

Registered pharmacy inspection report

Pharmacy Name: Wyn Ellis and Son, 32 Poulton Road, WALLASEY,
Merseyside, CH44 9DQ

Pharmacy reference: 1034737

Type of pharmacy: Community

Date of inspection: 06/02/2023

Pharmacy context

The pharmacy is situated in a residential area of Wallasey, Wirral. The pharmacy premises are easily 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 both 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 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. They record some things that go wrong, so that they can learn from them. But they do not always record or review all 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

There were standard operating procedures (SOPs) for the services provided, with sign off records showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of staff were set out in SOPs. The SOPs were last reviewed by the pharmacist in 2016 and 2017. This meant there was a risk the SOPs may not always reflect current practice. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were reported on incident report forms and learning points were included. Near miss incidents were discussed with the pharmacy team member at the time they occurred, but they were not routinely recorded. This meant there would be a missed opportunity for the team to reflect and learn.

A complaints procedure was in place. A dispenser explained that she aimed to resolve complaints in the pharmacy at the time they arose, and she would refer to the pharmacist if necessary. A customer satisfaction survey was carried out with the results of the survey from 2022 available on the pharmacy website. The company had professional indemnity insurance in place. The correct responsible pharmacist (RP) notice was displayed conspicuously. The emergency supply record, private prescription record and the CD register were in order. CD running balances were kept but not audited regularly. This meant any discrepancies might not be identified promptly and it would be more challenging to reconcile in the event of a discrepancy. A balance check of a random CD was carried out and was found to be correct. Patient returned CDs were recorded appropriately. The unlicensed medicines (specials) record had patient details missing from some entries. This meant it would be more difficult for auditing purposes. The RP record had the time the pharmacist ceased their duty missing from some entries. Therefore, it would be more difficult to identify who was responsible at different times.

The pharmacy team placed confidential waste into a designated bin, to be collected by an authorised carrier. Confidential information was kept out of sight of the public. The pharmacy team had read the information governance SOP. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was displayed. A safeguarding policy was in place. The pharmacist had completed level 2 safeguarding training. And there were details of local safeguarding contacts present.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team has access to ongoing training.

Inspector's evidence

The superintendent pharmacist and two dispensers were on duty. The usual staffing level also included a medicines counter assistant. The pharmacy team worked well together and managed the workload adequately. The pharmacy team participated in online training periodically, and the team members had completed training in the last month on the topic of Naloxone. A member of the pharmacy team explained that training was completed when the workload permitted.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns about a member of the team if needed. Details outlining the policy were available for the team to refer to. The pharmacy team members said that the pharmacist was very approachable, supportive and they were more than happy to provide feedback or ask him questions when needed.

The dispenser covering the medicines counter 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. She also knew which medicines were often misused and said that if she suspected a customer might be abusing medicines, she would refer to the pharmacist for advice. The pharmacist explained that no professional service targets were in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and generally 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 generally tidy. It had a waiting area. The temperature in the pharmacy was controlled by the air conditioning units. Lighting was adequate. The pharmacy team cleaned the floor, dispensing benches and sinks regularly.

The premises were maintained in an adequate state of repair. Maintenance problems were reported to the pharmacist. The pharmacy team had use of a coffee machine, kettle and fridge. A WC with wash hand basin and antibacterial hand wash was available. The consultation room 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 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. The pharmacy sources medicines safely and carries out 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.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours and a list of services were displayed in the window. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily. Schedule 2 CD prescriptions were highlighted with a CD sticker attached to the prescription, to act as a prompt for team members to add the CD and to check the date on the prescription before handing out. Schedule 3 and 4 CD prescriptions were not routinely highlighted. Therefore, there was an increased risk of supplying a CD on a prescription that had expired.

A dispenser explained that prescriptions for warfarin, methotrexate and lithium were not routinely highlighted. This meant there was a missed opportunity for counselling of people when these medicines were handed out. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified two people who met the risk criteria. Both of whom had spoken to the pharmacist and been reviewed by the prescriber. Patient information resources for valproate were present.

The workflow in the pharmacy was organised into separate areas with adequate dispensing bench space and a designated 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 to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. Multi-compartment compliance aids included a dispensing audit trail but did not routinely include individual medicine descriptions or patient information leaflets. This meant it would be more difficult for people to identify their medicines, and they may not have the most up to date information about their treatment. The pharmacist explained how the prescription delivery service was provided. A delivery record was kept as an audit trail for deliveries, and if a patient was not at home when a delivery was attempted, the medicines were returned to the pharmacy.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was generally stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There were two clean medicines fridges, equipped with thermometers. The minimum and maximum temperatures were recorded on some days, but there were days in the last six months with no fridge temperature records. This meant the pharmacy would not be assured that these medicines were always stored at the correct temperature. The pharmacist explained this was an oversight and that fridge temperature records would be kept and maintained appropriately from now onwards. Patient returned medicines were stored tidily in clinical DOOP bins.

A dispenser explained that the medication stock was date checked regularly, and short-dated medicines were highlighted. A stock container of labetalol 100mg tablets that expired in December 2022 was present from a number that were sampled. And no date checking record was present. A dispenser admitted that date checking records had not been kept for some time. This meant there was no assurance of this task being properly completed. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via email from the NHS. These were read, acted on by a member of the pharmacy team, but an up to date record of these was not present. Therefore, the pharmacy was unable to demonstrate that drug alerts and product recalls were being dealt with 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 the electrical equipment is kept in working order.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete. Copies of the BNF and BNFc were present. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order, although, there was no evidence of PAT testing. This meant there was a risk of the pharmacy team using unsafe equipment.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had tablet triangles for counting loose tablets and capsules. Computers were password protected and screens were positioned so that they weren't visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people when needed.

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.