

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, Netherfield Medical Centre, Knight Street, Netherfield, Nottingham, Nottinghamshire, NG4 2FN

Pharmacy reference: 9011449

Type of pharmacy: Community

Date of inspection: 21/02/2022

Pharmacy context

The pharmacy is in a medical centre in the Nottinghamshire town of Netherfield. It relocated to its current premises in January 2021. The pharmacy's main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people to take their medicines. And it delivers some medicines to people's homes. The pharmacy was inspected during the COVID-19 pandemic.

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 effectively manages the risks with its services appropriately. It keeps people's private information secure. And it generally maintains all records required by law. The pharmacy uses feedback to help inform improvements to how it delivers its services. Its team members understand how to recognise and respond to safeguarding concerns. And they engage in some learning to help reduce risk following mistakes they make during the dispensing process.

Inspector's evidence

The pharmacy had appropriately addressed the risks of managing its services during the COVID-19 pandemic. A sign on the pharmacy door advised people to wear a face covering when entering. Markers on the floor continued to support people with social distancing within a healthcare environment. And the pharmacy had robust plastic screening fitted around the medicine counter. This helped to reduce the risks associated with contracting COVID-19. All team members continued to wear type IIR face coverings whilst working. And they had access to other personal protective equipment (PPE) if needed. The pharmacy's dispensary was organised and workflow was efficient. Team members kept each person's prescription separate throughout the dispensing process by using coloured baskets.

The pharmacy had standard operating procedures (SOPs) to support the safe running of the pharmacy. These covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The review date of some of the SOPs had gone beyond the normal two-year review cycle. And the team acknowledged that it was waiting to receive updated copies of some of the SOPs from its head office support team. SOPs clearly identified the roles and responsibilities of pharmacy team members. And training records confirmed that team members had read and understood them.

The pharmacy team had consistently engaged in near miss reporting since the last inspection in August 2021. Some individual entries in the near miss record included a reflection of why a mistake had occurred. Pharmacy team members discussed mistakes during regular conversations. And they provided examples of learning from near misses. For example, reviewing the placement of 'look-alike and sound-alike' medicines within the dispensary. But the team did not take the opportunity to record details of the risk reduction actions implemented within a monthly review template, available as part of the near miss record. This meant it could be more difficult for the team to demonstrate how it acted to reduce trends in mistakes. The RP had completed a recent annual review of adverse events to support the pharmacy in meeting the requirements of the NHS Pharmacy Quality Scheme (PQS).

The pharmacy had a clear process for managing and reporting dispensing incidents. This included onward reporting of an incident to the superintendent pharmacist's office. The pharmacy advertised its feedback procedures within a practice leaflet available in its consultation room. Pharmacy team members understood how to manage and escalate a concern from a member of the public if needed. And the team demonstrated how it had acted in response to feedback. For example, pharmacy team members used flash notes on people's medication records following feedback relating to a dispensing incident. This reduced the risk of a similar mistake occurring. The team also used flash notes to help them to identify people with the same or similar name, and to support person centred care. For

example, by highlighting a person's preferred flavour of a regular medicine.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. A sample of the RP record between December 2021 and February 2022 was completed with full details of sign-in and sign-out times. The inspection process identified that the RP sometimes left the premises briefly during their lunch break when the pharmacy remained open. A discussion revealed that team members had a clear understanding of what tasks could and could not take place during this period of absence. And it highlighted the need to ensure absences were recorded within the register.

