

# Registered pharmacy inspection report

## Pharmacy name: Anfield Pharmacy

**Address:** 140 Oakfield Road, Walton, Liverpool, Merseyside, L4 0UQ

**Pharmacy reference:** 9010376

**Type of pharmacy:** Community

**Date of inspection:** 27/01/2026

### Pharmacy context and inspection background

This community pharmacy is situated in Anfield, Liverpool. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service, and supplies medicines to people who use drugs. 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 reinspection following an inspection in June 2025 where the pharmacy did not meet Standards 1.1, 1.2, 1.6, 2.2, 2.5, 4.2, and 4.3. The pharmacy had implemented a whistleblowing policy, and members of the team understood how to raise concerns. But some team members undertake additional responsibilities which they have not completed the necessary training for and so Standard 2.2 remains as not met.

Conditions had been imposed on 2 July 2025 and 21 July 2025 to manage the risks to the public associated with these standards and remained in effect at the time of inspection.

**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 to help manage the risks associated with its services. But the pharmacy has not updated the procedures to reflect the Conditions which were imposed upon its registration. And it does not always inform the pharmacists who work at the pharmacy about the restrictions that are in place. So there is a risk members of the pharmacy team may undertake restricted activities which the pharmacy should not carry out due to the Conditions imposed.

## Standard 2.2

- Members of the pharmacy team have undertaken pharmacy training courses. However, a counter assistant occasionally assists in the dispensing process without the correct training being completed. This does not meet the minimum training requirements for pharmacy support staff to help ensure the team have the necessary skills and knowledge to carry out their work.

## Standard 4.3

- The pharmacy has Conditions imposed against its registration which prohibit activity involving some higher-risk medicines. But there is evidence that its team members have accepted returned higher risk medicines which is a restricted activity. So the pharmacy cannot demonstrate that it has an effective process and training in place to help ensure the pharmacy only works within the confines for which it holds registration for.

## Standard 5.1

- The pharmacy provides various services, such as flu vaccinations and weight loss services. But it does not have the required equipment to provide these services safely, such as emergency adrenaline or a height chart to calculate BMI. So the pharmacy is not able to demonstrate it has the necessary equipment in order to provide some of its services.

## Standards that were met with areas for improvement

### Standard 1.2

- Members of the pharmacy team discuss mistakes that are identified during the dispensing process, such as a near misses. But they do not make a record of the mistakes to enable a review. So they may not be able to identify additional learning from underlying themes, or show how they are improving the quality of the services provided.

### Standard 1.6

- The pharmacy does not make records when it accepts previously dispensed higher risk medicines that are no longer required. So the pharmacy may not be able to demonstrate what should be present on the premises at a specific point in time.

### Standard 1.7

- The pharmacy has information governance procedures available. But they are outdated and overdue for a review. So the procedures may not reflect current practice or current data

protection requirements.

## 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	<b>Not met</b>	
1.2 - The safety and quality of pharmacy services are regularly reviewed and monitored	Met	<b>Area for improvement</b>
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	Met	<b>Area for improvement</b>
1.7 - Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Met	<b>Area for improvement</b>
1.8 - Children and vulnerable adults are safeguarded	Met	

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

### Summary outcome: Standards not all 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	<b>Not met</b>	
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 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	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	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	<b>Not met</b>	
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 not all 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	Not 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
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.