

Registered pharmacy inspection report

Pharmacy Name: M. Saleem Dispensing Chemist, 16-18 Finch Road, Knotty Ash, LIVERPOOL, Merseyside, L14 4AT

Pharmacy reference: 1034488

Type of pharmacy: Community

Date of inspection: 20/07/2022

Pharmacy context

The pharmacy is situated amongst other retail shops in a residential area of Knotty Ash, Liverpool. The pharmacy premises are easily accessible for people, with adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take the 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 generally manages the risks associated with its services and it protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record some things that go wrong, so that they can learn from them. But they do not always record or review all their mistakes, so they may miss some opportunities to improve.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with sign off records showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. The pharmacy team members adhered to social distancing measures when possible. For example, they maintained a minimum of a two-metre distance from colleagues during the dispensing process, where possible to do so. Team members had access to alcohol hand gel. A pharmacist had carried out a covid-19 risk assessment for the pharmacy.

Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were discussed with the pharmacy team member at the time they occurred, but they were not routinely recorded or reviewed. This meant there would be a missed opportunity for the team to reflect and learn. The pharmacist provided an example of how they had learnt from near misses. For example, different strengths of bendroflumethiazide stock had been separated because of several near miss incidents with this medicine.

A complaints procedure was in place, with details outlining the procedure available in the practice leaflet present in the retail area. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer to the pharmacy manager if necessary. A customer satisfaction survey was carried out with the results of the survey from 2020 displayed above the counter. The company had professional indemnity insurance in place. The correct responsible pharmacist (RP) notice was displayed conspicuously. The emergency supply record, private prescription record and the CD register were in order. CD running balances were kept and audited regularly. A balance check of a random CD was carried out and was found to be correct. Patient returned CDs were recorded appropriately. The unlicensed medicines (specials) record had patient details missing from some entries. This meant it would be more difficult for auditing purposes. The RP record had the time the pharmacist commenced or the time they ceased their duty missing from some entries. Therefore, it would be more difficult to identify who was responsible at different times.

The pharmacy team shredded confidential waste and confidential information was kept out of sight of the public. The pharmacy team had read the information governance SOP. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was not displayed. This meant patients may be unaware how the pharmacy intended to use their personal data. The pharmacy team members explained that they had read the safeguarding policy, but this was not present. This meant it would be more challenging for the team to understand the correct process to follow in the event of a concern arising. The locum pharmacist had completed level 2

safeguarding training. And there were details of local safeguarding contacts displayed in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team has access to training.

Inspector's evidence

There was a locum pharmacist, two dispensers and a medicines counter assistant on duty. This was the usual staffing level. The pharmacy team worked well together and managed the workload adequately. The pharmacy team participated in training periodically, using an e-learning platform, and the team members had completed training around 18 months ago on mental health. A member of the pharmacy team explained that training was completed when the workload permitted.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns about a member of the team if needed. Details outlining the policy were available for the team to refer to. The pharmacy team members said that the pharmacist was approachable, supportive and they were more than happy to ask them questions when needed.

The medicines counter assistant was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as Nurofen Plus which she would refer to the pharmacist for advice. The pharmacist explained that no professional service targets were in place in her role as a locum.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It had a waiting area. The temperature in the pharmacy was controlled by the air conditioning units. Lighting was adequate. The pharmacy team cleaned the floor, dispensing benches and sinks regularly.

The premises were maintained in an adequate state of repair. Maintenance problems were reported to the pharmacy manager. The pharmacy team had use of a kettle, toaster, microwave, and fridge. A WC with wash hand basin and antibacterial hand wash was available. The consultation room was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people, and they are managed, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy sources medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours and a list of services were displayed in the window. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily. Schedule 2 CD prescriptions were highlighted with a CD sticker attached to the prescription, to act as a prompt for team members to add the CD and to check the date on the prescription before handing out. Schedule 3 and 4 CD prescriptions had a CD sticker with an expiry date written on to help ensure the team checked the date before handing out.

The pharmacist explained that prescriptions for warfarin, methotrexate and lithium were not routinely highlighted. This meant there was a missed opportunity for counselling of these medicines upon collection. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were present.

The workflow in the pharmacy was organised into separate areas with adequate dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. Multi-compartment compliance aids included individual medicine descriptions, patient information leaflets and a dispensing audit trail. Hospital discharge prescriptions were kept for the pharmacist to review and liaise with the GP if needed, regarding medication changes. A dispenser explained how the prescription delivery service was provided. A delivery record book was kept as an audit trail for deliveries, and if a patient was not at home when a delivery was attempted, the medicines were returned to the pharmacy.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was generally stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was mostly recorded daily, but there were some days in the last six months with no fridge temperature records. This meant the pharmacy would not be assured that these medicines were always stored at the correct temperature. Patient returned medicines were stored tidily in clinical DOOP bins.

The medication stock was date checked quarterly. Short-dated medicines were highlighted. No out-of-date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via

email from the NHS. These were read, acted on by a member of the pharmacy team, but a record of these was not present. This meant the pharmacy was unable to provide assurance that drug alerts and product recalls were being dealt with in a timely manner.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete. Copies of the BNF and BNFc were present. Any problems with equipment were reported to the pharmacy manager. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, the electrical equipment had been PAT tested in October 2021.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles and an electric tablet counter which was cleaned and calibrated between use. Computers were password protected and screens were positioned so that they weren't visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people when needed.

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.