

Registered pharmacy inspection report

Pharmacy Name: Stockbridge Pharmacy, Unit 8, The Croft,
Stockbridge Village, LIVERPOOL, Merseyside, L28 1NR

Pharmacy reference: 1034455

Type of pharmacy: Community

Date of inspection: 16/04/2024

Pharmacy context

This is a community pharmacy inside a local shopping centre, near to a medical centre. It is situated in the residential area of Stockbridge Village, Knowsley. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, the NHS Pharmacy First service, and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance packs to 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
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team were aware of the need to keep private information safe. Members of the team record when things go wrong, but they do not review them. So, learning opportunities may be missed.

Inspector's evidence

The pharmacy had an electronic set of standard operating procedures (SOPs) which had been recently updated by the superintendent pharmacist (SI). Each member of the team had their own log in to view the SOPs, and they confirmed they had read and accepted the SOPs.

The pharmacy had systems in place to record, investigate, and identify learning from dispensing errors. And near miss incidents were recorded on electronic software. The pharmacist would discuss mistakes with individual team members to identify learning. The team used stickers to highlight 'look a-like, sound a-like' medicines to help reduce common picking errors. And they held a team discussion if they identified a higher-than-normal volume of mistakes, so they could consider what may be causing it. But the records were not formally reviewed to help identify underlying factors and potential learning outcomes.

The roles and responsibilities for team members were described in individual SOPs. A trainee dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The incorrect responsible pharmacist (RP) notice was on display. This was promptly rectified when highlighted to the RP. The pharmacy had a complaints procedure. But details about it were not on display to help encourage feedback. Any complaints were recorded and followed up by the SI. A current certificate of professional indemnity insurance was on display.

Records for the RP were available and appeared to be in order. But RP records were split across two different records, which may make it difficult to use. Private prescriptions were recorded. But the records about people who received supplies of unlicensed specials were not detailed on the certificate of conformity. So, the pharmacy may not have a reliable audit trail in the event of a query or concern. Controlled drugs (CDs) registers were maintained with running balances recorded. Balances were checked when medicines were dispensed. But the balances of infrequently dispensed medicines had not been checked for some time. So, there may be a delay before the pharmacy had identified a discrepancy. The balance of three randomly picked CDs were checked and found to be accurate. Patient returned CDs were recorded in a separate register.

When questioned, a trainee dispenser explained she had verbal training about how to handle people's information. And they were able to explain how confidential information was shredded. Members of the team had previously read an information governance (IG) policy, but could not find it. They also could not find the safeguarding procedures. The pharmacist had completed level 2 safeguarding training and knew where to find the contact details for the local safeguarding board. A trainee dispenser explained that she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough members of the team to manage the workload safely and they are appropriately trained for the jobs they do. Team members complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included three pharmacists, one of whom was the SI, and seven dispensers, two of whom were in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team had completed some additional training. For example, they had recently completed a training pack about safeguarding, and drug and alcohol use. Training records were kept showing what training had been completed. But further training was not provided in a structured or consistent manner. So, learning opportunities may be missed.

A dispenser was seen selling a pharmacy only medicine, and checking it was suitable using the WWHAM questioning technique. When questioned, the dispenser explained they would refer people to the pharmacist if needed. The pharmacist felt able to exercise his professional judgement, and this was respected by members of the team. A trainee dispenser felt a good level of support from the pharmacist and the pharmacy team. They were able to ask questions about their training course. Members of the team were seen working well with each other and assisting with any queries they had. The SI held an annual appraisal with individual members of the team. They discussed performance and provided feedback about their work. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and people were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units, and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available. It was clean and tidy, 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 licensed 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 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. Various posters provided information about the services offered. But there were no details about when the pharmacy was open, which is useful information to people who use the pharmacy.

The pharmacy had a delivery service, and delivery records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to show who had been involved in dispensing the medicines. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. Dispensed medicines awaiting collection were kept on shelves using an electronic retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out. The electronic retrieval system would highlight any prescriptions for schedule 3 and 4 CDs which had expired. The pharmacist provided counselling to people about their medicines. But details of any advice provided was not recorded, which would help provide to provide a continuity of care. And the pharmacy did not have a process in place to identify prescriptions containing high risk medicines (such as warfarin, lithium, and methotrexate). So, team members may forget to provide counselling and check their suitability. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy. Educational material was supplied. The pharmacy had completed an audit to identify people who were at risk, and the pharmacist had spoken to people at risk to make sure they were aware of the pregnancy prevention programme. And this had been recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance packs at the request of their GP. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery and the record sheet was updated. Hospital discharge information was obtained and retained for future reference. Compliance packs were labelled with medication descriptions and patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of dispensary medicines were checked every three months. Details of completed date checking, and any short-dated stock were recorded in a diary. But liquid medication did not always have the date of opening written on. So, members of the team may not know whether these medicines remained suitable for use. Controlled drugs were stored appropriately

in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were two 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 past month. Patient returned medicines were disposed of in designated bins located away from the dispensary. Drug alerts were received through electronic software. Records were kept showing how the pharmacy responded to each alert and when.

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

Team members had access to the internet for general information. This included access to the British National Formulary (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 used for methadone to prevent cross contamination. 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. Patients 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.