

Registered pharmacy inspection report

Pharmacy Name: Livesey Pharmacy, 238 Livesey Branch Road,
BLACKBURN, Lancashire, BB2 4QL

Pharmacy reference: 1033102

Type of pharmacy: Community

Date of inspection: 11/11/2021

Pharmacy context

This community pharmacy is in a large residential area close to the centre of Blackburn. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed. The pharmacy changed ownership in October 2021. The inspection took place 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 adequately identifies and manages the risks associated with its services. And it mostly completes all the records it needs to by law. The pharmacy team members generally identify potential risks to the safe dispensing of prescriptions and they take appropriate action to prevent errors. The pharmacy team members protect people's private information properly but they don't provide people with information on how they do this. The pharmacy team follows written procedures covering the delivery of pharmacy services. But these are overdue a review so they may not contain up-to-date information.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The team members had access to Personal Protective Equipment (PPE). The dispensers on duty wore disposable gloves but didn't wear face coverings. The pharmacist didn't wear any PPE despite regularly speaking to people who entered the pharmacy. Throughout the inspection the dispensers and the pharmacist mostly worked at separate stations in the dispensary which provided some level of social distancing. The pharmacy had a clear plastic screen across part of the pharmacy counter to provide the team with additional protection.

The pharmacy had a range of standard operating procedures (SOPs) that provided the team with information to perform tasks supporting the delivery of services. And they described the roles and responsibilities of the team. The SOPs were last reviewed by the previous Superintendent Pharmacist (SI) on 24 October 2017. The pharmacy changed ownership at the beginning of October 2021. The new pharmacist owners were aware the SOPs need reviewing and updating but had not started the process. All the team members had read the SOPs, but only one of the dispensers had signed the SOPs signature sheet to show they'd read the SOPs and would follow them. The team members demonstrated a clear understanding of their roles and knew when to refer to the pharmacist.

On most occasions the pharmacist when checking dispensed prescriptions and spotting an error asked the team member involved to find and correct the error. The pharmacy kept records of these errors known as near misses but the last entry was dated September 2021. The pharmacist reported there had not been any near miss errors since the pharmacy changed ownership. The near miss records completed showed the team usually recorded details of what had been prescribed and dispensed to spot patterns. The entries also captured causative factors and learning outcomes. The pharmacy had a system to report errors that reached the person, known as dispensing incidents. The pharmacist reported there had not been any dispensing incidents since the pharmacy changed ownership. The new pharmacist owners identified the system for storing completed prescriptions may result in the team selecting and handing over the wrong prescription which risked people receiving someone else's medication. So, they created more space to store completed prescriptions. And introduced a numerical rather than alphabetical storing system that enabled the team to locate the prescription quickly and safely.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy and it displayed information for people to know how to raise a concern. The new pharmacist owners had received positive feedback from people when they'd introduced a regular delivery service and extended the pharmacy's opening hours. The owners had identified that offering a regular delivery service would

help several members of the local community to get their medicines on time. The pharmacy had used its social media site to inform people of the changes to its opening hours.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records, controlled drugs (CD) registers and records for the receipt and supply of unlicensed products mostly met legal requirements. The RP record was not always fully completed. The pharmacist was aware of this and identified a paper record, rather than the electronic version, would prompt the pharmacist to complete the record. And he was waiting for the paper record he'd ordered to arrive at the pharmacy. The pharmacy had a SOP covering information security that the team had read. The pharmacy did not display a privacy notice. And there was no other information for people to read about how the team protected their confidential details. The pharmacy had a large shredder for destroying confidential waste.

The pharmacy had safeguarding guidance that the team had read but it didn't have the details of local safeguarding teams for the pharmacy team to use when required. The pharmacist had recently completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team responded appropriately when safeguarding concerns arose.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team with an appropriate range of experience and skills needed to support its services. Team members work well together and are good at supporting each other in their day-to-day work. They take opportunities to enrol on to training courses to enhance their skills and knowledge. The team members are regularly asked for their ideas and suggestions to enhance the delivery of the pharmacy's services. And they are supported to introduce new systems.

Inspector's evidence

The two new pharmacist owners covered the opening hours. The pharmacy team consisted of two part-time qualified dispensers. One of the dispensers had recently increased their hours to reflect the pharmacy's extended opening times. The pharmacy had a part-time delivery driver who started in post two weeks earlier. The inspector discussed the requirement for delivery drivers to be enrolled on to an appropriate training course. The two dispensers worked most mornings together and supported each other to ensure tasks such as ordering medicine stock were completed. At the time of the inspection one of the pharmacist owners and the two dispensers were on duty. The pharmacy provided the team with access to some additional training. And had recently enrolled the dispensers on to training to support the delivery of the smoking cessation service.

The new owners had spoken to the team soon after taking over the pharmacy to discuss the roles of each team member. And to find out more about the pharmacy services and the local community. This helped the owners establish what worked well and what changes could be made. The pharmacists asked the team members if they wanted to change anything about their role such as increased hours especially when the pharmacy extended its opening hours. The pharmacist owners continued to hold regular meetings with the dispensers to discuss their plans for the pharmacy and to ask for their ideas. The pharmacists had discussed introducing the smoking cessation service with the team who were happy to support this. The dispensers appreciated being asked to contribute ideas and suggestions. One of the dispensers had recently introduced a recording system for the preparation and supply of medicines in multi-compartment compliance packs. This enabled both dispensers to know what packs had to be prepared and when tasks such as ordering the prescriptions had been completed. The same dispenser had been given the role of managing the pharmacy's social media site. The pharmacy had a whistleblowing policy but this had not been reviewed in a few years.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. The pharmacy has adequate facilities to meet the needs of people requiring privacy when using the pharmacy services.

