

# Registered pharmacy inspection report

**Pharmacy Name:** Walkers Pharmacy, 62 Harington Road, Formby, Liverpool, Merseyside, L37 1NU

**Pharmacy reference:** 1034501

**Type of pharmacy:** Community

**Date of inspection:** 01/03/2024

## Pharmacy context

This is a community pharmacy located in a parade of shops, in a residential area of Formby, Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS pharmacy first service, and seasonal flu vaccinations. The pharmacy supplies some medicines in multi-compartment compliance packs to 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 them to provide services in a safe and effective manner. The pharmacy keeps the records it needs to by law. And members of the team keep private information safe. They record things that go wrong and discuss them to help identify learning opportunities and reduce the chance of similar mistakes happening again.

### Inspector's evidence

There was a set of standard operating procedures (SOPs) which were due to be reviewed by the superintendent pharmacist (SI). Members of the pharmacy team had signed to say they had read and accepted the SOPs.

The pharmacy had a process in place to identify and manage risk, such as recording dispensing errors and the learning outcomes. Near miss incidents were recorded on an electronic spreadsheet. The pharmacist highlighted any mistakes to members of the team so they could discuss what went wrong and learn from them. The spreadsheet was reviewed each month to identify any common themes. To help prevent a similar picking error, the team had moved the similar sounding medicines such as sertraline and sildenafil away from each other.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A 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 responsible pharmacist (RP) had the correct notice prominently on display. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded and followed up by the pharmacy manager. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. There were electronic controlled drugs (CDs) registers, with running balances recorded and checked frequently. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had read the policy and had signed a confidentiality agreement. Confidential waste was separated and destroyed using an on-site shredder. A poster in the retail area described how the pharmacy handled and stored people's information. Safeguarding procedures were included in the SOPs and had been read by the pharmacy team. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said they would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the workload safely and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date. The pharmacist routinely records interventions which demonstrate how they have used their professional judgement in the interest of people receiving a service.

### Inspector's evidence

The pharmacy team included a superintendent pharmacist, and four dispensers, one of whom was also the pharmacy manager. All members of the pharmacy team were appropriately trained. The volume of work appeared to be managed safely. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with regular electronic learning training programmes. On average the team were completing two topics per month. And the training topics appeared relevant to the services provided and those completing the e-learning. For example, they had recently completed a training pack about the NHS pharmacy first service. Training records were kept and showed ongoing training was up to date.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed.

The SI felt able to use his professional judgement, and this was respected by the pharmacy manager and the team. Interventions were routinely recorded by the team on the patient medication record (PMR) system, which allowed for continuity of patient care. Some of the most recent interventions had identified people over the age of 65 who were taking citalopram at more than the recommended dose. The pharmacy had contacted the GP surgeries and these patients had been reviewed, and the dose was reduced.

The dispenser explained they received a good level of support from the pharmacist and pharmacy manager. There was no formal appraisal programme to help identify individual development needs. The team routinely discussed their ongoing work and any issues which had arisen. But this was not recorded, which would help ensure important information is provided to absent team members. 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 no targets in place for professional services.

## 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 limited. Members of the team managed the limited space by prioritising the workload and using coloured baskets to identify the work for different days of the week. People were not able to view any confidential information due to the position of the dispensary. The temperature was controlled by the use of electric heaters and lighting was sufficient. Team members had access to a kettle, microwave and WC facilities.

A consultation room was available, and this had been recently extended to create a bigger space making it more suitable for the services that the pharmacy provides. It was clutter free with a desk, seating, adequate lighting, and a wash basin. The 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. Additional counselling and checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

### Inspector's evidence

Access to the pharmacy was level via a single door making it suitable for those with additional access needs. There was also wheelchair access to the consultation room. Various posters gave information about the services offered. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service, and a record was kept of successful deliveries. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual people's prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. 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 alphabetical 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 people's names and addresses when medicines were handed out. Schedule 3 CDs were highlighted so that staff could check prescription validity at the time of supply. But schedule 4 CDs were not, so the prescription date may be overlooked.

The pharmacist provided regular counselling advice to people that he felt required it. This included completing 'spacer' assessments for those who were using inhalers. Records were kept for some conversations, but not all. They had previously completed an audit for people taking anticoagulant medicines, to make sure they had been counselled and understood the risks. But this had not been completed for other higher-risk medicines such as methotrexate and lithium. The team were aware of the risks associated with the use of valproate containing medicines during pregnancy and the need to supply this medicine in the original pack. Educational materials were provided when the medicines were supplied to people. The pharmacist had spoken to people who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance packs to help people take their medicines correctly. Before a person was started on a compliance pack, the pharmacy would complete an assessment to check their suitability. But this was not recorded, which would be a useful in the event of a query or a concern. A record sheet was kept for each person receiving a pack, containing details about their current medicines. Any medicine changes were confirmed with the GP surgery

before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance packs were labelled with medicine descriptions and signed by the dispenser to show who had completed the work. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a four-to-six-week basis. But records of completed date checks were not kept, so there is a risk some medicine stock might be overlooked. Short-dated stock was highlighted using a sticker and removed at the start of the month of expiry. Liquid medicines had the date of opening written on the bottle. Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date medicine 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 for the past three month showed they had remained in the required range. Patient returned medicines was disposed of in designated bins located away from the dispensary. Drug alerts were received on electronic software from the MHRA. The software recorded when the alerts had been actioned, by whom, and what action was taken.

## 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. 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.