

Registered pharmacy inspection report

Pharmacy Name: Egremont Pharmacy, 9A King Street, WALLASEY, Merseyside, CH44 8AT

Pharmacy reference: 1089292

Type of pharmacy: Community

Date of inspection: 24/07/2019

Pharmacy context

This is a community pharmacy located next door to a GP medical centre, in a residential area of Wallasey, Merseyside. The pharmacy premises are easily accessible for people, with internal access from the GP medical centre, adequate space in the consultation room and wide aisles in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. A number of people living in their own homes or care homes receive their medicines in multi-compartment compliance aids.

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 generally identifies and manages risks associated with its services. Members of the pharmacy team are clear about their roles and responsibilities. The pharmacy generally keeps all of the records it needs to by law. But occasional details are missing, which could cause ambiguity and make it harder for the pharmacy to show what has happened in the event of a query. 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 staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was following the SOPs that were relevant to her role and was able to clearly describe her duties.

The pharmacist demonstrated that dispensing incidents were reported online. Near miss errors were reported on a log and were discussed with the pharmacy team member at the time. Near miss errors reported from all of the branches in the group were reviewed by a pharmacist at head office each month. A copy of a near miss error log analysis for March 2019 was present. As a result of a near miss error with different forms of prednisolone, the stock had been separated. Other examples of how the pharmacy team had learnt from near miss or dispensing incidents were provided. The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy.

A complaints procedure was in place and a poster explaining the complaints process was displayed in the retail area for patients and the public to refer to. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose, but he would refer the customer to head office if they felt it was unresolved.

A customer satisfaction survey was carried out annually. The pharmacist explained that because of patient feedback around waiting times for repeat prescriptions to be dispensed. The patients had been spoken to, to explain the repeat prescription process from the point of receiving the prescription to supply, in order for them to have a better understanding and help manage their expectations.

The company had appropriate insurance in place. The private prescription record, emergency supply record, specials procurement record and the CD register were in order. Patient returned CDs were recorded and disposed of appropriately. The responsible pharmacist (RP) record had the time the RP ceased their duty missing on some occasions and there were no entries made by the RP for the last two days.

Confidential waste was shredded. Confidential information was kept out of sight of patients and the public. An information governance SOP was in place and all staff 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. The staff were observed using their own NHS Smartcards when using the computers. There was no

privacy notice displayed. So, patients and the public may be unaware how the pharmacy intended to use their personal data.

The pharmacists had completed level 2 safeguarding training and all staff had read and signed the safeguarding SOPs. The local contact details for raising a concern were displayed in the dispensary for staff to refer to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members work well together. And they 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, to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was a pharmacist manager who was signed in as responsible pharmacist (RP), a pre-registration trainee, a dispenser, a medicines counter assistant, a stock assistant and a delivery driver on duty in the retail dispensary. There was a pharmacist area manager, a second pharmacist, four dispensers and four trainee dispensers on duty in the care home and multi-compartment compliance aid assembly room upstairs. The staff were busy providing pharmacy services. They appeared to work well together as a team and manage the workload adequately.

The staff said the pharmacist manager was supportive and was more than happy to answer any questions they had. A dispenser explained that apart from reading updated SOPs, no ongoing training material was provided. The lack of a regular training programme might restrict the ability of staff to keep up to date.

The staff were aware of a process for whistleblowing and knew how to report concerns about a member of staff if needed.

A dispenser who worked in the compliance aid room said that she had been able to identify and request a development opportunity that had been fully supported by the area manager. And they had been enrolled on the NVQ level 3 course to become a pharmacy technician. Staff were regularly given feedback informally from the pharmacist manager. For example, about near miss errors.

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 and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol, which she would refer the patient to the pharmacist for advice.

The pharmacist manager explained that there was an MUR target set in the pharmacy and he had not felt under any pressure to achieve this. He said he felt there was no compromise to patient safety or the quality of services provided because of the target and he was not aware of any consequences to not hitting the MUR target.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and generally tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy was clean and generally tidy. It was free from obstructions and had a waiting area. The pharmacist said that dispensary benches, the sink and floors were cleaned regularly, and a cleaning rota was present. The temperature in the pharmacy was controlled by air conditioning units in the compliance aid room and fans and heating units downstairs. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the pharmacist manager or area manager and dealt with. Staff facilities included a microwave, kettle, toaster and fridge, WC with 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 easy to access, and they are generally well managed. 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 generally stores its medicines appropriately. But it does not keep records of date checking, so it is not be able to show that it checks all its stock.

Inspector's evidence

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

The workflow in the pharmacy was organised into separate areas: there was a room upstairs for the assembly area of care homes and compliance aids, 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 medicines counter assistant explained that prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. She explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. She said prescriptions containing schedule 3 and 4 CDs were not currently highlighted, which may increase the risk of supplying a CD on a prescription that had expired.

A dispenser explained that 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 patients prescribed valproate and had not identified any patients who met the risk criteria. A pharmacist said the pharmacy had received a purple pack containing patient information resources for the supply of valproate. But, this could not be found, which meant they may not be able to supply all of the necessary information if valproate was dispensed. The pharmacist said he would obtain a new patient information resources for the supply of valproate.

A dispenser provided a detailed explanation of how the care home compliance aid service was provided. The service was organised with an audit trail for changes to medication being added to a medication changes sheet for individual patients and the computer patient medication record (PMR) being updated. Disposable equipment was used. Individual medicine descriptions were observed to be added to each compliance aid supplied. She explained that patient information leaflets (PILs) for the medicines supplied were sent to each care home approximately every six months. So, patients may not have the most up-to-date medicines information.

The delivery driver explained how the prescription delivery service was provided to patients. He said at

present patient signatures were obtained for receipt of CDs delivered but not for other prescription deliveries. Therefore, the pharmacy would not have a robust audit trail for the supply for all medicines. The delivery driver said if a patient was not at home at the time of delivery a note was left, and the prescription was returned to the pharmacy.

Stock was generally stored tidily. There were a few stock medicines that had been repackaged from their original containers which had no batch numbers or expiry dates written on. The repackaged medicines were disposed of by a pharmacist when pointed out. A pharmacist said the compliance aid SOP would be updated to include the correct labelling requirements for repackaged medicines, and this was observed to be done at the time. Date checking was carried out but not documented. No out of date stock medicines were present 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). 2D barcode scanners were observed in use. All staff had received FMD training and the pharmacist provided a demonstration of how FMD worked during the dispensing process. Alerts and recalls were received via email. These were actioned 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 the service safely.

Inspector's evidence

The staff 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 and was PAT tested in May 2018.

There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for CDs, along with a Methameasure pump that was cleaned and calibrated each day. 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 of the pharmacy. A cordless telephone was available in the pharmacy and the staff said they used these to hold private conversations with patients 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.