The pharmacy maintained running balances in the CD register. Balance checks had increased in frequency over the last six months, and were now generally completed monthly. A random physical balance check conducted during the inspection complied with the running balance in the register. The pharmacy had a patient returned CD destruction register. And this was maintained to date. The pharmacy held an electronic record of the private prescriptions it dispensed. This was generally kept in accordance with legal requirements. But the team did not always record accurate details of the prescriber within this record. The pharmacy held records associated with unlicensed medicines in accordance with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The pharmacy held most personal identifiable information in the dispensary. It held some information inside cupboards in its consultation room. The room remained locked between use. The pharmacy held confidential waste in designated bags. And the team sealed these bags prior to them being collected for secure disposal. The pharmacy had procedures relating to safeguarding vulnerable adults and children. And team members had completed some learning on the subject to support them in identifying and reporting concerns. The RP provided some examples of sharing concerns over medicine compliance with prescribers. The pharmacy team knew how to access contact information for local safeguarding teams. And the RP identified how they could access peer support when reporting a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a small, dedicated team of people who have the appropriate skills and knowledge to deliver its service effectively. Pharmacy team members engage in some continual learning associated with their roles. And they understand how to raise a professional concern if needed.

Inspector's evidence

The pharmacy team consisted of a pharmacist manager, a pharmacy technician, a qualified dispenser and a trainee dispenser. The pharmacy also employed two regular delivery drivers to provide its medicine delivery service. The RP on duty on the day of inspection was the manager. Regular locum pharmacists generally covered the RP's days off. Normal staffing levels for a morning would be three team members and the RP. But one team member was on leave on the day of inspection. And the remaining team members were observed to be busy managing a high volume of telephone queries and serving on the medicine counter between completing dispensary tasks. This did mean the team was under some heightened pressure, particularly during peak periods. The team had arranged for some relief cover to support another team member's day-off later in the week.

Pharmacy team members had engaged in some learning since the last inspection some six months ago. This learning differed between job roles. For example, one team member demonstrated the completion of e-learning modules through the Centre for Pharmacy Postgraduate Education (CPPE). And another member of the team demonstrated regular learning through informal conversations relating to risk management and patient safety. All team members had engaged in a structured appraisal within the last six months. And one team member identified how this had provided some protected time to talk through performance and development. The pharmacy received regular newsletters from its superintendent pharmacist's team. The newsletters included information relating to services and learning from patient safety reports. And the RP took the opportunity to discuss some recent learning from the newsletter involving the safe placement of blood pressure cuffs on people using opioid patches. The pharmacy had some targets in place associated with its services. These did not cause undue pressure or worry to the team.

Team members engaged in regular conversations related to workload and patient safety. But the team did not record the outcomes of these conversations to help drive continuous learning. The pharmacy had a whistleblowing policy in place. A team member discussed how a visit from the superintendent pharmacist in August 2021 had supported the team in understanding further how to raise concerns at work. And confirmed that they would feel confident in raising a concern if a need arose. The manager discussed an upcoming company event in the form of a listening forum. This was designed to support team members in sharing their views.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is modern and clean. It provides a professional environment for delivering healthcare services. People accessing the pharmacy can speak with a member of the team in private when required.

Inspector's evidence

The pharmacy was modern and provided a professional image for the delivery of its services. The premises were clean, organised and secure against unauthorised access. A large open plan public area provided access to healthcare and general sales list medicines. Off this area was a good size consultation room. The room was slightly cluttered with cardboard boxes on the day of inspection. But the boxes did not prevent access into the room.

The dispensary was behind the medicine counter and it was a suitable size for the level of activity undertaken. The team had enough workspace for managing higher risk activities such as assembling multi-compartment compliance packs. The pharmacist's workbench provided ample space for tasks associated with checking prescriptions and administration work. Rooms leading off the dispensary led to staff kitchen and toilet facilities. Lighting was bright throughout the pharmacy and air conditioning was in working order.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. It obtains its medicines from reputable sources. And it stores these medicines safely and securely. The pharmacy regularly provides information to people about the medicines they are taking. It's team members recognise the risks associated with the pharmacy services provided. And they act with care to manage these risks.

Inspector's evidence

People accessed the pharmacy through automatic doors leading from a ramp with a handrail from a residential street. People could also access the pharmacy directly from the medical centre as the pharmacy raised a shutter between the two healthcare providers during the working day. The pharmacy held some leaflets associated with healthy living and its services. And team members were aware of how to signpost a person to another pharmacy or healthcare provider if they required a service which could not be provided.

