

# Registered pharmacy inspection report

**Pharmacy Name:** Watterson Pharmacy, 79 High Street, Wavertree,  
LIVERPOOL, Merseyside, L15 8HF

**Pharmacy reference:** 1034498

**Type of pharmacy:** Community

**Date of inspection:** 25/08/2021

## Pharmacy context

The pharmacy is situated amongst other retail shops, in a residential area of Wavertree, Liverpool. The pharmacy premises are accessible for people, with open space in the retail area. The pharmacy sells a range of over-the-counter medicines, and it dispenses private and NHS prescriptions. The pharmacy has a consultation room available for private conversations.

## 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 has written procedures to help make sure the team provide services effectively. Members of the pharmacy team are clear about their roles and responsibilities. They know how to protect private information. And they record some things that go wrong so that they can learn from them. But they do not keep a record of the things they learn, so they may miss some opportunities to improve.

### Inspector's evidence

The pharmacy had a full range of written SOPs in place which were signed and dated by the pharmacist to indicate they had been reviewed in 2021. There were training records for each SOP which had been signed by all members of the team to confirm they had read and understood the document. Dispensing errors were fully documented, and examples were available. A written near miss log was kept in the dispensary. The pharmacist explained that he periodically reviewed the near miss records to identify trends, but this was not documented. The dispenser demonstrated that venlafaxine tablets and venlafaxine capsules had been separated in the dispensary because of a near miss incident.

The pharmacy had a screen installed in front of the medicines counter to help prevent the spread of infection. Strict social distancing measures were in place for people entering and leaving the premises, including, a limit on the number of people allowed into the retail area at any one time. The pharmacist wore personal protective equipment (PPE) throughout the day, which included a facial mask. The pharmacy team had access to facial masks and alcohol hand gel. A Covid-19 premises risk assessment, and individual team member risk assessments had been carried out by the pharmacy owner.

A complaints procedure was available and practice leaflets provided information about how to make complaints and give feedback. A current professional indemnity insurance certificate was present. A Responsible Pharmacist (RP) notice was conspicuously displayed. The RP record, private prescription record, emergency supply record, specials procurement record and CD register were all in order. CD running balances were recorded. Methadone balances were checked and adjusted weekly. Balances of other CDs were checked periodically, but the last check had been carried out on 23 March 2021. Therefore, there was a risk that any discrepancies would not be identified promptly. Patient returned CDs were appropriately recorded.

All team members had read and signed the Information Governance SOP and had also signed confidentiality agreements. Confidential waste was shredded. A leaflet was available for patients providing details about how the pharmacy handled information to protect confidentiality. A safeguarding SOP was in place and child protection information and guidance was also available, including details of local safeguarding contacts. The pharmacy team members said they would report any concerns to the pharmacist, who had completed level 2 safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Team members complete appropriate training for the jobs they do. And they complete ongoing training to keep their knowledge up to date. The pharmacy enables its team members to act on their own initiative and use their professional judgement.

### Inspector's evidence

The pharmacy employed three dispensing assistants. All team members had undergone the required training. There were also two delivery drivers employed to deliver medicines from the pharmacy. The pharmacy team were able to manage their workload during the inspection and the pharmacist said the staffing level was normally adequate to handle the volume of work.

The dispenser described the questions she would ask when selling a medicine and was aware that codeine products might be abused. She said she would always ask the pharmacist to approve the sale if she was in any doubt. The pharmacist said he felt free to use his professional judgement. For example, to refuse a sale if he felt it was inappropriate.

The pharmacy team members periodically completed online training modules. Individual staff training records were kept and included copies of training certificates. A member of the pharmacy team explained that she had not received an appraisal during her employment at the pharmacy but that the pharmacist sometimes gave her feedback informally. The pharmacy team were able to raise concerns or make suggestions at any time and appeared to work well as a team. A whistleblowing policy was in place if team members needed to raise concerns. No specific targets were set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is safe, clean, and properly maintained. The layout is appropriate for the services provided.

### Inspector's evidence

The pharmacy was clean and tidy and was fitted to a good standard and well maintained. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing. Both had hot and cold running water. Soap, towels and cleaning products were available. Heaters and electric fans were available to control room temperature and the dispensary was well lit.

A consultation room was available for private consultations and counselling. The dispensary was screened to allow the dispensing process to be carried out in privacy. Access behind the medicines counter and into the dispensary was restricted by a movable barrier, that helped prevent unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people and they are generally well 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 stores its stock medicines safely and carries out some checks to help make sure that they are in good condition and suitable to supply.

### Inspector's evidence

Access to the pharmacy was via a wide entrance door. The pharmacy team were aware of the need to signpost patients requiring services not available at the pharmacy. Practice leaflets gave details of the range of services available. And various leaflets and posters provided information about different healthcare topics. Large print dispensing labels were provided for patients with visual impairment.

The delivery driver explained the process for delivering prescriptions to people. Patients were asked to sign for receipt of controlled drugs and a record of all deliveries carried out each day was kept. If nobody was available to accept a delivery a note was left, and the medicines were returned to the pharmacy. The pharmacy team was aware of the risks associated with supplying valproate. An audit of valproate had been carried out. Valproate stock had the necessary warnings displayed on the packaging, but additional patient information resources for the supply of valproate were not present. This meant they may not always be able to supply all of the necessary information if valproate was not dispensed in original packs.

Prescriptions were retained with dispensed medicines awaiting collection. Some prescriptions were highlighted to show the presence of high-risk medicines or CDs, but the pharmacist admitted that lithium prescriptions were not always highlighted, so these patients may not always be given advice about their medicines. Multi-compartment compliance aids were used to dispense medicines for patients with compliance difficulties. They were not labelled with descriptions, therefore, patients may find it more difficult to identify individual medicines. Patient Information Leaflets were always supplied. Each compliance aid patient had their own record sheet which was used to record current medication and document any changes so that prescriptions could be checked before they were dispensed. The computer patient medication record (PMR) was used to record any significant conversations with patients or prescribers. Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing.

Medicines were obtained from licensed wholesalers and specials were obtained from a special's manufacturer. No extemporaneous dispensing was carried out. Dispensary stock was arranged tidily in alphabetical order. Regular expiry date checks were carried out and documented and stickers were used to highlight short dated stock. There was a medicines fridge, equipped with a maximum/minimum thermometer. The temperature was checked daily and a record showed the temperature had remained within the required range. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Controlled Drugs were stored appropriately. Drug alerts and recalls were received by e-mails, which were checked regularly, but not documented. This meant there was no audit trail to show whether they had been actioned.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. It is appropriately maintained, and it is used in a way that protects privacy.

### Inspector's evidence

Various reference books were available including a current BNF. A range of crown stamped conical measures were available including some that were used only for the measurement of methadone mixture. All electrical equipment appeared to be in good working order and had been PAT tested previously.

Patient Medication Records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for dispensing and any associated conversations or telephone calls. The consultation room was used to enable confidential discussion and consultation.

### 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.