

Registered pharmacy inspection report

Pharmacy Name: Bounce Chemist, 158/160 Windsor Street,
LIVERPOOL, Merseyside, L8 8EH

Pharmacy reference: 1034623

Type of pharmacy: Community

Date of inspection: 22/09/2021

Pharmacy context

The pharmacy is situated amongst other retail shops, in a residential area of Liverpool. The premises are accessible for people, with open space in the retail area. It sells a range of over-the-counter medicines, and it dispenses private and NHS prescriptions. And they have a consultation room available for private conversations.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 generally manages the risks associated with its services and it protects peoples' information. Trained members of the pharmacy team are clear about their roles and responsibilities. They record some things that go wrong, so that they can learn from them. But they do not always record or review all of their mistakes, so they may miss some opportunities to improve. The pharmacy keeps the records required by law, but some information is missing, which could make it harder to understand what has happened if queries arise.

Inspector's evidence

The pharmacy had a full range of written SOPs in place which were signed and dated by the pharmacist. There were training records for each SOP which had been signed by all trained members of the team to confirm they had read and understood the document. The pharmacy apprentice who commenced her role approximately 6 weeks ago had not yet read the SOPs. This meant she may not understand or follow the correct processes for her role. She explained she would read and sign the SOPs as soon as possible, and if she had any questions, she asked the pharmacist or other team members. Dispensing errors were documented and reported online. A written near miss log was kept in the dispensary. There were no near misses recorded since July 2021 and the pharmacist admitted that all near miss incidents had not been recorded. He explained that team members were informed of near miss incidents at the time, so they were able to learn from them.

The pharmacy had a screen installed in front of the medicines counter where people could interact with team members. Strict social distancing measures were in place for people entering and leaving the premises, including, a limit on the number of people allowed into the retail area at any one time, and Covid-19 information posters were displayed. The pharmacist wore personal protective equipment (PPE) throughout the day, which included a facial mask. And the pharmacy team had access to alcohol hand gel. A Covid-19 premises risk assessment, and individual team member risk assessments had been carried out by head office.

A complaints procedure was available, and the pharmacy website provided information about how to make complaints and give feedback. A current professional indemnity insurance certificate was on display. A Responsible Pharmacist (RP) notice was conspicuously displayed. The RP record had the time the RP ceased their duty missing on most occasions. This could lead to uncertainty about who was responsible if there was a concern or query. The specials procurement record had the patient and prescriber details missing from some records. The private prescription record, emergency supply record and CD register were all in order. CD running balances were recorded and generally audited regularly every four to eight weeks. Patient returned CDs were appropriately recorded.

All team members, with exception of the pharmacy apprentice, had read and signed the Information Governance SOP and had also signed confidentiality agreements. Confidential waste was placed into clearly marked designated bins, and a contractor was used for disposal. The pharmacy's website provided details about how the pharmacy handled information to protect confidentiality. A safeguarding SOP was in place and child protection information and guidance was also available, including details of local safeguarding contacts. The pharmacy team members said they would report any concerns to the pharmacist, who had completed a CPPE training course.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members receive informal feedback from the pharmacist to help them improve. And they complete appropriate training for their roles and get some extra training to help them keep up to date.

Inspector's evidence

The pharmacy employed a part-time pharmacist who provided cover when the superintendent was not present, three dispensing assistants and a pharmacy apprentice. There was a delivery driver employed to deliver medicines from the pharmacy. The pharmacy team were very busy but generally able to manage their workload during the inspection and the pharmacist said the staffing level was normally adequate to handle the volume of work. He explained that there were two dispensers on sick leave at present.

A dispenser described the questions she would ask when selling a medicine and was aware that codeine products might be abused. She said she would always ask the pharmacist to approve the sale if she was in any doubt. The pharmacist said he felt free to use his professional judgement. For example, to refuse a sale if he felt it was inappropriate.

The pharmacy team members periodically completed online training modules. Individual staff training records were kept and included copies of training certificates. A member of the pharmacy team explained that the pharmacist sometimes gave her feedback informally. For example, if a near miss incident had occurred. The pharmacy team were able to raise concerns or make suggestions at any time and appeared to work as a team. A whistleblowing policy was in place if team members needed to raise concerns outside of the branch. No specific targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally 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 fitted to an adequate standard and was generally well maintained. There was rubbish all over the dispensary floor, including, empty packaging, paper, and plastic. This meant the working environment for team members was not as hygienic as it could be and may create a slip or trip hazard. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing. Both had hot and cold running water. Soap, towels and cleaning products were available. Air conditioning was available to control room temperature and the dispensary was adequately lit.

A consultation room was available for private consultations and counselling. The dispensary was screened to allow the dispensing process to be carried out in privacy. Access behind the medicines counter and into the dispensary was restricted, that helped prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it generally manages and provides them 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. The pharmacy team carries out some checks to make sure medicines are in good condition.

Inspector's evidence

The pharmacy was accessed via a wide entrance door. The pharmacy team were aware of the need to signpost patients requiring services not available at the pharmacy. The pharmacy website provided details of the range of services available. And various leaflets and posters provided information about different healthcare topics.

The dispenser explained the process for delivering prescriptions to people. Due to Covid, the delivery driver was not asking patients to sign for receipt of their prescription delivery, and they were signing on their behalf. If nobody was available to accept a delivery a note was left, and the medicines were returned to the pharmacy. The pharmacy team was aware of the risks associated with supplying valproate. An audit of valproate had been carried out and patient information resources for the supply of valproate were available.

Prescriptions were retained with dispensed medicines awaiting collection. Warning stickers were attached to the bags to highlight important information such as the presence of CDs. The pharmacist admitted that some high risk medicines such as schedule 3 and 4 CDs may not always be highlighted. Multi-compartment compliance aids were used to dispense medicines for patients with compliance difficulties. They were labelled with descriptions to enable identification of the individual medicines. Patient Information Leaflets were not always supplied. Therefore, patients may not always have the most up to date information about their treatment. Each compliance aid patient had their own record sheet which was used to record current medication and document any changes so that prescriptions could be checked before they were dispensed. Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing.

Medicines were obtained from licensed wholesalers and specials were obtained from a special's manufacturer. No extemporaneous dispensing was carried out. Dispensary stock was generally arranged in alphabetical order. Regular expiry date checks were carried out and documented and expiry dates were highlighted to help identify short-dated stock. A stock container of zopiclone 3.75mg tablets that had been decanted from its original packaging had no batch number or expiry date information. This meant there was a possibility of supplying a medicine that was not fit for purpose. Upon highlighting this to the pharmacist, the container of zopiclone was appropriately disposed of.

There was a medicines fridge, equipped with a maximum/minimum thermometer and the temperature was checked daily and recorded. The record showed the temperature had remained within the required range. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Controlled Drugs were stored appropriately. Drug alerts and recalls were received by e-mails, which were checked daily, then documented in the drug alert record, printed and filed as evidence they had been actioned.

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

Various reference books were available including a current BNF and BNFc. Crown stamped conical measures were available including some that were used only for the measurement of methadone mixture. All electrical equipment appeared to be in good working order and had been PAT tested previously.

Patient Medication Records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for dispensing and any associated conversations or telephone calls. The consultation room was used to enable confidential discussion and consultation.

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.