

# 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:** 30/01/2023

## Pharmacy context

The pharmacy is situated amongst other retail shops in a residential area of Woodchurch, 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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.

### Inspector's evidence

There were up to date 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. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were reported on an incident report form 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 or reviewed. This meant there would be a missed opportunity for the team to reflect and learn. The pharmacy technician provided an example of how they had learnt from near misses. For example, prochlorperazine stock and procyclidine stock had been placed on different shelves because of several near miss incidents with these medicines.

A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose. A customer satisfaction survey was carried out annually. The company had professional indemnity insurance in place, with the certificate displayed. The correct responsible pharmacist (RP) notice was displayed conspicuously. The responsible pharmacist (RP) record, emergency supply record, private prescription record, unlicensed medicines (specials) 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 pharmacy team shredded confidential waste and 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. There was no privacy notice displayed, so people may be unaware how the pharmacy intended to use their personal data. 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, a pharmacy technician, a dispenser, a medicines counter assistant, and a trainee medicines counter assistant were on duty. This was the usual staffing level. The pharmacy team worked well together and managed the workload adequately. Members of the team had completed appropriate training for their roles. They participated in ongoing training periodically, using an e-learning platform, and had last completed training around 12 months ago. 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 ask him questions or provide feedback when needed.

The 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. 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 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 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 kettle, toaster, and a microwave. 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 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 help make sure that medicines are in good condition and suitable to supply.

### 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 dispensed at the time of collection, to act as a prompt for team members to check the date on the prescription before handing out. Schedule 3 and 4 CD prescriptions were supposed to be highlighted, but examples were present that had not been highlighted. Therefore, there was an increased risk of supplying a CD on a prescription that had expired.

The pharmacist 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 no people who met the risk criteria. 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 individual medicine descriptions, patient information leaflets and a dispensing audit trail. Hospital discharge prescriptions were kept for the pharmacist to review and liaise with the GP if needed, regarding medication changes. The medicines counter assistant explained how the prescription delivery service was provided. A delivery record book 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 was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was recorded daily. Patient returned medicines were stored tidily in clinical DOOP bins.

The medication stock was date checked periodically and short-dated medicines were highlighted. No out-of-date stock medicines were found present from a number that were sampled. The pharmacist 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 and acted on by a member of the pharmacy team, but no records were kept. 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.

### 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 pharmacy manager. All electrical equipment appeared to be in working order, but it had not been PAT tested. This meant there may be a possibility of the pharmacy team using unsafe equipment.

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 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.