

Registered pharmacy inspection report

Pharmacy Name: Heatherlands Pharmacy, Heatherlands Medical Centre, 396 New Hey Road, WIRRAL, Merseyside, CH49 9DA

Pharmacy reference: 1110710

Type of pharmacy: Community

Date of inspection: 30/06/2021

Pharmacy context

The pharmacy is situated next to a GP medical centre, in a residential area of Wirral, Merseyside. The premises are accessible for people, with open space in the retail area. It sells a range of over-the-counter medicines, and dispenses private and NHS prescriptions. There is a consultation room available for private conversations.

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 has written procedures to help make sure the team provide services effectively. Members of the pharmacy team are clear about their roles and responsibilities. They know how to protect private information. And they keep the records that are required by law. They record some things that go wrong so that they can learn from them. But they do not keep a record of the learning points they identify, so they may miss some opportunities to improve.

Inspector's evidence

The pharmacy had a full range of written SOPs in place which were signed and dated by the pharmacist to indicate they had been reviewed in 2021. There were training records for each SOP which had been signed by all members of the team to confirm they had read and understood the document. Dispensing errors were fully documented, and examples were available. A written near miss log was kept in the dispensary. The pharmacist explained that a review of near misses took place at the end of each month, with feedback provided to the pharmacy team, but this was not recorded. This meant there was no audit trail, which may be a missed opportunity for learning. The pharmacist demonstrated that stock packs of atorvastatin and atomoxetine had been separated because of a dispensing error.

The pharmacy had a Perspex screen installed in front of the medicines counter where people interacted with team members. Strict social distancing measures were in place for people entering and leaving the premises, including, a limit on the number of people allowed into the retail area at any one time, and Covid-19 information posters were displayed. The pharmacy had a Covid-19 SOP in place that had been read and signed by the team. Members of the pharmacy team wore face masks when interacting with patients. And they had access to alcohol hand gel. They each carried out a lateral flow test once a week. A Covid-19 premises risk assessment, and individual team member risk assessments had been completed by the superintendent pharmacist.

A complaints procedure was available and practice leaflets provided information about how to make complaints and give feedback. A current professional indemnity insurance certificate was on display. A Responsible Pharmacist (RP) notice was conspicuously displayed. The RP record, private prescription record, emergency supply record, specials procurement record and CD register were all in order. CD running balances were recorded and audited every two weeks. Patient returned CDs were appropriately recorded.

All team members had read and signed the Information Governance SOP and had also signed confidentiality agreements. Confidential waste was shredded. A privacy notice was displayed in the retail area providing details about how the pharmacy handled personal information. A safeguarding SOP was in place and child protection information and guidance was available, including details of local safeguarding contacts. The pharmacy team members said they would report any concerns to the pharmacist, who had completed a CPPE training course. The pharmacist provided examples of safeguarding concerns she had dealt with.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members can act on their own initiative and use their professional judgement. And they are comfortable speaking to the pharmacist, to help improve the pharmacy service.

Inspector's evidence

The pharmacy employed eight dispensing assistants and four medicine counter assistants. All team members had undergone the required training. There were three delivery drivers employed to deliver medicines. There were six dispensing assistants and one medicines counter assistant present, and they were able to manage their workload. The pharmacist said the staffing level was normally adequate to handle the volume of work.

The medicines counter assistant described the questions she would ask when selling a medicine and was aware that codeine products might be abused. She said she would always ask the pharmacist to approve the sale if she was in any doubt. The pharmacist felt free to use her professional judgement. For example, to refuse a sale if she felt it was inappropriate.

The pharmacy team members periodically completed online training modules. Individual staff training records were kept and included copies of training certificates. A member of the pharmacy team explained that she had not received an appraisal during her employment at the pharmacy but that the pharmacist sometimes gave her feedback informally. Staff were able to raise concerns or make suggestions at any time and appeared to work well as a team. A whistleblowing policy was in place if team members needed to raise concerns outside of the pharmacy. No specific professional service targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe, clean, and properly maintained. The layout is appropriate for the services provided.

Inspector's evidence

The pharmacy was clean, tidy, fitted to a good standard and well maintained. There was a dispensary sink for medicines preparation and separate sinks in the stock room, and the toilet for hand washing. All had hot and cold running water. Soap, towels and cleaning products were available. Heating units and electrically operated fans were available to help control temperature and the dispensary was well lit.

A consultation room was available for private consultations and counselling. The dispensary was screened to allow the dispensing process to be carried out in privacy. Entry behind the medicines counter and into the dispensary was restricted by a movable barrier, that helped prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it generally manages and provides them 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. The pharmacy sources and stores medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

Access to the pharmacy was via a wide entrance door. The pharmacy team were aware of the need to signpost patients requiring services not available at the pharmacy. Practice leaflets gave details of the range of services available. And various leaflets and posters provided information about different healthcare topics. Large print dispensing labels were provided for patients with visual impairment.

The pharmacist explained the process for delivering prescriptions to people. Due to Covid-19 restrictions, with verbal consent of the patient, the delivery driver was signing for receipt of medication, when a delivery had taken place. If nobody was available to accept a delivery a note was left, and the medicines were returned to the pharmacy. The pharmacy team was aware of the risks associated with supplying valproate. An audit of valproate had been carried out and patient information resources for the supply of valproate were present.

Prescriptions were retained with dispensed medicines awaiting collection. Warning stickers were attached to the bags to highlight important information such as the presence of fridge medicines or CDs. The pharmacist provided counselling to patients prescribed high risk medicines when they were commenced on their treatment, but prescriptions were not routinely highlighted. This meant there was a missed opportunity for regular monitoring to take place.

Multi-compartment compliance aids were used to dispense medicines for patients with compliance difficulties. They were labelled with descriptions to enable identification of the individual medicines. Patient Information Leaflets were always supplied. Each compliance aid patient had their own record sheet which was used to record current medication and document any changes so that prescriptions could be checked before they were dispensed. The computer patient medication record (PMR) was used to record any significant conversations with patients or prescribers. Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing.

Medicines were obtained from licensed wholesalers and specials were obtained from a special's manufacturer. No extemporaneous dispensing was carried out. Dispensary stock was arranged tidily in alphabetical order. Regular expiry date checks were carried out and documented and stickers were used to highlight short dated stock. There were two medicines fridges, both equipped with maximum/minimum thermometers and temperatures were checked daily and recorded. The records showed the temperatures had remained within the required range. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Controlled Drugs were stored appropriately. Drug alerts and recalls were received by e-mails, which were checked daily, then documented in the drug alert record, printed and filed as evidence they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Various reference books were available including a current BNF. A range of crown stamped conical measures were available including some that were used only for the measurement of methadone mixture. All electrical equipment appeared to be in good working order and had been PAT tested previously.

Patient Medication Records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for dispensing and any associated conversations or telephone calls. The consultation room was used to enable confidential discussion and consultation.

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.