using wheelchairs and those with pushchairs could access the pharmacy with ease. Opening times and details of the pharmacy's services were advertised. It had a range of service and health information leaflets available to people. Health promotion displays in both the public area and consultation room were bright and engaging. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. Designated seating was available for people waiting for a prescription or service.

The pharmacy had systems to identify people on high-risk medicines. Pharmacy team members referred these prescriptions to the pharmacist. And the RP demonstrated how intervention notes were made on the person's medication record following counselling and monitoring of medicines such as warfarin. The team were familiar with the requirements of the Valproate Pregnancy Prevention Programme. And valproate warning cards were available. The pharmacy team highlighted eligibility for services such as MURs through stickers on assembled bags of medicines. An up to date protocol was in place for the supply of medicines through the minor ailments service.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and informed workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The prescription was used throughout the dispensing process when the medicine was later supplied. Assembled medicines for delivery were sent to another local branch that facilitated a delivery hub. No CDs requiring safe custody were sent through this service. And the pharmacy maintained a full audit trail of medicines sent to the delivery hub.

Every person receiving a multi-compartmental compliance pack had a profile sheet and event diary in place. But event diaries were not consistently used to record details of changes to medicine regimens. The team confirmed that changes to medicine regimens were queried with surgeries. A sample of assembled trays contained audit trails from the pharmacist accuracy check. But dispensary team members did not always sign to confirm who had assembled the tray. The pharmacy did provide descriptions of the medicines inside the trays. But it did not provide patient information leaflets routinely. The team explained that people received these upon request, or for new medicines. A discussion took place about the legal requirement to supply a leaflet each time a medicine was

dispensed.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team were aware of the Falsified Medicines Directive (FMD). It had scanners in place, but these were not in use. The team had not received training relating to FMD to date. And SOPs had not been updated to reflect the changes required by FMD.

The pharmacy stored medicines in an orderly manner and in their original packaging. A date checking matrix was in place. The team had started this record in April 2019. A system was in place for highlighting short-dated medicines. The team annotated details of opening dates on bottles of liquid medicines. No out of date medicines were found during random checks of dispensary stock.

The pharmacy held CDs in secure cabinets. Medicines storage inside the cabinets was orderly. The pharmacy's fridges were clean. The fridge holding assembled medicines was nearing its storage capacity, this required monitoring. The stock fridge was a sufficient size. Temperature records confirmed that fridges were operating between two and eight degrees. The pharmacy held assembled cold chain medicines in clear bags. This prompted additional checks of the medicines inside prior to hand-out. CD prescriptions were clearly highlighted to prompt additional checks. For example, a check of the 28-day validity period of the prescription.

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy received drug alerts by email. The team checked these and maintained details of alerts for reference purposes.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable equipment and facilities for providing its services. And it has some monitoring systems in place to make sure its equipment is safe to use and fit for purpose.

Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screen. Pharmacy team members on duty had personal NHS smart cards. The pharmacy had IT support systems in place.

Clean, crown stamped measuring cylinders were in place. Cylinders for use with methadone were stored separately. Counting equipment for tablets and capsules was available. This included a separate triangle for use with cytotoxic medicines. Equipment for the multi-compartmental compliance pack service was single use. Gloves were available if required. A blood pressure machine was available in the consultation room. There was no evidence of recent electrical safety tests being carried out. But electrical equipment and wires were visibly clean and free from wear and tear.

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.