

Registered pharmacy inspection report

Pharmacy name: Deysbrook Pharmacy

Address: 1 Winterburn Crescent, Liverpool, Merseyside, L12 8TQ

Pharmacy reference: 9010299

Type of pharmacy: Community

Date of inspection: 25/02/2026

Pharmacy context and inspection background

This community pharmacy is situated in a residential area of West Derby, Liverpool. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu and COVID vaccinations, and the NHS Pharmacy First service. The pharmacy supplies some people with medicines in multi-compartment compliance packs to help them take their medicines at the right time.

This was a full intelligence-led inspection of the pharmacy following information received by the GPhC. The pharmacy was last inspected in January 2020 and all standards were met.

Overall outcome: Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

Standards not met

Standard 1.1

- The pharmacy has a set of written procedures. However, they are written by an external company and have not been reviewed to ensure they accurately reflect the processes that its

team members follow. So, the pharmacy is unable to demonstrate they have sufficient measures in place to help manage the risks associated with the pharmacy's services.

Standard 1.2

- The pharmacy does not have a robust process to review when mistakes occur in order to identify improvements. Whilst individual members of the pharmacy team take some action to help make improvements, the pharmacy is without an embedded process. This may risk mistakes going unnoticed, and insufficient action being taken to help reduce the likelihood of similar mistakes.

Standard 1.6

- The pharmacy does not maintain the necessary records it is required to keep. The responsible pharmacist record does not contain the details of when the pharmacist ceases their responsibility to help show when a responsible pharmacist is present. The private prescription records do not always contain the details of the prescriber. And records for the supply of unlicensed specials do not contain information about who the medicine was supplied to. So the pharmacy may not have accurate information to refer to in the event of a query or a concern.

Standard 3.2

- The pharmacy has a consultation room. But the door is constructed of glass, and the blind does not provide a suitable degree of privacy when the room is in use. So people may not always have access to a confidential space for the pharmacy services provided.

Standard 4.2

- The pharmacy supplies some medicines in multi-compartment compliance packs. But it does not make sufficient records when there are changes to the medicines people are taking which may increase the risk of errors occurring. It does not have a robust audit trail when compliance packs are assembled in advance of a prescription being received, and ensure there are enough sufficiently trained staff who understand how the service operates. So, the pharmacy is unable to demonstrate it has considered and managed all of the risks involved with the service to ensure it is provided safely.

Standard 4.3

- The pharmacy does not have a formal date checking process in place and expired medicines are not removed from stock medicines. So it is unable to demonstrate how it suitably manages its medicines to make sure they are safe to supply.
- The pharmacy does not always store medicines appropriately in its original containers. Loose tablet strips and medicines are stored inside bottles without any further labelling information. This activity does not meet the minimum labelling requirements for medicines. So the pharmacy cannot show it is always storing medicines correctly and safely.
- The pharmacy stores cold chain medicines in several fridges. However, one of the fridges was found to be outside the required temperature range without any remedial action taken. So the pharmacy cannot demonstrate it is always storing its medicines appropriately, so they are fit for purpose.

Standards that were met with areas for improvement

Standard 1.8

- Members of the pharmacy team are able to discuss any potential safeguarding concerns with the responsible pharmacist. But they have not completed any safeguarding training, or read the available procedures, so they may not always be able to identify safeguarding concerns as they arise.

Standard 2.2

- Members of the pharmacy team complete training for their roles. But ongoing training is not structured in a formal manner and documented to show when training is undertaken. So members of the team may not have regular opportunities to learn new skills or knowledge.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 1: Inspection outcomes for standards under principle 1

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
1.1 - The risks associated with providing pharmacy services are identified and managed	Not met	
1.2 - The safety and quality of pharmacy services are regularly reviewed and monitored	Not met	
1.3 - Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability	Met	
1.4 - Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate	Met	
1.5 - Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided	Met	
1.6 - All necessary records for the safe provision of pharmacy services are kept and maintained	Not met	
1.7 - Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Met	
1.8 - Children and vulnerable adults are safeguarded	Met	Area For Improvement

Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 2: Inspection outcomes for standards under principle 2

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
2.1 - There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	Met	
2.2 - Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	Met	Area For Improvement
2.3 - Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the best interests of patients and the public	Met	
2.4 - There is a culture of openness, honesty and learning	Met	
2.5 - Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services	Met	
2.6 - Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff	Met	

Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 3: Inspection outcomes for standards under principle 3

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
3.1 - Premises are safe, clean, properly maintained and suitable for the pharmacy services provided	Met	
3.2 - Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Not met	
3.3 - Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Met	
3.4 - Premises are secure and safeguarded from unauthorized access	Met	
3.5 - Pharmacy services are provided in an environment that is appropriate for the provision of healthcare	Met	

Principle 4: The way in which pharmacy services, including management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 4: Inspection outcomes for standards under principle 4

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
4.1 - The pharmacy services provided are accessible to patients and the public	Met	
4.2 - Pharmacy services are managed and delivered safely and effectively	Not met	
4.3 - Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely	Not met	
4.4 - Concerns are raised when medicines or medical devices are not fit for purpose	Met	

Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 5: Inspection outcomes for standards under principle 5

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
5.1 - Equipment and facilities needed to provide pharmacy services are readily available	Met	
5.2 - Equipment and facilities are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; and appropriately maintained	Met	
5.3 - Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services	Met	

What do the summary outcomes for each principle mean?

Finding	Meaning
✓ 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.