

Registered pharmacy inspection report

Pharmacy Name: Jones Pharmacy, 135 Earle Road, LIVERPOOL,
Merseyside, L7 6HD

Pharmacy reference: 1093080

Type of pharmacy: Community

Date of inspection: 13/07/2022

Pharmacy context

The pharmacy is situated inside Picton Neighbourhood Health and Children's Centre in Liverpool. The pharmacy premises are easily accessible for people, with entrances located externally and within the health Centre. The pharmacy has adequate space in the retail area and has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses 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 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 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 member of the pharmacy team was able to clearly describe her duties. Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were fed back to team members at the time they occurred. There was no near miss log present and the pharmacist explained that near miss incidents were only recorded and reviewed in their second pharmacy, situated at 133 Earle Road. This meant that team members may miss out on opportunities to reflect, learn, and improve.

The pharmacy team members adhered to social distancing measures when possible. For example, they maintained a minimum of a two-metre distance from colleagues during the dispensing process. All team members had access to alcohol hand gel. The superintendent (SI) had carried out covid-19 risk assessments for the pharmacy and for individual team members.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. A member of the pharmacy team explained that she aimed to resolve complaints in the pharmacy at the time they arose, although she would refer the person to the pharmacist or superintendent if they felt it was unresolved. A customer satisfaction survey was carried out annually.

The company had up-to-date professional indemnity insurance in place. The responsible pharmacist (RP) record was in order. The pharmacy had no CD registers, no private prescription record, no emergency supply record, and no specials (unlicensed medicines) record, as they were not supplying these types of prescription / medication, and they were being supplied from the pharmacy at 133 Earle Road.

Confidential waste was being collected in a designated bin to be collected by an authorised carrier. Confidential information was kept out of sight of the public. The pharmacy team had completed information governance training on e-learning. 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 retail area. Members of the pharmacy team had read a safeguarding SOP. The contact numbers required for raising safeguarding concerns were available. The pharmacist had completed level 2 safeguarding training.

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

There was a regular pharmacist and two dispensers on duty. This was the usual staffing level. Members of the pharmacy team appeared to manage the workload adequately and work well together. They used e-learning to ensure their training was up to date. A member of the team explained they were expected to complete training on an ongoing basis, and he had completed a coughs and colds training module recently. They felt the pharmacist was supportive with learning and was happy to answer any questions. Team members were allowed time to complete training when the workload permitted.

Members of the pharmacy team had received appraisals with the superintendent in the last year and said that they had found these useful. They were regularly given feedback. For example, they would be told about near miss errors or any outstanding training. Staff were aware of the whistleblowing policy and knew how to report concerns if needed. Details outlining the policy were available for reference.

A dispenser who was covering the counter 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 understood what action to take if he suspected a customer might be abusing medicines such as co-codamol which she would refer to the pharmacist for advice. The pharmacist said there were no targets in place for professional services, and he did not feel under any pressure in his role.

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. A member of the pharmacy team explained that dispensary benches, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

Any maintenance problems were reported to the superintendent. Team facilities included a kettle and fridge, and a WC with wash hand basin and antibacterial hand wash was available for use in the health centre. 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 they are managed, so people receive their medicines safely. The pharmacy sources medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply. But these checks are not always recorded so the pharmacy cannot demonstrate whether all stock is checked or how regularly the checks are completed.

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 and posters in the retail area. Members of the pharmacy team were clear about what services were offered and where to signpost for services the pharmacy did not provide. For example, travel vaccinations.

The pharmacy operated a bespoke underground airtube system of transferring dispensed medicines and prescriptions from their second pharmacy at 135 Earle Road to this pharmacy. The pharmacist explained that NHS England had granted them permission to install the air tube as a direct link between each dispensary as most NHS prescriptions were dispensed in 133 Earle Road and when necessary for patients, sent via the air tube to 135 Earle Road for collection. i.e., a patient presented as a walk in at 135 Earle Road, the prescription was clinically checked by the pharmacist and sent via the air tube for dispensing at 133 Earle Road. The bespoke system was observed in operation throughout the inspection and a SOP that had been read and signed by all staff was in place and being followed. The pharmacist said that schedule 2 CDs were not sent via the air tube and prescriptions for schedule 2 CDs were only dispensed and supplied at 133 Earle Road. The pharmacist explained that the only prescriptions dispensed were for patients whose medicines were supplied in multi-compartment compliance aids. He said all other prescriptions were dispensed by their other pharmacy at 133 Earle Road. He said some dispensed prescriptions were transferred by a staff member from the pharmacy at 133 Earle Road in a sealed plastic storage box.

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 dispensing labels to provide an audit trail. Baskets were used to separate prescriptions during dispensing, to reduce the risk of medicines becoming mixed up. Schedule 3 and 4 CD prescriptions were not routinely highlighted. This meant there was a possibility of supplying a CD on an expired prescription.

A dispenser explained that assembled prescriptions for warfarin, methotrexate or lithium were usually highlighted, but there were none present to demonstrate this. 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 pharmacist provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for mid-cycle changes to medication. Disposable equipment was used. Patient information leaflets for the medicines supplied were provided

when patients were started with compliance aids or when new medicines were commenced. This meant that patients may not always have the most up to date information about their treatment. Hospital discharge prescription summaries were kept for the pharmacist to refer to. The assembled compliance aids packs currently awaiting collection had no individual medicine descriptions included. This meant it would be more difficult for patients to identify their medicines.

Stock medications were sourced from reputable wholesalers, and it was stored tidily. A dispenser explained that date checking of stock medications was regularly carried out, but no record was kept. So the pharmacy could not demonstrate whether all stock had been checked or how often the checks were completed. Alerts and recalls were received via NHS email, MHRA and head office. These were acted 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 safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information, for example, Medicines Complete. A copy of the BNF and BNFc were present. Any problems with equipment were reported to the superintendent. All electrical equipment appeared to be in working order and had been PAT tested for safety in October 2020.

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. Mobile telephones were available and were 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.