The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter. And team members were observed referring requests for advice to the RP. The RP demonstrated how she intervened when prescription labels were not written in plain English to ensure they read clearly. And provided confirmation of verbal checks associated with some higher risk medicines. There was evidence of the pharmacy recording some changes to medicine regimens within a person's medication record. But no specific examples of counselling or changes associated with higher risk medicines were available for inspection. The pharmacy had engaged in some recent medicine safety audits as required through the PQS. Team members were aware of the risks associated with the use of valproate in pregnancy. And understood the need for additional counselling in accordance with the valproate pregnancy prevention programme. And the pharmacy had patient cards and counselling materials available to support it in supplying medicines containing valproate.

The pharmacy held records associated with the delivery of medicines to people's homes. This supported the team in answering any queries relating to the service. The pharmacy had robust processes in place for managing the ordering of prescriptions. The audit trail included details of the medicines ordered to help a team member follow up on queries prior to a person attending to collect their medicines. The pharmacy held part-assembled medicines in baskets on designated shelving in the dispensary. It held prescription forms associated with these medicines in the baskets alongside the medicines. This ensured the prescription was available throughout the whole dispensing process. The team also retained prescriptions for owed medicines, and dispensed from the prescription when later supplying the owed medicine.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy used individual patient record sheets to support the safe supply of medicines through its multi-compartment compliance pack service. The record sheets were used to monitor and record changes. The team had acted on feedback from the last inspection to improve the quality of these records. For example, by including full details of the medicine and who had notified the team of the change. And it kept key documents relating to the changes. For example, hospital discharge summaries. A sample of assembled weekly compliance packs contained full dispensing audit trails and clear descriptions of each medicine inside the packs. A team member confirmed that the pharmacy

provided patient information leaflets monthly through the service.

The pharmacy sourced medicines from licensed wholesalers. It stored medicines in an orderly manner, within their original packaging, on shelves and in dispensary drawers. The pharmacy stored CDs appropriately within a secure cabinet. It stored assembled CDs in clear bags. This prompted additional checks when handing out the medicine. The pharmacy's fridge was clean and a good size for stock held. The pharmacy maintained an electronic fridge temperature record. But there were some gaps in the record. Temperatures either side of these gaps were within the accepted temperature range of two and eight degrees Celsius.

The pharmacy team completed quarterly date checking tasks and it recorded these on a rota. It clearly identified short-dated medicines with stickers. A random check of dispensary stock found no out-of-date medicines. But it did not always annotate liquid medicines with details of their shortened shelf-lives once opened. This meant it could be more difficult for the pharmacy to establish that the medicine remained fit to supply. The pharmacy had appropriate medicinal waste bins and CD denaturing kits available. The team printed a copy of the medicine alerts that it received through email. And it retained an electronic audit trail of the actions taken in response to individual alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the required equipment for providing its services. It's team members use this equipment appropriately and in a way which protects people's privacy.

Inspector's evidence

The pharmacy had up-to-date written and electronic reference resources available. Written reference resources included the British National Formulary (BNF). Pharmacy team members had access to the internet and intranet. Computers were password protected, and computer monitors faced into the dispensary. The pharmacy stored bags of assembled medicines on designated shelving within the dispensary. This protected information on bag labels from unauthorised view. Pharmacy team members used cordless telephone handsets. This meant they could move out of earshot of the public area if the phone call required privacy.

The pharmacy team used crown-stamped measuring cylinders for measuring liquid medicines. Equipment for counting capsules and tablets was also available. There was separate equipment available for counting and measuring higher risk medicines. This mitigated any risk of cross contamination when dispensing these medicines. Equipment used to support the delivery of pharmacy services was from reputable manufacturers. For example, the pharmacy's blood pressure monitor was on the list of monitors validated for use by the British and Irish Hypertension Society. A label on the machine clearly identified the date it required replacing.

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.