

Registered pharmacy inspection report

Pharmacy Name: Coleman & Leigh's Pharmacy, 241 Walton Village,
LIVERPOOL, Merseyside, L4 6TH

Pharmacy reference: 1034617

Type of pharmacy: Community

Date of inspection: 03/12/2019

Pharmacy context

The pharmacy is situated amongst a small number of other retail shops, in a residential area of Walton, Liverpool. The pharmacy premises are easily accessible for people, with adequate space in the large retail area. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. And It 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
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 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. And they record things that go wrong, so that they can learn from them. But they do not record all of their mistakes, so they may miss some opportunities to learn.

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 to and reviewed by the superintendent pharmacist. Near miss errors were reported online and were discussed with the member of the pharmacy team at the time. No near miss errors had been reported between March 2019 and October 2019. Posters with details of the "look alike sound alike" (LASA) medicines were displayed for the pharmacy team to refer to.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. But details about it were not on display so people may not always know how they can raise concerns. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose. A customer satisfaction survey was carried out annually to provide people with the opportunity to provide feedback on the services received.

Insurance arrangements were in place. And a current certificate of professional indemnity insurance was provided. The 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. The responsible pharmacist (RP) record was up-to-date but had the time the RP ceased their duty missing on some occasions.

Confidential waste was placed in a designated bin and collected by an authorised carrier. Confidential information was kept out of sight of patients and the public. An information governance SOP was in place and all staff had read and signed confidentiality agreements as part of their training. The computers were password protected, computer screens were facing away from the customer and assembled prescriptions awaiting collection were stored in a manner that protected patient information from being visible. The members of the pharmacy team were observed using their own NHS smart cards when using the computer. There was a privacy notice displayed in the retail area.

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

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are comfortable about providing feedback to the pharmacist. And they receive feedback on their performance. 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. But the lack of formal ongoing training could mean their skills and knowledge may not always be up to date.

Inspector's evidence

There was a pharmacist, a dispenser and a trainee medicines counter assistant on duty. The dispenser had completed an accredited training course for her role and the trainee medicine counter assistant's accredited training course information was provided. 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 the pharmacist was supportive and was more than happy to answer any questions they had. She explained that apart from reading updated SOPs and completing training periodically on topics such as healthy living, no ongoing training material was provided. The members of the pharmacy team had received an appraisal with the pharmacist in the last year and copies of these were present. 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 trainee 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 pharmacist explained that there were incentivised targets for him to complete MURs and NMS. He said he had not felt under any pressure to achieve these targets and he did not believe there was any compromise to the quality of services provided.

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. The dispenser said that dispensary benches, sink and floors were cleaned regularly, but no record of this was kept. The temperature in the pharmacy was controlled by heating units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the pharmacist or head office and dealt with. Pharmacy team facilities included a microwave, kettle, toaster, WC with 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 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. It sources and generally 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 adequate dispensing bench space and a checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A member of the pharmacy team demonstrated that prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. She explained that this was to act as a prompt for staff to dispense the CD and include it with the rest of the assembled prescription at the point of supply. She said prescriptions containing schedule 3 and 4 CDs were highlighted with a "CD not to be issued after" sticker attached to the assembled bag. And an example of this was present for a prescription containing gabapentin that was awaiting collection.

A member of the pharmacy team explained that prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted prior to collection. A pharmacist had previously carried out a clinical audit on two occasions for patients prescribed valproate. Details of the last audit were present. The audit had identified one patient who met the risk criteria. The patient was reviewed by a pharmacist and they had a pregnancy prevention plan (PPP) in place. The pharmacy had no patient information resources for the supply of valproate, which meant they may not be able to supply all of the necessary information if valproate was dispensed.

The pharmacy offered an influenza vaccination service for NHS patients. A copy of the signed patient group directive and service specification was present. The pharmacist explained how the service was provided and records were kept. The necessary equipment for the service was available, including, in-date influenza vaccinations, in-date adrenaline ampoules, in-date EpiPen's, sharps bin, alcohol gel and swabs.

The pharmacy provided a prescription delivery service for some people. All prescription deliveries were tracked online and signed for upon receipt. Individual patients controlled drug (CD) delivery records were kept, providing a robust audit trail for supply. The pharmacist explained that people who were not at home when the delivery driver attempted delivery had their prescriptions returned to the pharmacy for safe-keeping and a note was left advising them of the delivery attempt.

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. 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 was a clean fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy had FMD software installed and a 2D barcode scanner. But, the pharmacy team were not decommissioning FMD compliant medication packs. Therefore, the pharmacy was not yet complying with legal requirements. Alerts and recalls were received via NHS email and online. These were actioned by the pharmacist or pharmacy team member and a detailed record was kept online.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested for safety purposes.

Inspector's evidence

The pharmacy had an up-to-date BNF and BNFC. The pharmacy team 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 and was PAT tested in November 2018.

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. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy.

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.