

Registered pharmacy inspection report

Pharmacy Name: Yewtree Chemist, 235 Finch Lane, Knotty Ash,
LIVERPOOL, Merseyside, L14 4AE

Pharmacy reference: 1105306

Type of pharmacy: Community

Date of inspection: 13/02/2020

Pharmacy context

The pharmacy is situated amongst a small number of other retail shops, in a residential area of Liverpool. The pharmacy premises are accessible for people, with adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses private and 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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
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. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were recorded in a dispensing error log. The dispensing errors were reviewed by the superintendent (SI) pharmacist and shared with the team. Near miss incidents were discussed with the member of the pharmacy team at the time and were recorded in a near miss log. The near miss incidents were reviewed by a pharmacist for patterns and trends, and the outcome was shared with the team. Pregabalin stock and gabapentin stock had been highlighted on the dispensary shelf following similar near miss incidents with these medicines.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. Details about the complaints process were displayed, so people knew how they could raise concerns. A member of the pharmacy team explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would involve the pharmacist if necessary. A customer satisfaction survey was carried out annually. A member of the pharmacy team explained that some people had provided negative feedback about the stock availability. She said the pharmacy had a good working relationship with the local GP practices and the GPs would change the medication prescribed when there were long-term manufacturing problems.

A current certificate of professional indemnity insurance was displayed. The private prescription record, emergency supply record, unlicensed specials record, responsible pharmacist (RP) record and the CD register were in order. CD running balances were kept and audited regularly. A balance check for a random CD was carried out and found to be correct. Patient returned CDs were recorded appropriately.

Confidential waste was shredded. Confidential information was kept out of sight of patients and the public. An information governance policy was in place and team members had read and signed confidentiality agreements as part of their training. The computers were password protected, and computer screens were positioned so that they were facing away from customers. Assembled prescriptions awaiting collection were stored so that patient information was not visible. Copies of practice leaflets explaining how the pharmacy handles patient data were available on the medicines counter. The pharmacist had completed level 2 safe guarding training. There were details of local safe guarding contacts present and a safe guarding SOP in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are comfortable about providing information to the pharmacist. But the lack of formal ongoing training could mean some of the team members skills and knowledge may not always be up to date.

Inspector's evidence

There was the superintendent (SI) pharmacist, a dispenser and a medicines counter assistant on duty. The dispenser and medicines counter assistant had completed accredited training courses for their roles, with their certificates displayed. The pharmacy team appeared to work well together and manage the workload adequately.

A member of the pharmacy team said the pharmacist was supportive and was more than happy to answer any questions they had. She explained that she kept up-to-date by reading any new SOPs, but no ongoing training material was provided. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. The pharmacy team were provided with information informally from the pharmacist. For example, when the valproate alert was produced.

A member of the pharmacy team who was covering the medicines 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 was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol, which she would refer to the pharmacist for advice. The pharmacist explained that there were no targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and generally tidy. It is a suitable place to provide healthcare. And It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and generally tidy. It was free from obstructions and had a waiting area. Dispensary benches, sink and floors were cleaned regularly, and a record was kept. The temperature in the pharmacy was controlled by heating units. Lighting was adequate. Any maintenance issues were reported to the pharmacist and dealt with.

Pharmacy team facilities included a microwave, kettle, toaster, WC with wash hand basin and antibacterial hand wash. 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. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. It sources medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

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. The pharmacy team were clear about what services were offered and where to signpost to services they did not provide. The opening hours were displayed near the entrance. The work flow in the pharmacy was organised into separate areas, with dispensing bench space and a checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A member of the pharmacy team demonstrated that prescriptions containing schedule 2 CDs had a sticker included on the assembled bag of medication. She explained that this was to act as a prompt for team members to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. Prescriptions containing schedule 3 or 4 CDs were not routinely highlighted, which may increase the possibility of supplying a CD on a prescription that had expired. Prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted. The pharmacy team was aware of the risks associated with the use of valproate during pregnancy. The pharmacy had carried out an audit of people prescribed valproate and had not identified anyone who met the risk criteria. The pharmacy had patient information resources available to supply with valproate.

The pharmacy provided medicines in multi-compartment compliance aids to some people. A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was managed. Details of any changes to medication were added to the printed list of repeat medication. Disposable equipment was used. Individual medicine descriptions were included on each of the compliance aid packs and patient information leaflets were provided with each medication supplied.

The pharmacy offered a prescription delivery service. It kept a delivery record for all prescriptions delivered and people who were prescribed controlled drugs (CD) were routinely asked to sign for receipt of their prescription delivery. But other prescription deliveries were not signed for. This meant there was not a robust audit trail in place for the supply of all medicines. If a person was not at home when the prescription delivery attempt was made, a note advising them of the failed delivery was left and the prescription medicines were returned to the pharmacy for safe keeping.

Stock medicines were sourced from licensed wholesalers and unlicensed medicines from a special's manufacturer. Date checking was carried out periodically and a record was kept. No out-of-date stock medicines were found present from a number that were sampled. CDs were stored appropriately.

Patient returned CDs were destroyed using denaturing kits. There was a clean fridge used to store medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy had a 2D barcode scanner and FMD software installed. The team were decommissioning FMD compliant medicine packs. Medicine alerts and recalls were received from the NHS and MHRA. These were actioned on by the pharmacist or pharmacy team member and a computerised record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. And It is used in a way that protects privacy.

Inspector's evidence

The pharmacy had copies of the BNF and BNFc. The pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order and had been PAT tested for safety in September 2019.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. The computers were password protected with the screens positioned so that they were not visible from the public area of the pharmacy. A cordless telephone was available for private conversations.

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.