

# Registered pharmacy inspection report

**Pharmacy Name:** Gordon Short Chemist, 159 College Road, Crosby,  
LIVERPOOL, Merseyside, L23 3AT

**Pharmacy reference:** 1034450

**Type of pharmacy:** Community

**Date of inspection:** 20/06/2023

## Pharmacy context

This is a community pharmacy situated on a major road near the town centre of Crosby, in Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take their medicines at the right time.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy generally keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe.

### Inspector's evidence

There was a set of standard operating procedures (SOPs) and an electronic training record was maintained to show which members of the pharmacy team had read and accepted them.

The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and any learning outcomes. Near miss incidents were recorded on a paper log. The pharmacist reviewed the records of near miss incidents and any dispensing errors as part of a patient safety review each month. Any learning outcomes which had been identified from the patient safety review were discussed with members of the pharmacy team. For example, the team had identified that different types of eye-drops often had similar appearances. So, to help prevent mistakes, two dispensers always checked eye-drops were correct, before the final accuracy check.

Roles and responsibilities of team members were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) notice was prominently displayed. The pharmacy had a complaints procedure. But information about it was not on display, so people may not always know how to give feedback or raise concerns. A current certificate of professional indemnity insurance was available.

Controlled drugs (CDs) registers were properly maintained and running balances were checked weekly. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register. The private prescription register appeared to be in order. But the pharmacist did not always record the end of their tenure in the RP log. So the pharmacy may not always be able to show when a pharmacist was present.

An information governance (IG) policy was available. The pharmacy team had completed an IG training package, and each member had signed a confidentiality agreement. When questioned, a dispenser was able to explain how confidential information was segregated and removed by a waste carrier. Safeguarding procedures were included in the SOPs. And the pharmacy team had completed safeguarding training. The pharmacist said she had completed level 2 safeguarding training. A dispenser said she would report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included two pharmacists, one of whom was the manager, an accuracy checking technician (ACT), three dispensers, one of whom was in training, three medicine counter assistants (MCA), one of whom was in training, and a delivery driver. All members of the pharmacy team were appropriately trained or on accredited training programmes. The usual staffing arrangement was a pharmacist and four other members of the team. The volume of work appeared to be manageable. Staffing levels were maintained by relief staff and a staggered holiday system.

The pharmacy provided members of the team with some additional training. For example, they had recently completed a training pack about domestic violence. Training records were kept. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgment and this was respected by the superintendent (SI) and other members of the team. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were some professional based targets in place, but the pharmacist said these did not compromise her professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Customers were not able to view any patient sensitive information from the retail area. Lighting was sufficient. Members of the pharmacy team had access to kitchen amenities and WC facilities.

A consultation room was available and was equipped with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Information was on display about the services offered and the pharmacy's opening hours. Various posters provided general healthcare information.

Members of the pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. Members of the team were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she would speak to patients prescribed valproate to check the supply was suitable, but that there were currently no patients meeting the risk criteria. The pharmacy did not have a process to routinely highlight prescriptions containing higher-risk medicines (such as warfarin, lithium, and methotrexate).

Some medicines were supplied in multi-compartment compliance aids. These were mostly dispensed off-site at the company's dispensing hub. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. The pharmacist completed a clinical check of the prescription before its details were electronically transmitted to the hub. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions. But patient information leaflets (PILs) were not routinely supplied. So people may not always have full up-to-date information about their medicines.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and the details were recorded onto a delivery sheet. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked once every three months. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### Inspector's evidence

The pharmacy team had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required.

### 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.