

# Registered pharmacy inspection report

**Pharmacy Name:** Tiffenbergs Chemist, 388 Longmoor Lane,  
LIVERPOOL, Merseyside, L9 9DB

**Pharmacy reference:** 1099487

**Type of pharmacy:** Community

**Date of inspection:** 08/03/2024

## Pharmacy context

The pharmacy is located in a row of shops in a residential area. The pharmacy dispenses NHS prescriptions and supplies some people with medicines in multi-compartment compliance packs to help them manage their medicines. It also provides a minor ailments service, the NHS Pharmacy First service and a blood pressure check service.

## 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's working practices are generally safe and effective. It largely keeps the records it needs to by law so that medicines are supplied safely and legally. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members generally respond appropriately when mistakes happen during the dispensing process. But they don't consistently record or review near misses. So, this may mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

### Inspector's evidence

Standard operating procedures (SOPs) were kept electronically and were available on team members personal training accounts. There was a quiz at the end of each SOP to check their understanding. The pharmacy manager was able to track their progress. The locum pharmacist present during the inspection had not been provided with the SOPs. This may mean that they may not be familiar with the pharmacy's processes and procedures and may not always work effectively. A hardcopy of SOPs was not available.

Dispensing mistakes which were identified before a medicine was supplied to people (near misses) were highlighted to the team member involved in the dispensing process and were said to be recorded on a sheet by the pharmacy manager. The pharmacy manager was not working on the day of the inspection and team members were not able to locate the near miss recording sheet. Team members explained on the days the pharmacy manager was not working, near misses were not usually recorded. The benefits and importance of recording near misses consistently was discussed with the team. Older near miss record sheets from July 2023 were seen on a board in the dispensary. Team members confirmed there had been near misses since then. As a result of past near misses, team members had been asked to be careful when dispensing certain medicines such as omeprazole tablets and capsules. As omeprazole tablets were dispensed less frequently a flag was added to the person's electronic record when they were prescribed tablets.

When a dispensing mistake had happened and the medicine had been supplied (dispensing errors), the team explained that the error would be investigated, and a record was made by the pharmacy manager. The responsible pharmacist (RP), who was a locum pharmacist explained that if any errors were reported whilst she was working, she would re-dispense the correct medicine, apologise to the person and leave the incorrect medicine with a note for the regular pharmacist to investigate.

The correct RP notice was displayed. When questioned, team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. A complaints procedure was in place and QR codes were displayed in the retail area which people could scan to provide feedback. Any complaints or feedback received via this route would go to head office who would then contact the team to inform them. Team members said there had not been any recent complaints.

Private prescription records, emergency supply records, records for unlicensed medicines supplied and controlled drug (CD) registers were well maintained. RP records were generally well maintained but

some pharmacists were not routinely signing out. So, it may make it harder to identify when their responsibility had ended. Running balances for CDs were recorded and regularly checked against physical stock held in the pharmacy. A random balance was checked and found to be correct. CDs that people had returned were recorded in a register and appropriately destroyed.

Assembled prescriptions which were ready to collect were not visible to people using the pharmacy. The pharmacy had an information governance policy available, and its team members had been briefed about it. Confidentiality had also been covered in SOPs and team members explained they had learnt about data protection when completing formal training. The pharmacy stored confidential information securely and separated confidential waste which was collected by a third party. The RP had access to summary care records (SCR) and obtained verbal consent from people before accessing it.

The RP had completed level three safeguarding training. Team members had completed safeguarding training in their previous roles at other companies. Team members were unsure about the training completed by the delivery driver and provided an assurance that they would speak to the regular pharmacist about this. When questioned, team members were able to explain the signs to look out for which may indicate a safeguarding concern as well as the steps they would take if they had concerns. A flow chart with information on dealing with child protection concerns was displayed on the door leading into the consultation room from the dispensary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to dispense and supply medicines safely. And they work effectively together and support each other. Team members are given some ongoing training to keep their knowledge and skills up to date. However, a lack of dedicated training time may hinder the ability of team members to complete training within a suitable timescale.

### Inspector's evidence

The pharmacy team comprised of the RP, two trained dispensers, an apprentice, and a trained medicines counter assistant (MCA). The pharmacy also had a delivery driver. The team felt there were enough staff manage the workload safely. They felt that they worked well together and were observed to be up to date with the workload.

