

Registered pharmacy inspection report

Pharmacy Name: Melwood Pharmacy, Unit 5 227 Deysbrook Lane,
LIVERPOOL, Merseyside, L12 4YF

Pharmacy reference: 1090280

Type of pharmacy: Community

Date of inspection: 14/01/2020

Pharmacy context

The pharmacy is situated amongst a small number of other retail shops in a residential area of Liverpool. The pharmacy premises are 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 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 has written procedures to help make sure the team provide services effectively. But they are past their date of review, so they may not always match the current ways of doing things. Members of the pharmacy team are clear about their roles and responsibilities. They know how to protect private information. And they record some things that go wrong. But they do not record or review all their mistakes, so they may miss some opportunities to improve. The pharmacy keeps the records required by law, but some information is missing, which could make it harder to understand what has happened if queries arise.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. The SOPs were past their stated date of review and had last been reviewed in June 2016. Roles and responsibilities of the pharmacy team were set out in the SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were reviewed by the superintendent (SI) pharmacist and shared with the team members, but not recorded. Near miss incidents were discussed with the member of the pharmacy team at the time and some were recorded on a near miss log. There had been no near miss incidents recorded on some months in the last year and there was no evidence the near misses that were recorded had been reviewed.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. But details about it were not on display so people may not always know how they can raise concerns. 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 accuracy checking pharmacy technician (ACPT) explained that some patients had provided negative feedback about the stock availability. She said the GPs would change the medication prescribed when there were long-term manufacturing problems.

Insurance arrangements were in place. And a current certificate of professional indemnity insurance was displayed. The private prescription record and emergency supply record were in order. CD headers were missing from some pages in the CD register. A balance check for a random CD was carried out and found to be correct. Patient returned CDs were recorded. The responsible pharmacist (RP) record was up-to-date but had the time the RP ceased their duty missing on most occasions. The unlicensed specials record had the patient details missing from some records.

Confidential waste was placed into a bag and collected by an authorised carrier. Confidential information was kept out of sight of patients and the public. All team members had read and signed confidentiality agreements as part of their employment contracts. The computer was password protected, with the screen positioned so that it was facing away from customers. Assembled prescriptions awaiting collection were stored so that patient information was not visible. A privacy notice was displayed.

The pharmacist and ACPT had completed level 2 safe guarding training and all team members had read the child protection policy. There was no safeguarding vulnerable adult SOP in place and no details of

local safeguarding contacts present, which may make it more difficult for the team in the event of a concern arising.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. The pharmacy team are comfortable about providing feedback to the pharmacist. But the lack of formal ongoing training could mean their skills and knowledge may not always be up to date.

Inspector's evidence

There was the superintendent (SI) pharmacist, an accuracy checking pharmacy technician (ACPT) and a medicines counter assistant on duty. The team were busy providing pharmacy services. They appeared to work well together and manage the workload adequately. A member of the pharmacy team spoke to said the pharmacist was supportive and was more than happy to answer any questions they had. She explained that as well as reading the SOPs, she was expected to read through new product literature for over-the-counter preparations from time to time. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. Members of the pharmacy team were provided with information informally from the pharmacist.

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 to the pharmacist for advice. The pharmacist explained that there were no targets or incentives set in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy. It is a suitable place to provide healthcare. And it has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was generally 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 in the pharmacy was controlled by heating units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Pharmacy team facilities included a microwave, kettle, toaster, 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 it generally manages and provides them 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 team carries out some checks to make sure medicines are in good condition. But it does not always keep records, so it can't show that the checks have been done properly.

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. The pharmacy team were clear about what services were offered and where to signpost to services they did not provide. The opening hours were displayed near the entrance.

The work flow in the pharmacy was organised with adequate dispensing bench space and a checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing. The ACPT explained that she only accuracy checked prescriptions very occasionally and most of her time was spent dispensing. She said if she was asked to accuracy check a prescription the pharmacist added his initials to the prescription to indicate that a clinical check had been carried out, and if she was asked to accuracy check a prescription without the pharmacist's initials on, it was passed back to the pharmacist for clinical checking. The pharmacist said he accuracy checked 99% of all prescriptions supplied.

A member of the pharmacy team explained that prescriptions containing schedule 2 CDs or fridge medicines were dispensed and accuracy checked when people came into the pharmacy to collect their prescription. Prescriptions containing schedule 3 and 4 CDs were not highlighted, which may increase the possibility of supplying a CD on a prescription that had expired. A member of the pharmacy team explained that prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted prior to collection. The team was aware of the risks associated with the use of valproate during pregnancy. The pharmacy had carried out an audit of patients prescribed valproate and had identified one person who met the risk criteria, who had been spoken to by the pharmacist. The pharmacy did not have patient information resources to supply with valproate, which meant they may not be able to supply all of the necessary information if valproate was dispensed.

The pharmacy offered a prescription delivery service. If a person was not at home when the prescription delivery attempt was made, a note advising them of the failed delivery was left and the prescription medicines were returned to the pharmacy. People were not asked to sign for receipt of their prescription delivery. This meant there was no audit trail for the supply of the medicines.

The pharmacy provided medicines in multi-compartment compliance aids to some people. The ACPT provided a detailed explanation of how the multi-compartment compliance aid service was managed. Details of any changes to medication were added to the computer patient medication record (PMR). Disposable equipment was used. Individual medicine descriptions were not included on the labels and patient information leaflets were not routinely included with each medication supplied. So, people may not be able to easily identify their medicines and may not be provided with the most up-to-date

information about their treatment.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was generally stored tidily. But some medicines had been removed from their original packaging and placed into capped bottles that had no batch number or expiry date details. This does not meet labelling requirements, and the pharmacist disposed of these medicines when they were pointed out.

Date checking was carried out approximately every eight weeks, but no record of this was kept. No out-of-date stock medicines were found present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean fridge used to store medicines, equipped with a thermometer and it was within normal range. The minimum and maximum temperature was supposed to be recorded each day, but there were some days where no fridge temperature records were kept. So the pharmacy could not demonstrate that the temperature had remained within the required range.

The pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy had no FMD software or hardware installed. Therefore, it was not complying with legal requirements. Alerts and recalls were received via NHS email. The pharmacist explained that these were actioned by himself or a team member, but no record of this was kept. So, there was no audit trail to demonstrate the alerts had been appropriately dealt with and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. And it is used in a way that protects privacy.

Inspector's evidence

The pharmacy had copies of the up-to-date BNF and BNFc. The pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order, but it had not been PAT tested for safety. So, this may lead to team members using equipment that was not effectively maintained.

There was a selection of liquid measures with British Standard and Crown marks. There was an uncalibrated plastic measure used for measuring volumes of methadone solution, that was disposed of, once highlighted. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. The computer was password protected with the screen positioned so that it wasn't visible from the public areas of the pharmacy.

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.