

Registered pharmacy inspection report

Pharmacy Name: Liverpool Road Pharmacy, 79 Liverpool Road, ST. HELENS, Merseyside, WA10 1PQ

Pharmacy reference: 1034714

Type of pharmacy: Community

Date of inspection: 20/09/2023

Pharmacy context

This pharmacy is situated close to the town centre next door to a GP's surgery. In addition to dispensing medicines the pharmacy provides seasonal flu and covid vaccinations. And it supplies people with medicines in multi-compartment compliance packs to help them manage their medicines. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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 appropriately identifies and manages the risks associated with its services. And team members work to written procedures to help them provide the services safely. The pharmacy records and reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce future risk. It protects people's personal information well. And team members understand their role in protecting vulnerable people. The pharmacy keeps the records it needs to by law, to help show that it supplies its medicines appropriately.

Inspector's evidence

Standard operating procedures (SOPs) were available, the responsible pharmacist (RP) explained that SOPs were reviewed and distributed by head office. Team members had read and signed SOPs relevant to their roles.

Dispensing mistakes which were identified before the medicine was handed out (near misses) were corrected and discussed with the team members and recorded online. In addition to this trainee pharmacists kept a record of their own near misses. If the RP spotted reoccurring near misses a team meeting was held to discuss ways in which these could be avoided. The RP explained near misses rarely occurred and she had found that they mainly occurred when new team members started. The RP said there had not been any instances recently where a dispensing mistake had happened, and the medicine had been handed to a person (dispensing errors). However, she was able to describe the steps that she would follow in the instance that there was one. Dispensing errors were also recorded on the electronic system and could be accessed by the head office team. If there was a common error picked up occurring in different branches all teams were provided with training. As well as informal reviews a formal review of error records was carried out annually. Most changes made as a result of reviews had included moving items on the shelves to prevent picking errors or separating them using dividers.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance.

The pharmacy had a complaints procedure. People generally spoke to the team to raise any issues. The RP tried to resolve these in store but would escalate if needed. People were also able to leave feedback and reviews online which were monitored by the head office team. Most recent complaints had been related to items being out of stock due to manufacturing issues.

Private prescription records, RP records and controlled drug (CD) registers were well maintained. Running balances were recorded and checked weekly against physical stock. A random balance was checked and found to be correct. The pharmacy very rarely provided emergency supplies and there were no recent records. Unlicensed medicines had not been dispensed for some time, but the RP was able to describe the records that would be kept.

The pharmacy had an information governance policy; this had been read by all team members. The pharmacy team members understood the principles of data protection and confidentiality. The pharmacy stored confidential information securely and separated confidential waste which was then

collected by a specialist contractor for disposal. The RP had access to summary care records (SCR) and obtained verbal consent from people before accessing. Team members who accessed NHS systems had individual smartcards.

Team members had all completed safeguarding training. The RP and trainee pharmacists had all completed level three training. If the team had concerns, they would refer to the RP and were aware of the next steps to follow. The delivery driver had completed safeguarding training as part of a previous role and gave an example where he had encountered someone who had fallen when delivering medicines. He had stayed with the person and contacted the RP who then contacted the person's GP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload, and they work effectively together. They have the appropriate skills and qualifications to deliver services safely and effectively. Team members get time set aside for ongoing training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the team comprised of the RP who was a regular pharmacist, a trained dispenser and a trainee pharmacist. The trainee pharmacist was doing a split placement. The pharmacy had a second trainee pharmacist who was also doing a split placement and was working at the GP practice on the day of the inspection. The pharmacy was in the process of recruiting a dispenser to cover another dispenser who had recently left. Recruitment was handled by head office. In the interim the team were supported by colleagues from other branches or locum dispensers when needed. The RP felt that when the full team was present there were an adequate number of staff. The team was up to date with its workload.

Team members asked appropriate questions before recommending over-the-counter treatment and were observed advising people about the use of their medicines. Team members would refer to the RP if unsure. And due to the layout of the pharmacy, the RP was able to intervene if she felt it necessary. Team members were aware of the maximum quantities of medicines that could be sold over the counter.

Staff performance was managed informally. Team members were provided with feedback on an ongoing basis. The RP recognised any good activity and discussed where things could be improved. Appraisals were done by the RP, and she was able to refer to the head office team if there were serious performance issues.

The team was relatively small and worked closely together. Things were discussed as they arose or at the team meetings. Team members felt able to feedback concerns and give suggestions to both the RP and the head office team. There were no targets set for services provided.

