

# Registered pharmacy inspection report

**Pharmacy Name:** Ryders Chemist Ltd., 41 Old Town Lane, Formby,  
LIVERPOOL, Merseyside, L37 3HJ

**Pharmacy reference:** 1034554

**Type of pharmacy:** Community

**Date of inspection:** 17/12/2019

## Pharmacy context

This is a community pharmacy next to a GP practice. It is situated in the village of Formby in Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the community pharmacy consultation scheme, which is an NHS referral service from 111. The pharmacy supplies medicines 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>	Standards met	1.7	Good practice	Members of the team are given training so that they know how to keep private information safe.
<b>2. Staff</b>	Good practice	2.2	Good practice	Members of the pharmacy team complete regular training modules to help them keep their knowledge up to date.
<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 to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

### Inspector's evidence

There was a current set of standard operating procedures (SOPs) which had recently been updated by the superintendent (SI). Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded on a standardised form. A recent error involved the incorrect supply of domperidone 10mg tablets instead of donepezil 10mg tablets. The SI had investigated the error and discussed his findings with the pharmacy team. Near miss incidents were recorded on a paper log. The SI explained that he would review the records each month and discuss the review with members of the pharmacy team. He would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. Example of actions which had been taken were provided. For example, using self-edge labels to highlight 'look alike, sound alike' medicines, or those with similar formulations.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A counter assistant was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. 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 SI. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. 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 were provided with in-house IG training and each member had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential waste was segregated to be destroyed using an on-site shredder. Details about how the pharmacy handled and stored people's data was on display.

Safeguarding procedures were included in the SOPs and these had been read by the pharmacy team. The pharmacist said he had completed level 2 safeguarding training. Contact details of the local safeguarding board were on display. A dispenser said she would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

There are enough staff to manage the pharmacy's workload 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.

### Inspector's evidence

The pharmacy team included a pharmacist – who was also the SI, four dispensers and a medicine counter assistant (MCA). The pharmacy team were appropriately trained. The normal staffing level was a pharmacist, two dispensers and two staff in the retail area. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with an e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was routinely completed. Staff were allowed learning time to complete training.

An MCA gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgment and this was respected by the pharmacy team. A dispenser said she felt a good level of support from the pharmacist and felt able to ask for further help if she needed it.

Appraisals were conducted annually by the SI. A dispenser said she felt the process was a good chance to receive feedback and she felt able to speak about any of her own concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets for professional services set by the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary and access to the dispensary was restricted by the position of the counter. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

## 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 recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet recorded successful deliveries. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. A signature was obtained from the recipient for delivered CDs to confirm their receipt.

Dispensing baskets were used to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. But members of the team did not always initial dispensing labels to show who dispensed or checked the medicines. So in the event of a query or a concern, it may be difficult to identify who was involved. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a collection 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. Staff were seen to confirm the patient's name and address 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 there was a risk that these medicines could be supplied after the prescription had expired. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, which would be recorded on their PMR.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Stock was date checked on a 12-week rotating cycle. A date checking matrix was signed by staff and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, and details of the action taken and when the alert was received were recorded on a form.

## 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

A BNF, BNFC and Drug Tariff were available for reference and in date. The staff had access to the internet for general information. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested in March 2019. 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 the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately in the services provided by the pharmacy; patients 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.