

Registered pharmacy inspection report

Pharmacy Name: Peak Pharmacy, 66 South Street, Ilkeston,
Derbyshire, DE7 5QJ

Pharmacy reference: 9011540

Type of pharmacy: Community

Date of inspection: 01/10/2021

Pharmacy context

This community pharmacy is located in the town centre opposite to a medical 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. The inspection was undertaken 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	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 role and the pharmacy 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 effectively identifies and manages risks, so people receive their medicines safely. And it completes the records that it needs to by law. Pharmacy team members work to professional standards and they are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and they act to help stop the same sort of mistakes from happening again. The team members keep people's private information safe. And they complete training so they know how to protect children and vulnerable adults.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that all members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the 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 per the RP regulations.

The pharmacy had considered the risks of coronavirus to the pharmacy team and people using the pharmacy. The team introduced several steps to ensure social distancing and infection control. Individual staff risk assessments had been completed and forwarded to head office. The pharmacy manager was aware of the Health and Safety Executive (HSE) guidance in relation to reporting cases of Covid-19 transmission that happened in the workplace and said that she would contact head office for their support if this was to occur. The pharmacy supplied lateral flow device tests to members of the public and there was a new SOP to cover this service.

Dispensing incidents were reported to the pharmacist superintendent (SI) and learning points were included. Near misses were recorded on a log and discussed with the pharmacy team. These were reviewed in the pharmacy and a sample sent to the SI for further review and analysis. Patient safety learning was shared with other branches. For example, olanzapine, which had been identified as a look-alike and sound-alike drug (LASA), had been moved on the shelves to avoid confusing it with omeprazole, following an alert from the SI. The pharmacy had reported that one brand of 0.5% and 0.3% hypromellose eye drops were in almost identical packaging. The SI had sent an alert to highlight this issue to other branches.

The pharmacy had a complaint procedure although it was not on display, so people might not know how to report a concern or how to leave feedback. The pharmacy manager explained that any customer complaints were forwarded to head office and followed up.

Insurance arrangements were in place. Private prescriptions were recorded electronically. The incorrect prescriber had been recorded on a few of the entries, but otherwise the records were in order. The pharmacy manager confirmed she would remind the pharmacy team to check the prescriber details each time, to ensure there was an accurate record. The RP record and the controlled drug (CD) registers were appropriately maintained. Records of CD running balances were kept and these were usually audited monthly, although a couple had been missed due to additional workload caused by the

pandemic. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

All members of the pharmacy team had read and signed SOPs about information governance (IG) including one on the disposal of confidential waste. A dispenser correctly described 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 SOP on accessing Summary Care Records (SCR) and consent was obtained before SCRs were accessed.

The pharmacy manager had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. Other staff had completed training relevant to their role. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a safeguarding policy and a safeguarding SOP. The pharmacy had a chaperone policy, but there was nothing on display highlighting this, so people might not realise that this was an option. The pharmacy manager was aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse, and said the pharmacy was registered to take part in it.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are well trained and work effectively together. The pharmacy encourages them to keep their skills up to date and supports their development. They are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

The pharmacy manager was working as the RP. There were two NVQ2 qualified dispensers (or equivalent) and a trainee 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 the people who visited the pharmacy. Planned absences were organised so that not more than one person was away at a time. Team member's requested holidays on a designated form and when approved these were displayed on a calendar. There were a few neighbouring branches in the area, so the option of transferring staff from one of the other pharmacies was available.

Members of the pharmacy team carrying out the services had completed appropriate training. One of the team was new to the pharmacy. The pharmacy manager had taken her through an induction training on her first morning and she had forwarded the details of this to the HR team at head office. The trainee MCA had completed a relevant training course many years ago but was going to be enrolled onto a new accredited course as a refresher. Members of the team used various sources to ensure their training was up to date and were given protected training time to complete it. Training records were held in a file in the pharmacy and a dispenser was able to demonstrate that she had completed recent training on flu, sepsis, suicide awareness, infection control and Public Health England's (PHE) training on adult and childhood obesity and antimicrobial stewardship.

The pharmacy team had face to face discussions with their pharmacy manager and area manager about their performance and development. Informal team meetings were held where a variety of issues were discussed, and concerns could be raised. A dispenser confirmed she would feel confident talking to the pharmacy manager about any concerns she might have and said she felt comfortable admitting and reporting errors. There were weekly emails from head office which contained a variety of information about business and professional matters. These were printed off and members of the team signed them to show they had read them, and these were retained in the pharmacy for reference. A notice board was used to keep staff informed and up to date. There was a whistleblowing policy.

