

Registered pharmacy inspection report

Pharmacy Name: Lower House Pharmacy, 225 Lower House Lane,
West Derby, LIVERPOOL, Merseyside, L11 2SF

Pharmacy reference: 1034511

Type of pharmacy: Community

Date of inspection: 21/08/2024

Pharmacy context

The pharmacy is situated in a parade of shops on a main road in West Derby, Liverpool. The pharmacy changed ownership in 2023. The pharmacy dispenses medicines and supplies some people with medicines in multi-compartment compliance packs to help them manage their medicines. The pharmacy also provided the NHS Pharmacy First and Hypertension finder services.

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 adequately manages risks, and it takes steps to improve patient safety. It completes the records that it needs to by law. Members of the pharmacy team work to professional standards, and they are clear about their roles and responsibilities. They keep people's private information safe, and they understand how to protect the welfare of vulnerable people.

Inspector's evidence

Standard operating procedures (SOPs) were available electronically and were produced written and reviewed by the company's head office team. Team members had read SOPs relevant to their roles and were in the process of signing the record to show which SOPs they had read. The pharmacy manager expected this to be completed by the end of the week.

Dispensing mistakes which were identified before a medicine was supplied to people (near misses) were highlighted to the team member involved in the dispensing process. They were asked to identify their mistake and rectify it and make a record of the incident on the near miss record sheet. Near misses were seen to be recorded consistently. A review of near misses was carried out either after an incident or on a monthly basis. As a result of past reviews medicines which 'looked-alike' and 'sounded-alike' were separated on the shelves, team members were asked to mark split packs, the team tried to keep shelves tidy to avoid picking errors and the team had been briefed to take care when dispensing pregabalin and gabapentin. Where a dispensing mistake had happened, and the medicine had been supplied to a person (dispensing errors), the responsible pharmacist (RP) would complete an investigation. As part of this the patient, their GP and the superintendent pharmacist (SI) were all notified. An incident report form and root cause analysis was completed and a copy was sent to the head office team. Following an incident where someone else's methadone was handed out to the wrong person, the pharmacy team took steps to avoid distractions when bagging medicines and double checked that medicines were for the right person when there was more than one medicine bag for them. The RP was unaware if the CD accountable officer had been notified following this error and agreed to confirm with the SI and pass on the information if it had not already done so.

The correct RP notice was displayed. When questioned, the team members explained the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure. A complaints notice was displayed in the retail area which informed people of how they could raise concerns. People were able to contact head office and some people left reviews online.

Emergency supply of medicines, RP records and CD registers were well maintained. Private prescription records were kept but most records seen did not have accurate details of the prescriber. This was required to show who had provided the authority to supply the medicine. Running balances of CDs were recorded and checked weekly against physical stock. A random balance was checked against the physical stock held and found to be correct.

Assembled prescriptions which were ready to collect were stored in the dispensary and not visible to people using the pharmacy. The pharmacy had an information governance policy. Other team members had completed some training on data protection and patient confidentiality as part of their training

with the previous owner. The pharmacy stored confidential information securely and separated confidential waste which was then sent to head office for destruction. The RP had access to national care records (NCR) and obtained verbal consent from people before accessing.

The RP had completed level three safeguarding training. Team members had completed safeguarding training. Members of the team explained that if they had any concerns, they would refer to the RP and they were aware of the next steps to follow. The delivery driver was based at another branch and the RP was unsure of what training they had completed. He provided an assurance that he would confirm.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide its services effectively. Team members are appropriately trained or are in the process of completing suitable training for their roles. The pharmacy helps staff to keep their knowledge and skills up to date. Team members get regular feedback, and they are supported when completing accredited courses. And the pharmacy team can provide feedback and relay any concerns about the pharmacy's services to the pharmacy manager.

Inspector's evidence

At the time of the inspection the team comprised of the RP, who was the regular pharmacist and two trained dispensing assistants, one of whom was also the pharmacy manager. There was also a trainee dispensing assistant. The pharmacy manager had been enrolled on to a pharmacy technician training course. The pharmacy also had a delivery driver and a trained dispenser who were not present. The RP felt that there were enough staff to manage the workload. The team were observed working effectively and were up to date with the dispensing. Since changing ownership, the prescription volume had increased but the team were able to manage this. Holidays were covered within the team.

