General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Deysbrook Pharmacy, 1 Winterburn Crescent, Liverpool, Merseyside, L12 8TQ

Pharmacy reference: 9010299

Type of pharmacy: Community

Date of inspection: 28/01/2020

Pharmacy context

The pharmacy is situated next door to a GP medical centre, 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

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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. But they are past their date of review, so they may not always match the current ways of doing things. Members of the pharmacy team are clear about their roles and responsibilities. They know how to protect private information. And they record some things that go wrong. But they do not record or review all their mistakes, so they may miss some opportunities to improve. The pharmacy keeps the records required by law, but some information is missing, which could make it harder to understand what has happened if queries arise.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. The SOPs were kept in a disorganised manner on the computer, so it was difficult for the team to refer to them. The SOPs were past their stated date of review and had last been reviewed in 2013. Roles and responsibilities of the pharmacy team were set out in the SOPs. When questioned, a member of the pharmacy team was able to clearly describe her duties. Dispensing errors and near miss incidents were recorded on a log. Dispensing errors were reviewed by the superintendent (SI) pharmacist and shared with the pharmacy team. Near miss incidents were discussed with the member of the pharmacy team at the time they were identified. Some near miss incidents were reported, but not all. And they were not reviewed for trends or patterns.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. But details about it were not on display so people may not always know how they can raise concerns. 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 with the results of the last survey displayed. The pharmacist explained that some patients had provided negative feedback about stock availability. As a result of this feedback various wholesalers were contacted, other branches were contacted, and if necessary, the GP was asked to consider prescribing an alternative medication.

The company had professional indemnity insurance in place, with a copy of the insurance certificate displayed. The emergency supply record and the CD register were in order. Patient returned CDs were recorded and disposed of appropriately. A balance check for a random CD was carried out and found to be correct. The private prescription record had eleven private prescriptions that had not been entered since 2018. Once highlighted, the SI said the missing private prescription information would be added later that day and in future he would ensure that this record was kept up to date. The unlicensed specials record had patient details missing from most records. The responsible pharmacist (RP) record had the time the RP ceased their duty missing on several occasions.

Confidential waste was shredded. Confidential information was kept out of sight of patients and the public. An information governance policy was in place. The members of the pharmacy team had read and signed confidentiality agreements as part of their employment contracts. The computers were password protected, facing away from the customer and assembled prescriptions awaiting collection were stored in a manner that protected patient information from being visible. There was no privacy

notice displayed. So, people may not be aware how the pharmacy intended to use their personal data.

The pharmacist had completed level 2 safe guarding training and all team members had read the safeguarding policy, but this was not found, which may make it more difficult for the team in the event of a concern arising. The local contact details for seeking advice or raising a concern were present.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members feel able to act on their own initiative and use their professional judgement. The pharmacy team has access to online training modules. But the lack a structured approach to ongoing training could mean their skills and knowledge may not always be up to date.

Inspector's evidence

There was the superintendent (SI) pharmacist, two dispensers, a trainee dispenser, a delivery driver and another member of the team on duty. The dispensers had completed accredited training courses for their roles and the trainee dispenser was undertaking an accredited course. The other member of the pharmacy team had worked in the pharmacy on a full-time basis for six months and was not enrolled on an accredited course. The SI placed the team member on an accredited course and provided proof of enrolment. The pharmacy team were very busy providing services. They appeared to work well together and manage the workload adequately.

A member of the pharmacy team spoken to said the pharmacist was supportive and was more than happy to answer any questions they had. She explained that online training modules were completed periodically. Training records for each of the team members were kept. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. They were regularly provided with information informally from the pharmacist.

A member of the pharmacy team 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 formal targets set for professional services, but there was an expectation that other pharmacists employed would complete MURs and NMS when appropriate to do so.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is generally clean and 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 generally clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team said that dispensary benches, sink and floors were cleaned regularly, but no record was kept. The temperature in the pharmacy was controlled by heating units. Lighting was adequate.

The pharmacy premises were in an adequate state of repair. Maintenance problems were reported to the pharmacist and dealt with. Pharmacy team facilities included a fridge, microwave, kettle, 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 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 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

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 a service if this was not provided. 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 CD sticker included on the assembled bag. She explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. She said prescriptions containing schedule 3 or 4 CDs were not highlighted in the same manner, which may increase the possibility of supplying a CD on a prescription that had expired.

A member of the pharmacy team explained that prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not highlighted prior to collection. The pharmacy team was aware of the risks associated with the use of valproate during pregnancy. It had carried out an audit for people prescribed valproate and had not identified anyone who met the risk criteria. The pharmacy did not have patient information resources to supply with valproate, which meant they may not be able to supply all of the necessary information if valproate was dispensed.

A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for changes to medication with the printed list of medicines and the computer patient medication record (PMR) being updated. Disposable equipment was used. Individual medicine descriptions were added to each compliance aid pack. There was a dispensing audit trail on the assembled compliance aid packs. Patient information leaflets were not included with each of the medicines supplied. So, people may not have the most up to date information about their treatment. The pharmacy was working a week in advance for the assembly of compliance aid packs, to help ensure people received their medicines at the correct time. The pharmacy offered a prescription delivery service. People's signatures for the receipt of prescriptions delivered were routinely obtained, and if a person was not at home when the delivery driver attempted to deliver, a note was left.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. The pharmacist said date checking was carried out periodically, but no record of this was kept. No stock medicines were found to be out of date from a number that were sampled. CDs were stored

appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. There were two clean fridges for medicines, equipped with thermometers. The minimum and maximum temperatures were being recorded daily and the records were complete.

The pharmacy team was aware of the Falsified Medicines Directive (FMD). The pharmacy had 2D barcode scanners present but had no FMD software. Therefore, the pharmacy was not complying with legal requirements. Alerts and recalls were received via NHS email. These were actioned on by the pharmacist or pharmacy team member, but a record was not kept. The pharmacy was not signed up to receive MHRA notifications, which may lead to some alerts or recalls not be actioned appropriately in a timely manner.

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 up-to-date 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 was PAT tested in August 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. The computers were password protected with the screens positioned so that they were not visible from the public area of the pharmacy.

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.