

Registered pharmacy inspection report

Pharmacy Name: Victoria Pharmacy, 100 Victoria Road, New Brighton, WALLASEY, Merseyside, CH45 2JF

Pharmacy reference: 1034743

Type of pharmacy: Community

Date of inspection: 15/09/2021

Pharmacy context

The pharmacy is situated amongst other retail shops, in the town centre of New Brighton. 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 there is 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 are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And they act to help stop the same sort of mistakes from happening again.

Inspector's evidence

The pharmacy had a full range of up-to-date written SOPs in place. There were training records for each SOP which had been signed by all members of the team to confirm they had read and understood it. Dispensing errors were fully documented, and examples were available. A near miss log was kept and the pharmacist carried out a detailed, documented review of near misses at the end of each month. The pharmacist demonstrated that amiodarone and amitriptyline had been separated as stock because of a near miss incident. Other examples of how the pharmacy team had learnt from dispensing errors were provided.

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. There was a limit on the number of people allowed into the retail area at any one time, and Covid-19 information posters were displayed. All team members wore personal protective equipment (PPE) throughout the day, which included a facial mask. And they had access to alcohol hand gel. A Covid-19 premises risk assessment, and individual team member risk assessments had been completed and copies were available.

A complaints procedure was available. A current professional indemnity insurance certificate was on display. A Responsible Pharmacist (RP) notice was conspicuously displayed. The RP record was generally in order but had the time the RP ceased their duty missing on some occasions. This could lead to uncertainty about who was responsible if there was a concern or query. The private prescription record, emergency supply record, specials procurement record and CD register were all in order. CD running balances were recorded and audited regularly. Patient returned CDs were appropriately recorded.

All team members 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 safeguarding training course.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are appropriately trained and work effectively together. 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.

Inspector's evidence

The pharmacy employed a pharmacist pharmacy manager, a pharmacy technician, three dispensing assistants and three medicines counter assistants. All team members had undergone the required training. There were also two delivery drivers employed to deliver medicines from this pharmacy and other local branches. The pharmacy team were able to manage their workload during the inspection and the pharmacist said the staffing level was normally adequate to handle the volume of work.

A medicines counter assistant 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 she had received an annual appraisal and that the pharmacist sometimes gave her feedback informally. The pharmacy team were able to raise concerns or make suggestions at any time and appeared to work well 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 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, fitted to an acceptable standard and was adequately maintained. 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 used to control the temperature of the dispensary and the pharmacy was well 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.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines to help make sure people are using them properly. It sources and 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 was accessible to all. The pharmacy team were aware of the need to signpost patients requiring services not available at the pharmacy. The pharmacy's website included a list of services provided. And various leaflets and posters provided information about different healthcare topics.

A dispenser explained the process for delivering prescriptions to people. The pharmacy used an online mobile application to help provide a robust audit trail for delivery. Due to Covid-19 restrictions, with verbal consent of the patient, the delivery driver was adding their electronic signature to the mobile application when a delivery had taken place. 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 to identify any patients who might be at risk, and patient information resources for valproate were available.

The pharmacy technician demonstrated how prescriptions were dispensed and how the work flowed during the dispensing and accuracy checking process, until the dispensed medicines were placed into the retrieval area. Prescription forms were kept filed and retained until the medicines were collected. The dispensing labels included team members initials as an audit trail for dispensing and checking.

Warning stickers were attached to the bags to highlight important information such as the presence of high-risk medicines or CDs. The computer patient medication record (PMR) was used to record any significant conversations with patients or prescribers. For example, there was a record showing that the pharmacist had recently contacted a patient's GP to query the prescribing of a mercaptopurine. 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 arranged tidily in alphabetical order. Regular expiry date checks were carried out and documented and stickers were used to highlight short dated stock. There were two medicines fridges, both equipped with maximum/minimum thermometers and temperatures were checked daily and recorded. The records showed the temperatures 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. It is generally appropriately maintained, and it is used in a way that protects privacy.

Inspector's evidence

Various reference books were available including a current BNF. A range of crown stamped conical measures were available. All electrical equipment appeared to be in good working order. A methameasure device was used for dispensing methadone and this was cleaned and calibrated each day.

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.