Team members asked appropriate questions and counselled people before recommending over-the-counter treatments. They were aware of the maximum quantities of medicines that could be sold over the counter. The pharmacy manager had held reviews with new team members. The pharmacy had changed ownership just a under a year before the inspection and the team were settling into the new ways of working. The team held group talks to discuss any updates and team members were provided with feedback.

Team members on formal training courses were well supported by the RP and other members of the team. They were provided with time to complete their training. To keep up to date, team members completed ongoing training and were also given time to complete this. They had recently completed resuscitation training.

Team members provided feedback, ideas and suggestions to the pharmacy manager or RP. Targets were set for services provided, but team members said there was no pressure on the team to meet these. Pharmacists provided the services because they wanted to help people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure and provides a safe environment to deliver its services. People using the pharmacy can have discrete conversations with its team members in a private area.

Inspector's evidence

The pharmacy was clean and organised, although some parts of the premises were aged and a bit tired. The dispensary consisted of two adjoining rooms and was tidy and had been structured so that the workflow was organised and flowed through the dispensary. A clean sink was available for the preparation of medicines. A separate dedicated workbench was used for the preparation of multi-compartment compliance packs. Cleaning was done by the team. The room temperature and lighting were appropriate.

The premises were kept secure from unauthorised access. A clean, signposted consultation room was available and suitable for private conversations.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It obtains its medicines from licensed sources and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy was easily accessible from the street. The shop floor was clear of clutter with easy access to the medicines counter. Team members used translation applications if needed. A hearing loop was available. When necessary, the team signposted people who needed services that the pharmacy did not provide to other services.

The RP had completed the independent prescribing course but there were no prescribing services provided at the time of the inspection. The RP felt the NHS Pharmacy First service had the most positive impact on the local population as people found it convenient to walk in and it provided easier access to healthcare. The pharmacy received referrals from local GPs for the service. The RP had completed training before the launch of the Pharmacy First service. He had already provided a sore throat and contraceptive service in Wales. The RP gained experience of using an otoscope as part of his prescribing course.

There was an established workflow within the dispensary and prescriptions were assembled by the dispensers and checked by the RP. 'Dispensed-by' and 'checked-by' boxes were available on dispensing labels, and these were routinely signed to create an audit trail showing who had carried out each of these tasks. Baskets were used to separate prescriptions, to prevent them being mixed up. Baskets were also colour-coded to help manage the workflow.

The pharmacy team were aware of the risks associated with the use of valproate containing medicines during pregnancy. Team members were also aware of the guidance for dispensing topiramate. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring.

Some people's medicines were supplied in multi-compartment compliance packs. Packs were prepared by the dispensers. Each person had an individual record sheet which had information relating to all the medicines they were prescribed on a regular basis. Any changes were recorded, and the information was updated. The dispenser made a record of the medicines ordered from the surgery.. Assembled packs were labelled with the product descriptions. There were no mandatory warnings included on the labels, but the dispenser agreed she would speak to the system provider to change the settings. There was an audit trail to show who had prepared and checked the packs. Patient information leaflets were issued monthly.

The pharmacy offered a prescription delivery service and had a designated delivery driver. The driver had a delivery log sheet and used this to obtain signatures from people. If someone was not available to receive a delivery, the medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and stored appropriately. Fridge temperatures

were monitored daily and recorded; they were seen to be within the required range for storing temperature-sensitive medicines. Team members described the steps they would follow if the temperature was not within range. Team members explained that date checking was done weekly and a date checking matrix was available to demonstrate this. A random sample of stock was checked, and no date-expired medicines were found. Short-dated stock was marked with stickers. Out-of-date and other waste medicines were separated and then collected by licensed waste collectors. Drug recalls were received electronically. The team would check the stock and take the action as required; alerts were printed and signed once they had been actioned and the team briefed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Equipment is kept clean and is ready to use.

Inspector's evidence

The pharmacy had calibrated glass measures. Separate measures were available for liquid CD preparations to avoid cross contamination. Tablet counting equipment was available. Equipment was clean and ready for use. Two medical fridges were available. A blood pressure monitor, otoscope, pulse oximeter, forehead thermometer and ambulatory blood pressure monitor were available. The RP also had a manual blood pressure monitor and stethoscope that he routinely used. The RP was unaware of the calibration arrangements or how old the electronic blood pressure monitor was as this had been inherited from the previous owners. The RP planned to replace this with a new monitor. The pharmacy also had a automated methadone dispensing machine. Team members emptied this each evening and calibrated the machine each morning using known volumes of water.

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.