Foundation trainees were enrolled on formal training courses and attended monthly training days. They were also provided with study time. To keep up to date, team members completed online training and courses. The RP was made aware by the head office team on the training modules team members needed to complete and they were provided with time at work to complete this. The team had recently completed training on suicide awareness. External training representatives also visited the pharmacy from time to time and recently someone had trained the team on different types of eye drops. Delivery drivers were provided with a training manual from head office. The RP also had conversations with them about the expectations.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment from which to deliver its services. And its premises are suitably clean and secure. People using the pharmacy can have conversations with team members in a private area.

Inspector's evidence

The pharmacy was clean and tidy, and there was ample workspace. Workbenches were allocated for certain tasks with a separate area for checking. Shelves were used for storing part-dispensed prescriptions that were waiting for medicines to arrive in stock. Multi-compartment compliance packs were prepared and managed in a separate allocated area. A sink was available in the dispensary. Cleaning was carried out by the team members. Medicines were arranged on shelves in a tidy and organised manner. The room temperature and lighting were appropriate. The premises were kept secure from unauthorised access. A clean, signposted consultation room was available. The room was suitable for private conversations.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. It takes steps to help ensure that people with a range of needs can easily access its services. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy was easily accessible from the street with a ramp at the entrance. There was easy access to the counter. Services were advertised to people using leaflets and posters. People were signposted to other services where appropriate and the team used the internet to find out details of local services. The pharmacy had the ability to produce large-print labels.

The RP felt the blood pressure service had a positive impact on the local population. She described that the surgery next door had closed down and relocated further away. So, it was easier for some local residents, especially the elderly, to visit the pharmacy and have their blood pressure checked instead of having to take the bus to the surgery.

There was an established workflow within the dispensary, prescriptions were usually assembled by the dispensers or trainee pharmacists. It was rare that the RP had to self-check. Dispensed and checked-by boxes were available on labels, and these were routinely used to create an audit trail showing who had carried out each of these tasks. Baskets were used to separate prescriptions, preventing transfer of items between people.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). Sodium valproate was only dispensed in original packs. The pharmacy did not have anyone who collected sodium valproate that fell within the at-risk group. The team were aware of the labelling requirements and anyone who was in the at-risk group and not part of a PPP was referred back to the prescriber. Additional checks were carried out when people collected medicines which required ongoing monitoring. When people collected warfarin, their yellow book was checked, but this information was not documented. The RP said there were not many people who were still on warfarin. For other medicines, the RP checked to make sure people were being monitored regularly.

Some people's medicines were supplied in multi-compartment compliance packs. Packs were prepared by the dispenser. Individual sheets were available for each person on the service. These had a record of all their medicines and any changes were updated on these. Assembled packs were labelled with the product descriptions and mandatory warnings. There was an audit trail to show who had prepared and checked the packs. Patient information leaflets were issued monthly. Prescriptions were ordered by the pharmacy, but only after the team members had spoken to the person and confirmed which medicines they needed.

The pharmacy was providing a Covid booster vaccination service. These were being provided under the national protocol. Both trainee pharmacists had been trained to provide the service. Vaccinations were

prepared and drawn up in the dispensary by the RP.

The pharmacy also provided the 'Care in the chemist' service. There was a formulary with a list of medicines that could be provided as part of the service. Full records for this were kept including any counselling that was provided to the person. A poster was displayed with the conditions that could be treated via the service, to remind the team.

The pharmacy offered a delivery service and had a designated driver. Signatures were obtained for medicines delivered and separate sheets were used if CDs were delivered. If someone was not available to receive a delivery, the medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored daily and recorded; these were within the required range for storing temperature-sensitive medicines. Team members explained that date checking was done routinely every three months. A random sample of stock was checked and no date-expired medicines were found. Short-dated stock was marked with labels. Out-of-date and other waste medicines were separated and then collected by licensed waste collectors. Drug recalls were received electronically, and communication was shared between all the branches. The team would check the stock and take the action as required; a printed record was kept if the pharmacy had stock of the recalled product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean.

Inspector's evidence

The pharmacy had calibrated glass measures. Separate measures were available for liquid CD preparations to avoid cross contamination. Tablet counting equipment was available. Equipment was clean and ready for use. A medical fridge was available. Blood pressure monitors were used for some services provided; these was fairly new. The RP was unaware of the calibration arrangements and provided an assurance that she would look into this. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using 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.