Inspector's evidence

The pharmacy was clean and hygienic and it had separate sinks for the preparation of medicines and hand washing. The pharmacy had enough storage space for stock, assembled medicines and medical devices and the team kept floor spaces clear to reduce the risk of trip hazards. The team kept the pharmacy shelves tidy to help reduce the risk of picking errors.

The pharmacy had a soundproof consultation room used for private conversations with people. The premises were secure and the pharmacy restricted access to the dispensary during the opening hours. The pharmacy had a defined professional area and items for sale in this area were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible to people. And it suitably manages its services to help people receive appropriate care. The pharmacy keeps complete records of the dispensing of multi-compartment compliance packs and deliveries to people. So, the team can effectively deal with any queries. The pharmacy obtains its medicines from reputable sources. And it generally stores and manages its medicines appropriately.

Inspector's evidence

People accessed the pharmacy via a step-free entrance. The team had access to the internet to direct people to other healthcare services. The new pharmacist owners identified additional services the pharmacy could provide to support the local community. These included a smoking cessation service which the pharmacy had signed-up to provide. The pharmacy had received several referrals from NHS 111 for the Community Pharmacist Consultation Service (CPCS). The pharmacy had received few CPCS referrals from the local GP teams. The pharmacists were contacting the local GPs teams to introduce themselves and discuss services such as CPCS.

Since the last inspection the pharmacy had stopped selling codeine linctus. The new pharmacist owners were aware of the conditions imposed on the pharmacy regarding the sale and supply of codeine linctus. And reported there had been very few requests for codeine linctus and all had been refused. The pharmacy hadn't received any prescriptions for codeine linctus. The pharmacy didn't have any stock of codeine linctus. The pharmacy usually supplied some medicines as supervised and unsupervised doses. Due to the COVID-19 pandemic and the risk of infection most people had moved to collection only doses. The team prepared the doses in advance to reduce the pressure of preparing at the time the person presented. The pharmacists had raised concerns with the team at the treatment centre about the number of people asking other people to collect for them. The team at the treatment centre spoke to the people involved to remind them this should only happen in exceptional circumstances. The pharmacy provided a needle exchange service that was popular. The person returning the bin containing used needles placed it directly into the appropriate waste bin that was removed for incineration. This meant the team did not handle the bin with the used needles inside.

The team provided people with clear advice on how to use their medicines. The team was aware of the risks from high-risk medication including sodium valproate. The team had completed checks to identify people who met the Pregnancy Prevention Programme (PPP) criteria and found no-one prescribed sodium valproate who met the PPP criteria. The pharmacy had PPP information to provide to people when required. The computer on the pharmacy counter had access to the electronic patient medication records (PMR). So, when a person presented the team member could check what stage their prescription was at.

The pharmacy provided multi-compartment compliance packs to help around 20 people take their medicines correctly. To manage the workload the team arranged for the prescriptions to be ordered a week before supplying the packs. This allowed time to deal with issues such as missing prescriptions and dispensing the medication into the packs. The team used a small room off the main dispensary to dispense the medication into the packs. This was away from the distractions of the retail area. The team recorded the descriptions of the products within the packs to help people identify their medicines and it

supplied the manufacturer's patient information leaflets. The team kept a record of the people receiving the packs and marked the record to indicate when stages in the process were complete, such as ordering the prescription.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels which recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team completed both boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And kept the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy kept a record of the deliveries that were due out each day. This meant the team could inform people their medication was due when they contacted the pharmacy. If the person was not at home the delivery driver informed the team who attempted to contact the person. The pharmacy had a dedicated section for deliveries so the team could easily locate the prepared prescriptions when people contacted them about their delivery and when preparing the day's delivery. The pharmacists sometimes delivered medicines after they finished work if the person needed the supply before the driver was due out the following day.

The pharmacy obtained medication from reputable sources. The team members checked the expiry dates on medicines and kept a record of this activity. The team members marked medicines with short expiry dates to prompt them to check the medicine was still in date. And they kept a list of medicines due to go out of date each month. No out-of-date stock was found. The team checked the fridge temperatures daily and recorded the readings on to the computer. A sample of the fridge temperature records found they were within the correct range. The team members recorded the date of opening on liquids. And the pharmacy displayed a notice in the dispensary to remind the team to do this. This meant the team could identify products with a short shelf life once opened and check they were safe to supply. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. The pharmacy mostly stored out-of-date and patient returned controlled drugs (CDs) separate from in-date stock in a CD cabinet that met legal requirements. The pharmacists received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) which the team actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment to provide safe services. And it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication. The pharmacy had a fridge to store medicines kept at these temperatures. The fridge had a glass door to enable stock to be viewed without prolong opening of the door.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computer in a way to prevent the disclosure of confidential information. The team turned the computer off in the consultation room when it was not in use. The pharmacy stored completed prescriptions away from public view and it held other private information in the dispensary and rear areas, which had restricted access. The pharmacy had a cordless telephone to help the team ensure telephone conversations were not overheard by people in the retail area.

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.