Registered pharmacy inspection report

Pharmacy Name: Oakley Pharmacy, Heswall and Penbby Group Practice, 270 Telegraph Road, Heswall, Wirral, Merseyside, CH60 7SG

Pharmacy reference: 9010044

Type of pharmacy: Community

Date of inspection: 21/11/2024

Pharmacy context

This pharmacy is situated inside a GP practice, in the town of Heswall. The pharmacy premises are accessible to people, with adequate space in the retail area. And there is a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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 generally manages the risks associated with its services and it protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. 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. The pharmacy largely keeps the records it needs to by law, but it doesn't always make sure that the responsible pharmacist record is fully complete which means it may make it harder to identify who was responsible in the event of a query.

Inspector's evidence

There was an up to date set of standard operating procedures (SOPs) which had been read and signed by the team members. The pharmacy used electronic software to record and investigate dispensing errors. Near miss incidents were also recorded on electronic software. The SI provided some near miss records from the last six months, but there was no evidence of review, and team members could not show what had been done in response to the mistakes to demonstrate they had learned from them. The SI explained that near miss incidents were corrected, and discussed with team members at the time they occurred.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. The correct responsible pharmacist (RP) notice was on display. A trainee dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The pharmacy had a complaints procedure. But details about it were not on display which would help to encourage people to raise feedback. A current certificate of professional indemnity insurance was on display.

Records for private prescriptions and unlicensed specials appeared to be in order. RP records were kept. But there were a few missing entries in the last six months, so the pharmacy may not be able to demonstrate who was responsible for the pharmacy on these days following a query or concern. The pharmacy had conditions in place which prevented it from obtaining, selling, or supplying schedule 2 controlled drugs (CDs). Several CDs which were obtained prior to the conditions were present and CD registers were kept for these medicines with running balances recorded. But there were infrequent checks of the running balance against the physical stock held. This meant auditing was more onerous, and any potential diversion of CDs was more difficult to identify. The balances of some CDs were checked against the physical stock and found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available within the SOPs. When questioned, a trainee dispenser was able to explain how confidential waste was separated into confidential waste bins, which were removed by a waste carrier. A notice in the retail area provided information about how the pharmacy handled and stored people's information. When questioned, team members understood the signs and concerns to look out for relating to safeguarding vulnerable adults and children. The RP had completed level 3 safeguarding training and knew where to find the contact detail for the local safeguarding board. But the pharmacy did not have a safeguarding policy to help define clear expectations for members of the team. The SI provided assurance that a safeguarding policy would be

put in place.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload. But the pharmacy does not provide any additional learning opportunities for team members, to help improve their knowledge

Inspector's evidence

The pharmacy team included a locum pharmacist, who was signed in as responsible pharmacist (RP), a second pharmacist, who was the SI, a dispenser, and a trainee dispenser. The team members were very busy providing pharmacy services and generally managed the workload adequately.

Team members discussed learning points about similar looking medicines. But there were no additional training packages provided to members of the team. And there was no formal appraisal programme. So, the learning and development needs for members of the team may not be fully met.

A trainee dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The locum pharmacist felt able to exercise their professional judgement, and this was respected by the SI and team members. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets for professional services.

Principle 3 - Premises ✔ **Standards met**

Summary findings

The pharmacy premises are suitable for the services provided and is generally clean and tidy. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was situated in a unit adjacent to a medical centre. The size of the dispensary was sufficient for the workload. However, the floor was cluttered with boxes. This meant there was a risk of trip hazard for team members. And the dispensary worktops and shelves were disorganised. Which reduced the effectiveness of the available space to dispense medicines.

The temperature was controlled by the use of air conditioning units, and lighting was sufficient. Team members had access to a kettle, and separate staff fridge. WC facilities were shared with the adjacent medical centre. A consultation room was available and was generally clean. There was a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted. A second consultation room was available, but this was not in use.

Principle 4 - Services ✔ **Standards met**

Summary findings

The pharmacy's services are easy to access. And it uses electronic software and automation to help provide them effectively. But it stores its medicines in a disorganised manner, which increases the risk of a picking error during the prescription assembly process. 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 team carries out some checks to make sure medicines are in good condition. But it does not always keep records, so it can't show that the checks have been done properly.

Inspector's evidence

Access to the pharmacy was level via an automatic door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Information was on display about the services offered and details of the pharmacy's opening hours were on display.

The pharmacy had a delivery service, and delivery records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy used a patient medication record (PMR) system which had built-in accuracy checking software. Prescriptions were organised into different 'workflows' on the PMR system and assigned to different roles within the pharmacy team. The pharmacist firstly performed a clinical check when prescriptions were received. The prescription was then released to a member of the dispensing team, who would pick the medicine stock and scan each box into the system. If the medication matched the prescription, a dispensing label would print, and the dispenser would affix this to the box. If it did not match the prescription, the dispenser amended the product or requested assistance from the pharmacist. The team used baskets to separate individual patients' prescriptions to avoid items being mixed up. The pharmacist did not perform a further accuracy check unless the medicine fell within an exception category. For example, a CD, a split pack, or a medicine which required refrigeration. The PMR system kept an audit trail of who carried out each stage of the process and if any medicines were owed to people.

Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge items needed to be added. Team members were seen confirming people's name and address when medicines were handed out. The PMR system highlighted prescriptions which were due to expire when it was switched on each morning. Team members contacted people to remind them to collect their medicines. The pharmacist provided counselling advice to people who had started a high-risk medicine (such as warfarin, lithium, and methotrexate). But this was not done routinely, which would help to ensure people received the appropriate information about how to take their medicines safely. Team members were aware of the risks associated with the use of valproate containing medicines during pregnancy. Educational material was provided when the medicines were supplied. The pharmacy team explained the pharmacist had spoken to people who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack, the pharmacy referred them to their GP to complete an assessment about their suitability. An electronic record was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record was updated. Hospital discharge sheets were obtained and kept for future reference. Patient information leaflets (PILs) were routinely supplied. But the compliance packs did not have descriptions of medicines written on them, which would help people to identify their medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy used a robot to help with dispensing medicines. Each month, the dispenser used the expiry date check function on the robot's system, which rejected any medicines that had expired. Some of the medicines not stored in the robot appeared disorganised and cluttered. Most of this stock were split packs which had not been sorted to go back into the robot. The disorganised nature of the dispensary presented a risk of team members picking the wrong medicines during the dispensing process. A date checking record for was in place for medicines stored outside the robot. Team members explained that the expiry dates of these medicines were to be checked each month, but they had fallen behind with the process, and it had not been completed for the past few months. The SI said date checking of stock stored outside the robot would be carried out and documented. No out-of-date medicines were found from a number that were sampled. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was mostly being recorded daily and records showed they had remained in the required range. However, there were several days in November where no fridge temperature record was available. This meant there was a possibility of supplying a medicine where the temperature was not within normal range and may not be safe or fit for purpose. The SI provided assurance that the fridge temperature record would be kept and maintained each day going forward. Drug alerts were received from the MHRA. Team members were able to describe how the responded to a recent alert. But details of the action taken was not recorded to show how the pharmacy responded.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team 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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc, and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets. 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 team members 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.

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.