There was an informal process in place for managing staff performance. Team members were given feedback on an ongoing basis by the pharmacy manager. Ongoing training was completed electronically by team members. Head office sent emails when new modules were required to be completed. Team members were not provided with protected training time to complete training at work and had to do this at home. They had verbally been briefed about the NHS Pharmacy First service by the pharmacy manager. Team members also looked through training literature that was received with the pharmacy magazines. The RP had completed training for NHS Pharmacy First service and had attended a face-to-face session as well as attending online training.

Team members asked appropriate questions and provided advice to people before recommending over-the-counter medicines. They were aware of the maximum quantities of medicines that could be sold over the counter. And they referred to the pharmacist if unsure. Team members described there being an open and honest working environment and issues or concerns were discussed as they arose. They felt able to communicate and raise concerns with the manager. They explained that the new area manager had visited the store and spoken to the team asking for feedback. Head office set targets for services; however, there was no pressure to meet these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services safely. People can have a conversation with a team member in a private consultation room.

### Inspector's evidence

The premises were clean, tidy, and organised. Although the dispensary was small it was tidy and organised. A separate room was used to manage and prepare the multi-compartment compliance packs. A clean sink was available for the preparation of medicines before they were supplied to people. Cleaning was done by members of the team. The room temperature and lighting were appropriate. The premises were kept secure from unauthorised access. A clean, signposted consultation room was available and suitable for private conversations.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from licensed sources and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

### Inspector's evidence

The pharmacy was easily accessible from the street, the access into the premises was wide with a ramp at the entrance. The shop floor was clear of any trip hazards and the retail area was accessed easily. Team members assisted people who needed help entering the pharmacy and a hearing loop was available. Services were advertised using posters and leaflets displayed within the pharmacy. The pharmacy team were familiar with other services provided locally but also used the internet to find out the details of local services so that they could signpost people who needed services that the pharmacy did not provide. The pharmacy provided a minor ailments service as part of a local scheme called, 'care in the chemist'. Team members explained that this was a very popular service.

The pharmacy had an established workflow in place. Prescriptions were organised, processed, and dispensed by the team members and checked by the RP. 'Dispensed-by' and 'checked-by' boxes were routinely signed on dispensing labels, to create an audit trail showing who had carried out each of these tasks. Baskets were used to separate prescriptions, preventing transfer of medicines between different people.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). Team members were aware of the need to dispense sodium valproate in its original pack and ensure any warnings were not covered with labels. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring.

Some people's medicines were supplied in multi-compartment compliance packs to help them take their medicines at the right time. Several people who had been part of this service had been moved to one of the group's other branches which had a dispensing robot. Some people still preferred to collect their medicines from the pharmacy and so their packs were prepared by members of the team. Individual records were kept for each person and detailed all their current medicines and any notes regarding changes. The pharmacy received discharge summaries when people were admitted into hospital. The discharge summary was reviewed, and changes were confirmed with the person's GP. Prescriptions were ordered by the pharmacy. Any changes were checked and confirmed with the surgery. Prescriptions were labelled and packs were prepared by the dispensers and checked by the RP. There were no assembled packs available at the pharmacy. Team members explained that they were labelled with the product descriptions and mandatory warnings. Patient information leaflets were issued each month.

The pharmacy's medicine delivery service was provided by a designated driver. If someone was not home, medicines were returned to the pharmacy and delivery was reattempted. Signatures were obtained for all medicines delivered.

Medicines were obtained from licensed wholesalers and were stored appropriately. Medicines were

stored on the shelves, in a tidy and organised manner. Fridge temperatures were monitored daily and recorded; they were within the required range for the storage of cold chain medicines. And CDs were kept securely. Expiry date checks were completed by the team every three months. Short-dated stock was marked with stickers. A date checking matrix was available, but this had not been updated. So, the pharmacy may not be able to show when the last date check was completed or what medicine stock had been checked. No date expired medicines were found on the shelves checked. Obsolete medicines were disposed of in appropriate containers which were kept separate from stock and collected by a licensed waste carrier. MHRA drug recalls were received via email, these were discussed with the team and actioned. The team thought that the pharmacy manager kept a record of the printed alert. A folder containing actioned recalls was seen in the dispensary during the inspection.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

### Inspector's evidence

The pharmacy had calibrated glass measures and tablet counting equipment. Equipment was clean and ready for use. Two medical fridges were available. A blood pressure monitor, and an otoscope were available and used for some of the services provided; team members said these were fairly new and were aware of the need for calibration. Up-to-date reference sources were available.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. A cordless telephone was also available to ensure conversations could not be overheard.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.