

Registered pharmacy inspection report

Pharmacy Name: Simply Pharmacy, 2A Sefton Road, Litherland,
LIVERPOOL, Merseyside, L21 7PG

Pharmacy reference: 1101300

Type of pharmacy: Closed

Date of inspection: 17/01/2024

Pharmacy context

This is a distance selling pharmacy which people access using the website www.simplypharmacy.net. It is situated in Litherland, in Merseyside. The pharmacy dispenses NHS prescriptions and private prescriptions. The pharmacy offers deliveries across the UK, but most of the prescriptions that have been dispensed are for patients within the local area.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They discuss things that go wrong to help identify learning. But they do not make records to enable a review. So they may miss some learning opportunities.

Inspector's evidence

There was a set of standard operating procedures (SOPs). These were last reviewed in 2022. Members of the pharmacy team had signed training sheets to show they had read and accepted the SOPs.

The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and their learning outcomes. But there were no records kept of near miss incidents. The superintendent (SI) admitted that he did not usually record near miss incidents but said there had been very few made. He explained that when an incident occurred, he always discussed it with the team and highlighted any potential learning points. There was some evidence of action being taken to prevent mistakes being repeated. For example, to help prevent picking errors, the team had moved the similar sounding medicines edoxaban away from etoricoxib on the dispensary shelves.

Roles and responsibilities of the pharmacy team were described in individual SOPs. When questioned, the pharmacy technician was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display in the dispensary. The pharmacy had a complaints procedure. Any complaints would be recorded and followed up by the SI. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the pharmacy team had completed IG training. A shredder was used to destroy any confidential waste. The pharmacy's website described how it handled people's information. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. Contact details for the local safeguarding board were available. The pharmacy technician said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete ongoing training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a superintendent pharmacist (SI), a pharmacy technician, and two delivery drivers. All members of the pharmacy team were appropriately trained. The volume of work appeared to be managed. Staffing levels were maintained by agency staff and a staggered holiday system.

Members of the pharmacy team completed some additional training as part of the requirements of their professional registration. They had also completed learning packages required by the NHS pharmacy quality scheme.

The pharmacy technician was able to exercise their own professional judgement and gave an example about how they would raise a clinical query with the pharmacist regarding the dosage on a prescription. The pharmacy team were longstanding colleagues, and they were seen working well with each other. There was no formal appraisal programme, so there may be little opportunity to identify individual development needs. There was a whistleblowing policy. Members of the team explained they would be comfortable reporting any concerns to the SI. There were no targets for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitably maintained. It provides a suitable space for the services it provides.

Inspector's evidence

The pharmacy was located in an upstairs business premises. It was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The nature of an upstairs premises meant that those outside of the pharmacy could not view any sensitive information. The temperature was controlled by the use of electric heaters. Lighting was sufficient. Team members had access to a kitchenette and toilet facilities.

A consultation room was available. It had been previously used for some NHS services, but it was not currently in use. It had a desk, seating, adequate lighting, and a wash basin.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

Inspector's evidence

This was a closed pharmacy which people did not usually access in-person. People used the pharmacy's website to find out information about the services it provided and how to access them. The website also contained contact information for the pharmacy. Medicines were delivered to people's chosen address. Records of deliveries were kept. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines were delivered promptly after receipt of a prescription. During the final accuracy check, the pharmacist would ensure prescriptions were valid at the time of supply. The pharmacist telephoned the patient to provide any counselling they felt was required. This included for high-risk medicines (such as warfarin, lithium, and methotrexate). But the pharmacy did not keep records counselling phone calls, so it was not able to demonstrate when advice had been given or what the advice was. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy, and the need to supply valproate in original packs. Educational material was available to hand out when the medicines were supplied. The pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP practice to complete an assessment about their suitability. A record was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-monthly basis. A date checking record was signed by team members to show what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were recorded daily, and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. But the

pharmacy did not keep records to show they had been actioned, so was not able to show that all alerts had been dealt with appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

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.