

Registered pharmacy inspection report

Pharmacy Name: Gateacre Pharmacy, Gateacre Local Centre, 31 Gateacre Park Drive, LIVERPOOL, L25 1PD

Pharmacy reference: 1122665

Type of pharmacy: Community

Date of inspection: 17/06/2019

Pharmacy context

The pharmacy is located in a small retail shopping complex, in a residential area of Liverpool. The pharmacy premises are easily accessible for people, with an automated entrance door and adequate space in the retail area and consultation room. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions.

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. The pharmacy keeps the records that are needed by law. Members of the pharmacy team record things that go wrong, so that they can learn from them. But they do not record all of their mistakes, so they may miss some opportunities to learn.

Inspector's evidence

There were up to date Standard Operating Procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was seen to be following the SOPs that were relevant to her role and she was able to clearly describe her duties.

Dispensing incidents were reported on the computer system and learning points were included. Near miss errors were supposed to be reported on a near miss log, but only one near miss error had been reported since January 2019. The pharmacist said near misses were discussed with the pharmacy team member at the time.

The correct responsible pharmacist (RP) notice was displayed prominently in the pharmacy. A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose.

A customer satisfaction survey was carried out annually. The pharmacist explained that because there had been some issues around stock availability for patients there had been some negative feedback. He said that when medicines were unavailable he contacted other branches in the group, contacted the wholesaler and if necessary the prescriber was contacted to request an alternative medication be prescribed.

The company had appropriate professional indemnity insurance in place. The private prescription record, emergency supply record, unlicensed specials record and the CD register were in order. Patient returned CDs were recorded and disposed of appropriately. The responsible pharmacist (RP) record had the time the RP ceased their duty missing from most entries in the record, which makes auditing more difficult and does not comply with legal requirements.

Confidential waste was shredded. Confidential information was kept out of sight of the public. An information governance SOP was in place that had been read and signed by the staff. The staff had signed confidentiality agreements as part of their employment contracts. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored on shelves in the dispensary in a manner that protected patient information.

Details of local contacts for raising safe guarding concerns were available in the pharmacy. The pharmacist had completed level 2 safe guarding training. There were no SOPs in place for safe guarding children or vulnerable adults, which may make it more difficult for staff to understand what to do in the

event of a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are trained and work effectively together. They are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was the superintendent pharmacist, three dispensers, a pharmacy apprentice who was enrolled on a dispensing course and a trainee medicines counter assistant who was enrolled on a buttermilk course on duty.

The staff were kept busy providing pharmacy services but appeared to manage the workload adequately. A dispenser said that she had read SOPs to understand her role and what was expected of her. She said that there was no ongoing training at present. The lack of a regular training programme might restrict the ability of staff to keep up to date.

The staff were aware of a whistle blowing procedure in place and said they would be comfortable reporting concerns about a member of staff if needed. Staff had annual performance reviews with the superintendent and staff members said that they had found these useful. Staff were regularly given informal feedback. e.g. about near miss errors.

The trainee medicines counter assistant 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. i.e. she would refer the patient to the pharmacist for advice. The pharmacist explained that there were financial incentives for other pharmacists employed to complete MURs but said there were no consequences to not completing them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy was clean and generally tidy. It was free from obstructions and had a waiting area. A dispenser said that dispensary benches, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the pharmacist. Staff facilities included a microwave, kettle and fridge, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance. This was kept locked until access was required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and they are generally well managed. But the pharmacy does not always highlight high-risk medications, this may mean that people do not always receive all of the information and advice they need when taking their medications. The pharmacy 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

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. Staff were clear about what services were offered and where to signpost to a service if this was not provided, for example EHC. The opening hours were displayed near the entrance to the pharmacy. A list of services provided was displayed.

A dispenser explained that schedule 2 CDs awaiting collection had CD sticker attached to the bag. She explained that this was to act as a prompt and ensure that it was not handed out after 28 days of the prescription date. An example of this was present for a schedule 2 CD stored in a CD cabinet. Assembled prescriptions awaiting collection for schedule 3 and 4 CDs were not highlighted which may increase the possibility of supplying a CD on a prescription that had expired.

Assembled prescriptions for high risk medicines such as warfarin, methotrexate and lithium were not routinely highlighted. The pharmacy team were aware of the valproate safety alert and said they had not identified any female patients prescribed valproate who met the risk criteria. The pharmacist said he would have a discussion with female patients prescribed valproate if necessary. The pharmacy had no patient information resources for the supply of valproate which means patients may not be given all of the information they need.

The work flow in the pharmacy was organised into separate areas – dispensing bench space, area for MDS assembly and a designated checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce risk of medicines becoming mixed up during dispensing.

A dispenser provided a detailed explanation of how the MDS service was provided. MDS was organised with an audit trail for changes to medication. Disposable equipment was used. The dispenser explained that patient information leaflets were only included with new medicines and that hospital discharge summaries were kept for the pharmacist to refer to. The assembled MDS packs awaiting collection had no tablet descriptions included or patient information leaflets, which may make it more difficult for patients to identify their medication and means patients may not have all the information about their medicines that they may need.

Stock medicines were stored in an orderly fashion. A dispenser said date checking was carried out but not documented. This means there was no record to show how regularly stock was checked or whether any had been missed. Short dated medicines were highlighted. No out of date stock medicines were found present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles.

CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and records made in a designated book. A balance check for oxycodone “longtec” 10mg tablets was carried out and found to be correct. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was generally being recorded daily, with exception of a few days when staff had forgotten.

The pharmacist and staff were aware of the Falsified Medicines Directive (FMD) and was complying with the safety features. A 2D barcode scanner was installed at the computer terminal. All staff had received FMD training and an FMD SOP was in place. The pharmacist provided a demonstration of how FMD compliant medicine packs were decommissioned during dispensing. Alerts and recalls etc. were received via email. These were acted on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The staff used the internet to access websites for up-to-date information for example the BNF, BNFc and medicines complete. All electrical equipment appeared to be in working order. According to the PAT test stickers attached the electrical equipment had been safety tested in September 2018.

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 of the pharmacy. A cordless telephone was available in the pharmacy and the staff said they used this to hold private conversations with patients 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. |