

Registered pharmacy inspection report

Pharmacy Name: Davey's Chemist, 99 Holt Road, LIVERPOOL,
Merseyside, L7 2PN

Pharmacy reference: 1106563

Type of pharmacy: Community

Date of inspection: 21/03/2023

Pharmacy context

The pharmacy is situated opposite an NHS health centre in a residential area of Liverpool. The pharmacy premises are easily 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 both 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	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 manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They keep the records required by law. And they record some things that go wrong, so that they can learn from them. But they do not always record or review all their mistakes, so they may miss some opportunities to improve.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with sign off records showing that members of the pharmacy team had read and accepted them. The SOPs had not been reviewed by the superintendent since 2019. This meant there was a risk they may not always reflect current practice. Roles and responsibilities of staff were set out in SOPs. And when questioned, a member of the team was able to clearly describe her duties.

Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were discussed with the team member at the time they occurred, but they were not routinely recorded or reviewed. This meant there was a missed opportunity for the team to reflect and learn. The pharmacist explained that look alike sound alike stock medicines such as amlodipine and amitriptyline had been highlighted to reduce the risk of picking errors.

A complaints procedure was in place, with details outlining the procedure available in the practice leaflet present in the retail area. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer to the superintendent if necessary. The company had professional indemnity insurance in place. The correct responsible pharmacist (RP) notice was displayed conspicuously. The emergency supply record, private prescription record, RP record, and the CD register were in order. CD running balances were recorded but were only audited approximately every six months, except for methadone which was audited approximately every two months. This meant any discrepancies might not be identified promptly and it would be more challenging to reconcile in the event of a discrepancy. A balance check of a random CD was carried out and was found to be correct. Patient returned CDs were recorded appropriately. The unlicensed medicines (specials) record had patient details missing from some entries. This meant the pharmacy may not always be able to identify who the medicines had been supplied to.

The pharmacy team shredded confidential waste and confidential information was kept out of sight of the public. The team members had read the information governance SOP. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was not displayed. This meant patients may be unaware how the pharmacy intended to use their personal data. The team members explained that they had read the safeguarding policy. The pharmacist had completed level 3 safeguarding training. And details of local safeguarding contacts were displayed in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable providing feedback to the pharmacist. The pharmacy team members can act on their own initiative and use their professional judgement. And they have access to ongoing training to keep their knowledge up to date.

Inspector's evidence

There was a pharmacist pharmacy manager, a dispenser, a delivery driver and a third-year pharmacy student on duty. This was the usual staffing level. The pharmacy team worked well together and managed the workload adequately. Members of the team participated in some ongoing training, using an e-learning platform, and had last completed training around 12 months ago. A member of the team explained that training was completed when the workload permitted.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns if needed. Details about the policy were available for the team to refer to. The team members said that the pharmacist was approachable, supportive and they were more than happy to provide feedback or ask them questions when needed.

The dispenser 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 knew what action to take if she suspected a customer might be abusing medicines such as Nurofen Plus which she would refer to the pharmacist for advice. The pharmacist explained that no professional service targets were in place.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and tidy. It had a waiting area. The temperature in the pharmacy was controlled by an air conditioning unit. Lighting was adequate. The pharmacy team cleaned the floor, dispensing benches and sinks regularly.

The premises were maintained in an adequate state of repair. Maintenance problems were reported to the pharmacy manager. The pharmacy team had use of a kettle, toaster, microwave, and fridge. A WC with wash hand basin and antibacterial hand wash was available. The consultation room 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. The pharmacy team makes extra checks when supplying some higher-risk medicines, to make sure they are being used properly. The pharmacy sources medicines safely and carries out checks to make sure medicines are in good condition. But it does not always keep records of these checks, so it can't show that they have been done properly.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily. Schedule 2 CD prescriptions were highlighted with a CD sticker attached to the prescription, to act as a prompt for team members to add the CD and to check the date on the prescription before handing out. Schedule 3 and 4 CDs were not routinely highlighted. Therefore, there was an increased risk of supplying a CD against a prescription that had expired.

The pharmacist explained that prescriptions for warfarin, methotrexate and lithium were routinely highlighted and it was evident that INR readings and dates of blood tests were regularly recorded on the patient medication record (PMR) system for warfarin patients. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were present.

The workflow in the pharmacy was organised into separate areas with adequate dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. Multi-compartment compliance aids included individual medicine descriptions and a dispensing audit trail. Patient information leaflets were not routinely provided. This meant that patients may not always have the most up to date information about their treatment. Hospital discharge prescriptions were kept for the pharmacist to review and liaise with the GP if needed, regarding medication changes. The delivery driver explained how the prescription delivery service was provided. A delivery record book was kept as an audit trail for deliveries, and if a patient was not at home when a delivery was attempted, the medicines were returned to the pharmacy.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was generally stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was recorded daily. Patient returned medicines were stored tidily in clinical DOOP bins.

The pharmacist explained that medication stock was date checked every 2-3 months, but no record was kept. This meant there was no assurance of the task being completed. Short-dated medicines were highlighted. No out-of-date stock medicines were present from a number that were sampled. The date

of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via email from the NHS. The pharmacist confirmed these were read, and acted on by a member of the pharmacy team, but no records were kept. Therefore, the pharmacy was unable to demonstrate that drug alerts and product recalls were being dealt with appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete. Copies of the BNF and BNFc were present. Any problems with equipment were reported to the pharmacy manager. All electrical equipment appeared to be in working order, but no date was present on one PAT test sticker and most of the other equipment had no PAT test sticker attached. This meant it was unclear when the last PAT test took place or whether the equipment was safe for the team to use.

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. Computers were password protected and screens were positioned so that they weren't visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people when needed.

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.