

Registered pharmacy inspection report

Pharmacy Name: Sedem Pharmacy, Bousefield Health Centre,
Westminister Road, LIVERPOOL, Merseyside, L4 4PP

Pharmacy reference: 1086197

Type of pharmacy: Community

Date of inspection: 15/03/2023

Pharmacy context

The pharmacy is situated next door to a GP practice, in a residential area of Liverpool. 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 retain records at the pharmacy, so they may miss opportunities to reinforce learning. The pharmacy generally 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 kept at head office 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 his duties. Dispensing errors were reported on the computer system and learning points were included. The pharmacist explained that near miss incidents were recorded, discussed with the pharmacy team member at the time they occurred and were reviewed each month by himself. He said near miss records were sent to head office at the end of each month and no near miss records were present. Therefore, there was no assurance this activity was undertaken for reflection and learning purposes. The pharmacist provided an example of how they had learnt from near misses. For example, paroxetine and pantoprazole stock had been highlighted 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, but he would refer to the superintendent pharmacist if necessary. A customer satisfaction survey was carried out annually. The company had professional indemnity insurance in place. The correct responsible pharmacist (RP) notice was displayed conspicuously. The emergency supply record, private prescription record, unlicensed medicines (specials) record and the CD register were in order. CD running balances were kept and audited regularly. A balance check of a random CD was carried out and was found to be correct. Patient returned CDs were recorded appropriately. The RP record had the time the pharmacist ceased their duty missing from some entries. This meant it would be more difficult to identify who was responsible at different times.

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. A privacy notice was displayed in the dispensary, but it was not visible to people in the retail area. This meant patients may be unaware how the pharmacy intended to use their personal data. The pharmacy team members explained that they had read the safeguarding policy. The pharmacist had completed level 3 safeguarding training. And details of local safeguarding contacts were 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 to keep their knowledge up to date.

Inspector's evidence

There was a regular pharmacist and two dispensers on duty. The usual staffing level also included a medicines counter assistant who was on annual leave. The pharmacy team worked well together and managed the workload adequately. Members of the team participated in training periodically, using an e-learning platform, and they had completed training around 3 months ago on the topic of dealing with vulnerable patients. A member of the team explained that training was completed when the workload permitted.

The pharmacy team was 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 team members said that the pharmacist was approachable, supportive and they were more than happy to ask them questions or provide feedback when needed.

A dispenser who was covering the medicines counter was clear about his role. He knew what questions to ask when making a sale and when to refer the patient to a pharmacist. He was clear which medicines could be sold in the presence and absence of a pharmacist and knew what action to take if he suspected a customer might be abusing medicines such as Nurofen Plus which he 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 heating 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, microwave, 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 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 some 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 on shelves. Schedule 2 CD prescriptions were highlighted with the wording "CD" written on 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 a risk of handing out a CD on an expired prescription.

The pharmacist explained that prescriptions for warfarin, methotrexate and lithium were not routinely highlighted. This meant there was a missed opportunity for counselling of these medicines upon collection. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified one patient who met the risk criteria. The pharmacist had provided the patient with valproate information and contacted the prescriber to review. 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. A dispenser 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 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 the staff toilet in clinical DOOP bins. Therefore, there was an increased risk of unauthorised access to these medicines.

The medication stock was date checked monthly, with the record sent to head office once the task was completed. This meant there was no record available at the pharmacy to provide assurance of the task being completed. Short-dated medicines were highlighted, and no out-of-date stock medicines were

present from a number that were sampled. 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 head office and the NHS. These were read, acted on by a member of the pharmacy team and a record was kept.

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. According to the PAT test stickers attached, the electrical equipment had been PAT tested in September 2020.

There was a selection of liquid measures with British Standard and Crown marks. And there were two plastic uncalibrated liquid measures that were disposed of by the pharmacist once highlighted. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles and an electric tablet counter which was cleaned and calibrated between use. 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.