

Registered pharmacy inspection report

Pharmacy Name: Hillside Pharmacy, 72-74 Sandon Road, Hillside, SOUTHPORT, Merseyside, PR8 4QD

Pharmacy reference: 1102465

Type of pharmacy: Community

Date of inspection: 04/07/2024

Pharmacy context

This is a community pharmacy located in a parade of shops. It is situated in a residential area of Southport, Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First Service. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their 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 team follows written procedure which 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 when things go wrong, but they do not always record them. So, some learning opportunities may be missed.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had been issued in 2021. When questioned, members of the pharmacy team had read the SOPs, but they could not find the training sheets to show when they had read the SOPs and acknowledged them. So, the pharmacy may not always be able to show team members understood their accountability against the procedures.

The pharmacy used electronic software to record and investigate any dispensing errors. They included details of any actions taken to help learn from them. The pharmacy team used the same software to record near miss incidents, but few had been recorded. The pharmacist usually referred mistakes back to team member involved and discussed them, so they could identify learning opportunities. But these were not always recorded. So, the pharmacy may not identify underlying trends to help improve their ways of working.

Members of the team could explain their roles. But these were not detailed in the SOPs to help show which steps of the process they were responsible for to enable accountability. A trainee dispenser was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Members of the team wore standard uniforms and had badges identifying their names and roles. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints were referred to the pharmacist, recorded, and followed up. A current certificate of professional indemnity insurance was on display.

Records for the RP and private prescriptions appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. 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 GDPR training. A shredder was used to destroy confidential waste. A notice in the retail area described how the pharmacy handled and stored people's information. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Members of the team knew where to find the contact details for the local safeguarding board. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload and they complete the necessary training for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy technician who was trained to accuracy check, four dispensers, one of whom was in training, and a delivery driver. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about data protection. Training records were kept showing what training had been completed. But further training was not provided in a structured or consistent manner. So, learning needs may not always be fully addressed.

A trainee dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The locum pharmacist felt able to exercise their professional judgement and this was respected by the pharmacy team. The team were seen working well together and assisting each other with queries. They felt well supported, and able to ask the pharmacist for help if they felt they needed it. But appraisals were not provided, so development needs may be missed. Team members felt comfortable reporting any concerns to the manager or head office. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations with team members.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units, and lighting was sufficient. Team members had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available. The space was clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

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. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So, they might not always be able to check that the medicines are still suitable or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level and suitable for wheelchair users. Posters gave information about the services offered. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen confirming the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. The pharmacist would highlight prescriptions to refer back to them so they could discuss specific counselling points. But high-risk medicines (such as warfarin, lithium, and methotrexate) were not routinely highlighted. So, patients may not receive advice about taking these medicines, or check they are being taken safely. Team members were aware of the risks associated with the use of valproate-containing medicines during pregnancy, and the need to supply the original pack. Educational material was supplied with the medicines. The pharmacy team said they were not aware of any current patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each person, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge information was sought and retained for future reference. Compliance packs were labelled with medication descriptions. But patient information leaflets (PILs) were not routinely supplied. So people may not always have up to date information about their medicines.

The pharmacy had a delivery service, and records of deliveries were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked monthly. A date checking record was signed by the

pharmacist to show what had been checked. Short-dated stock was marked with a highlighter pen and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received on electronic software. Alerts were read, and marked as actioned on the software to show what action the pharmacy took in response.

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.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. 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.