

Registered pharmacy inspection report

Pharmacy Name: Bispham Road Pharmacy, 94 Bispham Road,
SOUTHPORT, Merseyside, PR9 7DF

Pharmacy reference: 1103130

Type of pharmacy: Community

Date of inspection: 26/11/2019

Pharmacy context

This is a community pharmacy located on a high-street. It is situated in a residential area of Southport. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. A number of people receive their medicines in multi-compartment compliance aids. An independent medical practitioner has infrequent use of the consultation room to provide services such as vaccinations.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.7	Good practice	Members of the team are given training and they know how to keep private information safe.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team complete regular training modules to help them keep their knowledge up to date.
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 record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were reviewed in September 2019. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically on the patient medical record (PMR). The most recent error involved supplying the wrong strength of bisoprolol tablets. The pharmacist had investigated the error and discussed his findings with the pharmacy team. Near miss incidents were recorded on a paper log. The pharmacy team said they would discuss the review each month and details of this was recorded on a patient safety form. The staff said the pharmacist would also highlight mistakes at the point of accuracy check and ask them to rectify their own errors. The pharmacy team gave examples of action which had been taken to help prevent similar mistakes. For example, segregating different strengths of omeprazole capsules to help reduce picking errors due to similar packaging.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what his responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were recorded to be followed up by the superintendent (SI). A current certificate of professional indemnity insurance was on display.

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

An information governance (IG) policy was available. The pharmacy team had in-house training and each member had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential waste was segregated to be removed and destroyed by a waste carrier. The pharmacy's privacy notice was on display and described how people's data was handled and stored by the pharmacy.

Safeguarding procedures were included in the SOPs. The pharmacy team had in-house safeguarding training and the pharmacist said she had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. A 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 regular training modules to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist – who was the superintendent, two pharmacy technicians – who were both trained to accuracy check, a dispenser, three drivers and a new starter. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist, an ACT and a dispenser. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with an e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was routinely completed. Staff were allowed learning time to complete training.

A dispenser gave examples of how he would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales he felt were inappropriate and refer people to the pharmacist if needed. The locum pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy team and the SI. A dispenser said he felt a good level of support from the pharmacist and he felt able to ask for further help if he needed it.

Appraisals were conducted annually. A pharmacy technician said she felt that the appraisal process was a good chance to receive feedback and felt able to speak about any of her own concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no service-based targets set by the company.

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.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Access to the dispensary was restricted by the position of the counter and customers were not able to view any patient sensitive information due to its position. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a sink in the dispensary, a separate kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with an examination bed, computer, 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.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery management system. An electronic device was used to obtain signatures from the recipient to confirm delivery. Devices were stored in the pharmacy overnight. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing 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 prescriptions before the accuracy checker would perform the final accuracy check. He would sign the prescription form to indicate this had been completed. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a collection shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm 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 pharmacy team said they would counsel patients who take high-risk medicines (such as warfarin, lithium and methotrexate), but details about this was not recorded. This would provide a useful record in the event of a query or a concern. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacy team said the pharmacist would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme. Details of this were recorded on a log.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist would complete an assessment about their suitability. But this was not recorded, which would be a useful record in the event of a query or concern. Details of current medication was recorded on the person's PMR. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were 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 not routinely supplied. So people may not have all of the information they need to take the medicines safely.

The pharmacy also provided a dispensing service for residents of care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery, they would be compared to the re-order sheet to confirm all of the medicines had been received back. The care home was informed about any outstanding prescriptions to be chased up with the GP surgery. Some medicines were dispensed into disposable compliance aids and a dispensing and checking signature was written onto the seal. PILs were provided to the care home.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. The expiry dates of stock were checked every 3 months and recorded on a date checking matrix. Shelving was cleaned as part of the process and short dated stock was highlighted using a sticker. Liquid medication had the date of opening written on. A spot check of the dispensary stock did not find out of date medicines.

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 temperature was being recorded daily and records showed they had been within the required range for the last 3 months. The pharmacy team said drug alerts were received by email from the MHRA. But there were no records kept so the pharmacy was not able to show whether appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the 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

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested in May 2019. 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 the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide 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.