

Registered pharmacy inspection report

Pharmacy Name: Norman Pharmacy, 155-157 Walton Road,
LIVERPOOL, Merseyside, L4 4AH

Pharmacy reference: 1034619

Type of pharmacy: Community

Date of inspection: 17/12/2019

Pharmacy context

The pharmacy is situated amongst other retail shops, in a residential area of Liverpool. The pharmacy premises are 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
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 has written procedures to help make sure the team provide services effectively. But, they are past their date of review, so they may not always match the current ways of doing things. Members of the pharmacy team are clear about their roles and responsibilities. They know how to protect private information. And they record some things that go wrong so that they can learn from them. But they do not record or review all of their mistakes, so they may miss some opportunities to improve.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. But, the SOPs were kept in a disorganised manner so it was difficult for the team to refer to them. And they had passed the date of review stipulated on them. Roles and responsibilities of the pharmacy team were set out in the SOPs. When questioned, a member of the pharmacy team was able to clearly describe her duties. The pharmacist explained that dispensing incidents were recorded on the computer patient medication record (PMR) and shared with the superintendent pharmacist (SI). Near miss errors were discussed with the member of the pharmacy team at the time they were identified. The pharmacist explained that some near miss errors were reported, but not all. She gave an example that stock of metformin had been separated after a near miss involving different forms of the medicine being mixed up.

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 present for people to refer to. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose. A customer satisfaction survey was carried out annually with the results of the last survey displayed. The pharmacist explained that some patients had provided negative feedback about waiting times for prescriptions to be dispensed and that people were given an estimated time for their prescription to be dispensed when necessary at busier times.

The company had professional indemnity insurance in place, with a copy of the insurance certificate displayed. The private prescription record, emergency supply record, unlicensed specials record, responsible pharmacist (RP) record and the CD register were in order. Patient returned CDs were recorded and disposed of appropriately. A balance check for a random CD was carried out and found to be correct.

Confidential waste was shredded. Confidential information was kept out of sight of patients and the public. A data protection policy was in place, but members of the pharmacy team had not read or signed it. So, the team may not fully understand how the pharmacy protects people's information. The members of the pharmacy team had read and signed confidentiality agreements as part of their employment contracts. The computer was password protected, facing away from the customer and assembled prescriptions awaiting collection were stored in a manner that protected patient information from being visible. There was a privacy notice displayed.

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

the team to refer to.

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. 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 regular locum pharmacist, two dispensers and another member of the team on duty. The dispensers had completed accredited training courses for their roles. The other member of the pharmacy team had previously been enrolled on an accredited training course but the deadline to complete this training had expired before they had finished the course. During the inspection this member of the pharmacy team was re-enrolled on an accredited training course, with proof of enrolment provided. The pharmacy team were busy providing pharmacy services. They appeared to work well together 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. They explained that apart from reading updated SOPs, no ongoing training material was provided. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. They were regularly provided with information informally from the pharmacist.

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

The pharmacy premises were in an adequate state of repair. Maintenance problems were reported to the pharmacist 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 easy to access. And it manages and provides them safely. The pharmacy team carries out some checks to make sure medicines are in good condition. But it does not always keep records so it can't show that the checks have been done properly. And some medicines are past their expiry date which could cause errors to happen.

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. Staff 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 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 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 take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. She said prescriptions containing schedule 3 or 4 CDs were not highlighted in the same manner, which may increase the possibility of supplying a CD on a prescription that had expired.

A member of the pharmacy team explained that prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were highlighted prior to collection. There were no assembled prescriptions for high-risk medicines to demonstrate this. The pharmacist said that information relating to warfarin prescriptions such as people's latest INR readings or warfarin doses was not routinely documented. A pharmacist had carried out an audit for people prescribed valproate and had not identified anyone who met the risk criteria. The pharmacy had no patient information resources for the supply of valproate. Therefore, the pharmacy may not be able to provide the necessary information to people should the need arise.

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 with the handwritten list of medicines and the computer patient medication record (PMR) being updated. Disposable equipment was used. Individual medicine descriptions were added to each compliance aid pack. There was a dispensing audit trail on the assembled compliance aid packs and patient information leaflets were included with each of the medicines supplied.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. The pharmacist said date checking was carried out periodically, but no record of this was kept. Three different stock medicines were found to be out of date from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. 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 had FMD software installed, but the 2D barcode scanner present was not compatible. Therefore, the pharmacy was not complying with legal requirements. Alerts and recalls were received via NHS email. These were actioned on by the pharmacist or pharmacy team member, but a record was not kept. The pharmacy was not signed up to receive MHRA notifications, which may lead to some alerts or recalls not be actioned appropriately in a timely manner.

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 electrical equipment is regularly tested to make sure it is safe.

Inspector's evidence

The pharmacy had up-to-date copies of the 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 August 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. The computer was password protected with the screen positioned so that it wasn'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.