The pharmacy manager felt empowered to exercise her professional judgement and she 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. There were incentives for completing some enhanced services, but the pharmacy manager didn't feel this compromised patient safety, and the team didn't feel under pressure to complete 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 have confidential conversations.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean, spacious, and in a good state of repair. The retail area was free from obstructions and professional in appearance. There was a 'Cleaning of Pharmacy Premises, Infection Control and Hand hygiene.' SOP and a cleaning rota was used. The temperature and lighting were adequately controlled. The pharmacy had recently relocated into the new premises which had been fitted out to a very high standard and the fixtures and fittings were in good order. This had provided much more space and better lighting in the pharmacy, with a larger dispensary and consultation room. There was a separate stockroom. Staff facilities included a staff room with a kitchen area, and two WCs with wash hand basins and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

The consultation room was uncluttered, clean and professional in appearance. The availability of the room could have been better highlighted, as it was not clearly visible from the retail area, so people might not realise it was available. The room was used when carrying out services such as vaccinations 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 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

There were a couple of steps at the front door of the pharmacy, but there was a bell at the door and staff said they would always be ready to serve customers at the door if necessary. The option of having a ramp fitted to improve access was being considered by head office.

A list of the services provided by the pharmacy was displayed in the window of the pharmacy along with the opening hours. There were information notices about Covid-19. There was a range of healthcare leaflets inside the consultation room, including some from the British Heart Foundation (BHF). These were only accessible to people using the consultation room, but the pharmacy manager explained that there was a slatted wall which had just been installed to allow the display of leaflets in the retail area too. The pharmacy team were clear what services were offered and where to signpost people to a service not offered. Signposting and providing healthy living advice were recorded and added to patient's medication records (PMR) where relevant. One patient had recently been referred to his GP with symptoms of gout, and two other people had been given dietary advice for weight loss and acid reflux. The pharmacy carried out a urinary tract infection (UTI) test and treat service under a patient group direction (PGD). This had proved a popular service, with people being signposted from the local GP surgeries. It also carried out private services under PGDs such as travel vaccines and malaria prevention.

The pharmacy offered a repeat prescription ordering service for some vulnerable people. These people were contacted before their prescriptions were due each month, to check their requirements. This was to reduce stockpiling and medicine wastage. There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, in light of the pandemic. The delivery driver stayed a safe distance away whilst the prescription was retrieved from the doorstep, and then confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The dispensary was spacious and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

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 and high-risk medicines were targeted for extra checks and counselling. 'INR' sticker were used to highlight patients prescribed warfarin. The team were aware of the valproate pregnancy prevention programme. The

pharmacist had discussions with people in the at-risk group to confirm they were aware about pregnancy prevention, and there was a note made on their PMR confirming this.

A number of people received their medicines in multi-compartment compliance aid packs. These were well managed with an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed, and medicine descriptions were included on the labels to enable identification of the individual medicines. Packaging leaflets were included so people had easy access to all of the information they needed to take their medicines safely. Disposable equipment was used. There was a SOP for new people requesting a compliance aid pack. An assessment was made by the pharmacist as to the suitability of a pack, or if other adjustments might be more appropriate to the person's needs. The pharmacy manager explained that helping to manage the person's repeat prescriptions and providing medicine administration record (MAR) charts with their medicines in original boxes, was often more appropriate than using compliance aid packs. She described the assessment process and explained it usually involved a conversation with the patient themselves as well as their carer or relatives. Assessments were documented on a designated form to provide a record which could be reviewed. The patient was monitored to check the adjustment was appropriate.

The trainee MCA explained what questions she asked when making a medicine sale and she knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist. Another member of the team explained what action they took if they suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which was securely fixed to the wall. The keys were under the control of the 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 medicines and appropriate records were maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages from head office. These were read and acted on by a member of the pharmacy team and then filed. A copy was retained in the pharmacy with a record of the action taken so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide.

Inspector's evidence

Current versions of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. 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. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules. Medicine containers were appropriately capped to prevent contamination.

Perspex screens were used in the retail area to help reduce the spread of covid-19 infection between staff and people using the pharmacy. Team members were routinely wearing face masks and alcohol hand sanitizer was available. The team had been provided with lateral flow tests and were carrying out twice weekly testing.

Privacy screens had been installed on to computer screens so that patient details weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. 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.