

# Registered pharmacy inspection report

**Pharmacy Name:** Stephens Pharmacy, 516 Mather Avenue,  
LIVERPOOL, Merseyside, L19 4UG

**Pharmacy reference:** 1034542

**Type of pharmacy:** Community

**Date of inspection:** 28/11/2019

## Pharmacy context

The pharmacy situated amongst a small number of other retail shops, in a residential area of 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 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
<b>1. Governance</b>	Good practice	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	All members of staff receive Information Governance training when their employment begins, then get regular refresher training and assessment to provide assurance that they understand their responsibilities.
<b>2. Staff</b>	Standards met	2.2	Good practice	Members of the pharmacy team have protected time to learn while they are at work.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Good practice

### Summary findings

The pharmacy manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again.

### Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties.

Dispensing incidents were reported on incident report forms and reviewed by the superintendent. Near miss errors were reported on a log and were discussed with the member of the pharmacy team at the time. The accuracy checking pharmacy technician (ACPT) carried out a monthly analysis of trends and patterns of the near misses and dispensing errors. And she produced a detailed monthly patient safety report that was displayed for the team to refer to. Ropinirole and risperidone stock had been separated because of previous near miss errors.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place and a practice leaflet explaining the complaints process was available for people. A pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose, and he would make the superintendent (SI) pharmacist aware to ensure they followed up if necessary.

A customer satisfaction survey was carried out annually with the results of the last survey available. The SI explained that some patients had provided negative feedback regarding the possibility of being overheard in the retail area. He said that patients were signposted to the consultation room to speak privately if necessary.

The company had appropriate indemnity insurance in place. The responsible pharmacist (RP) record, private prescription record, emergency supply record, unlicensed specials record, and the CD register were in order. Patient returned CDs were recorded and disposed of appropriately. Records of CD running balances were kept and audited regularly.

Confidential waste was shredded. Confidential information was kept out of sight of patients and the public. An information governance (IG) SOP was in place and all members of the team had read and signed confidentiality agreements as part of their training. The pharmacy team received annual IG refresher training, which was documented. The computers were password protected, computer screens were facing away from the customer and assembled prescriptions awaiting collection were stored in the dispensary in a manner that protected patient information from being visible. The team members were observed using their own NHS smart cards when using the computer. There was a privacy notice displayed in the retail area.

The pharmacists and pharmacy technicians had completed level 2 safe guarding training and all other team members had completed level 1 safe guarding training. The pharmacy team had read and signed the safeguarding SOP. The local contact details for seeking advice or raising a concern were present.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are well trained and work effectively together. They 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, to the benefit of people who use the pharmacy's services.

### Inspector's evidence

There was the superintendent (SI) pharmacist, a second pharmacist who was signed in as responsible pharmacist (RP), an accuracy checking pharmacy technician (ACPT), a pharmacy technician, a pre-registration trainee, a dispenser and two medicines counter assistants on duty. The pharmacy technicians, dispensers and medicines counter assistants had completed accredited training courses for their roles, with their certificates displayed. The staff were busy providing pharmacy services. They appeared to work well together as a team and manage the workload adequately.

A member of the pharmacy team spoken to said both pharmacists were supportive and were more than happy to answer any questions they had. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. They were regularly given feedback informally from the pharmacist. For example, about near miss errors.

The pharmacy team had detailed individual training records for online training modules or other courses completed. They were provided with the opportunity and the time to complete online training on an ongoing basis. Examples of recent training modules completed included, community consultation service, influenza, and antimicrobial resistance.

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 co-codamol, which she would refer to the pharmacist for advice. The RP explained that there were no formal targets set for professional services.

## 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 was free from obstructions and had a waiting area. A member of the pharmacy team said that dispensary benches, sink and floors were cleaned regularly, and an audit trail of this was kept as part of the list of daily tasks that required sign off. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good.

The pharmacy premises were maintained and in a good state of repair. Maintenance problems were reported to the SI and dealt with. Pharmacy team facilities included a microwave, kettle, WC with separate wash hand basin and antibacterial hand wash. There was a consultation room available which 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. The pharmacy takes extra care when supplying some higher-risk medicines. It sources and stores 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 patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. The pharmacy team were clear about what services were offered and where to signpost to a service if this was not provided. The opening hours were displayed near the entrance.

The work flow in the pharmacy was organised into separate areas, with a designated room upstairs for the assembly of multi-compartment compliance aid packs, adequate dispensing bench space and a checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A stamp with "CK" on was observed to be used on prescriptions, to indicate they had been clinically checked by a pharmacist prior to be accuracy checked by the ACPT. Prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. This was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. Prescriptions containing schedule 3 and 4 CDs were highlighted with a schedule 3 / 4 CD sticker attached and the prescription expiry date written on, and an example of this was present for a tramadol prescription awaiting collection. A small number of assembled prescriptions awaiting collection were stored in sealed bags directly on the floor of the prescription retrieval area, which may increase the possibility of medicines becoming damaged prior to supply.

The pharmacist explained that prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were routinely highlighted with a "speak to pharmacist" sticker attached to the assembled prescription bag prior to collection. And an example of this was present. The pharmacy had carried out a clinical audit for patients prescribed valproate and had identified two patients who met the risk criteria. Both patients had been provided with a copy of the patient guide and been reviewed by their GP. The pharmacy had patient information resources for the supply of valproate. The pre-registration trainee provided details of a clinical audit she had completed for patients prescribed lithium. She explained that the audit allowed the pharmacy to ensure that patients were being appropriately monitored whilst taking their lithium medication. A pharmacist provided examples of clinical interventions he had been involved with and demonstrated that relevant notes were added to the computer patient medication record (PMR) to ensure a record was kept.

A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for changes to medication added to individual patients hand-written list of medicines and the computer PMR being updated. Disposable equipment was used. Individual medicine descriptions were observed to be added to each compliance aid pack and patient information leaflets were included. Some, but not all of the

assembled compliance aid packs that had been accuracy checked had no dispensing audit trail included. So, it may be more difficult to establish who was involved in the dispensing and accuracy checking process in the event of a dispensing error occurring.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. Date checking was carried out and a record was kept. No out of date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. A balance check for a random CD was carried out and found to be correct. There were two clean fridges for medicines, both equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and the records were complete.

The pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy had FMD software installed and 2D barcode scanners. FMD compliant medication packs were observed to be decommissioned at the point of supply. Alerts and recalls were received via NHS email. These were actioned on by the pharmacist or pharmacy team member and a record was kept.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. And it is used in a way that protects privacy.

### Inspector's evidence

The up-to-date BNF and BNFc were present. The pharmacy team also used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order, but there was no information to suggest it had been PAT tested for safety, which may increase the possibility of team members using unsafe equipment.

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 electrically operated tablet counter that appeared to be in working order and was calibrated between use. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless telephone was available if people requested a private conversation.

### 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.