

Registered pharmacy inspection report

Pharmacy Name: Lee's Pharmacy, 98-100 Hoole Road, Woodchurch,
WIRRAL, Merseyside, CH49 8EG

Pharmacy reference: 1034778

Type of pharmacy: Community

Date of inspection: 15/10/2019

Pharmacy context

This is a community pharmacy situated amongst other retail shops, in a residential area of Woodchurch, in the Wirral area of Merseyside. The pharmacy is easy to access with wide aisles in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. It has a consultation room available for private conversations. 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 their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, with signature sheets showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in SOPs. The accuracy checking pharmacy technician (ACPT) was able to clearly describe her duties.

The accuracy checking pharmacy technician (ACPT) explained that dispensing incidents were reported on an incident report form and learning points were included. The dispensing incidents were reviewed by the superintendent with copies of completed reports were filed. Near miss errors were reported on a log and discussed with the pharmacy team member at the time. A quarterly review of the near miss log took place and a record of the review was shared with the pharmacy team. Due to a near miss error with pantoprazole and pravastatin, the stock had been placed on different shelves.

Prescriptions to be accuracy checked by the ACPT were clinically checked by a pharmacist beforehand. The pharmacist added their initials to the top of the prescription to indicate that it had been clinically checked. The ACPT said that any prescriptions without the pharmacists initials on at the point of accuracy checking were passed back to the pharmacist to be clinically assessed.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose, but he would refer people to the superintendent if he felt it was unresolved. The ACPT explained that because of some people's feedback around stock availability issues, the pharmacist contacted different wholesalers and would request an alternative medication to be prescribed by the GP if there were long term manufacturing issues.

The company had appropriate insurance in place. 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 appropriately.

Confidential waste was shredded. Confidential information was kept out of sight of people accessing the pharmacy services. An information governance SOP was in place and the pharmacy team had read and signed confidentiality agreements as part of their employment contracts. The computers were password protected, computer screens were facing away from the customer and assembled prescriptions awaiting collection were stored on shelves in the dispensary in a manner that protected patient information from being visible. There was no privacy notice displayed. So, people may be unaware how the pharmacy intended to use their personal data.

The pharmacist had completed level 2 safe guarding training and members of the pharmacy team had read and signed the safeguarding SOPs. The local contact details for seeking advice or raising a concern

were present for the pharmacy team to refer to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. The team members receive regular training and work effectively together. They are comfortable about providing feedback to the pharmacist and receive informal feedback about their own performance. The pharmacy enables its team members to act on their own initiative and use their professional judgement.

Inspector's evidence

There was a locum pharmacist, an accuracy checking pharmacy technician (ACPT) and two medicines counter assistants on duty. The training certificates for the members of the pharmacy team were displayed. The pharmacy team were busy providing pharmacy services. They appeared to work well together and were able to manage the workload adequately.

The members of the pharmacy team said the pharmacist was supportive and was happy to answer any questions they had. The pharmacy had an ongoing learning record in place for aspects of training completed by the pharmacy team. This record included several different topics covered each month, including, children's oral health, pain linked to dementia and top tips for teeth. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed.

A medicines counter assistant said she had identified an opportunity for her to develop further in her role that had been fully supported by the pharmacy owner. And she was in the process of being enrolled on the NVQ level 2 training course to become a dispenser. The pharmacy team were regularly given feedback informally from the pharmacist. For example, about near miss errors, outstanding training or their performance.

A medicines counter assistant 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, and how she would refer the patient to the pharmacist for advice. The pharmacist explained that there were no targets or incentives in place.

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. It was free from obstructions and had a waiting area. The ACPT said that dispensary benches, sink and floors were cleaned regularly, but no record was kept. The temperature was controlled by heating units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the pharmacist and dealt with. The pharmacy teams' facilities included a microwave, kettle, and WC with access to a 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 accessible to most people and it manages them appropriately, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being supplied to people. So, they may not always make extra checks or take the opportunity to provide advice. The pharmacy generally stores its medicines appropriately. But it does not keep an up-to-date record of date checking, so it is not be able to show that it regularly checks all of its stock.

Inspector's evidence

The pharmacy, consultation room and counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. The pharmacy team were clear about what services were offered and where to signpost people to a service if this was not provided. The opening hours were displayed.

The work flow in the pharmacy was organised into separate areas, with adequate dispensing bench space and a 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 in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

The ACPT explained that prescriptions containing schedule 2 CDs were dispensed and accuracy checked at the point of collection. She said prescriptions containing schedule 3 and 4 CDs were highlighted and several examples of these were present for assembled prescriptions awaiting collection. Prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted prior to collection. A pharmacist had carried out a clinical audit for people prescribed valproate and had not identified anyone who met the risk criteria. The pharmacy had received a purple pack containing patient information resources for the supply of valproate.

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 being added to a hand-written medication card for individual people and the computer patient medication record (PMR) being updated. Disposable equipment was used. Patient information leaflets were present and individual medicine descriptions were observed to be added to each compliance aid pack supplied.

A member of the pharmacy team explained how the prescription delivery service was provided to people. She demonstrated that patient signatures were obtained for receipt of all prescription deliveries. She said if people were not at home at the time of delivery the prescription was returned to the pharmacy and the delivery rearranged.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was generally stored tidily. Date checking was carried out periodically, but no record was kept. Short dated stock was highlighted. A box of nicorandil 20mg tablets that expired at the end of August 2019 was present, but no other out-of-date stock medicines were found from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. A balance check for a random CD was carried out and found to be correct. 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 was compliant with the Falsified Medicines Directive (FMD) and 2D barcode scanners were observed in use. All members of the pharmacy team had received FMD training and the ACPT provided a demonstration of how FMD worked during the dispensing process. Alerts and recalls were received via NHS email. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services. The team uses equipment in a way that protects privacy.

Inspector's evidence

The pharmacy team used the internet to access websites for up to date information. For example, BNF, BNFc and Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order, but it was not PAT tested for safety.

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.

Computers were password protected and screens were positioned so that they weren't visible from the public area. A cordless telephone was available, and the pharmacy team said they used this 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.