

Registered pharmacy inspection report

Pharmacy Name: Welsh's Pharmacy, 40 Grange Road, West Kirby, Wirral, Merseyside, CH48 4EF

Pharmacy reference: 9010609

Type of pharmacy: Community

Date of inspection: 30/01/2024

Pharmacy context

The pharmacy is situated amongst other retail shops in a residential area of West Kirby, Wirral. The pharmacy premises are easily 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 both 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

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 team 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 keeps the records required by law.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with sign off records showing that members of the pharmacy team had read and accepted them. The SOPs were overdue a review from January 2023, according to the dates stipulated on them. Therefore, there was possibility they may not reflect current processes. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were reported on an incident report form and learning points were included. Near miss incidents were discussed with the pharmacy team member at the time they occurred, but they were not routinely recorded or reviewed.

A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose. The company had professional indemnity insurance in place, with the certificate displayed. The correct responsible pharmacist (RP) notice was displayed conspicuously. The responsible pharmacist (RP) record, emergency supply record, private prescription record, unlicensed medicines (specials) record and the CD register were in order. CD running balances were kept and audited regularly. Patient returned CDs were recorded appropriately.

The pharmacy team placed confidential waste into a designated bin that was collected by an authorised carrier, and confidential information was kept out of sight of the public. The pharmacy team had read the information governance SOP. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was displayed explaining how the pharmacy intended to use patient information. A safeguarding policy was in place. The pharmacist and pharmacy technician had completed level 3 safeguarding training. And there were details of local safeguarding contacts present.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members 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. And the team has access to ongoing training.

Inspector's evidence

There was a pharmacist pharmacy manager who had commenced their role at the beginning of January 2024, a pharmacy technician, a dispenser, a trainee dispenser, and a pharmacy student were on duty. The usual staffing level also included another pharmacy technician, who worked as an accuracy checker (ACPT). The pharmacy team worked well together and managed the workload adequately. Members of the team had completed appropriate training for their roles. They participated in ongoing training periodically, using an e-learning platform, and had last completed training within the last year. A member of the pharmacy team explained that training was completed when the workload permitted.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns if needed. Details outlining the policy were available for the team to refer to. The pharmacy team members said that the pharmacist was very approachable, supportive and they were more than happy to ask him questions or provide feedback when needed.

A dispenser 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. She also knew which medicines were often misused and said that if she suspected a customer might be abusing medicines, she would refer to the pharmacist for advice. The pharmacist explained that there were professional service targets in place, but he felt under no pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy. It is a suitable place to provide healthcare. 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 had a waiting area. The temperature in the pharmacy was controlled by the air conditioning units. Lighting was adequate. The pharmacy team regularly cleaned the floor, dispensing benches and sinks.

The premises were maintained in an adequate state of repair. Maintenance problems were reported to the pharmacist. The pharmacy team had use of a kettle, toaster, and a microwave. A WC with wash hand basin and antibacterial hand wash was available. The consultation room was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people, and they are managed, so people receive their medicines safely. The pharmacy sources medicines appropriately and carries out 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 people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours and a list of services were displayed in the window. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were generally stored tidily. Schedule 2 CD prescriptions were dispensed at the time of collection, to act as a prompt for team members to check the date on the prescription before handing out. Schedule 3 and 4 CD prescriptions were highlighted, and an example of a highlighted prescription for zopiclone was present awaiting collection.

The pharmacy technician explained that prescriptions for warfarin, methotrexate and lithium were routinely highlighted to allow the pharmacist to counsel the patient upon collection, but there were no assembled prescriptions for these medicines to demonstrate this. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were present.

The workflow in the pharmacy was organised into separate areas with adequate dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. Multi-compartment compliance aids were labelled with individual medicine descriptions and included a dispensing audit trail. Hospital discharge prescriptions were kept for the pharmacist to review and liaise with the GP if needed, regarding medication changes. Patient information leaflets were not routinely provided. This meant that patients may not always have the most up-to-date information about their treatment. The pharmacy technician explained how the prescription delivery service was provided. A delivery record book was kept as an audit trail for deliveries, and if a patient was not at home when a delivery was attempted, the medicines were returned to the pharmacy.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was generally stored tidily. There were several stock medicines that had been decanted from their original containers into capped medicine bottles, with hand-written labels that included the medicine name, but no batch number or expiry date details. This meant the pharmacy could not provide assurance that the medicines were fit for purpose. These medicines were disposed of by the pharmacist when the risks were pointed out. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperatures were recorded daily. Patient returned medicines were disposed of appropriately in dedicated bins.

Stock medicines were date checked periodically and a record was kept. 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. Alerts and recalls were received via email from the NHS. These were read and acted on by a member of the pharmacy team, and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete. Copies of the BNF and BNFc were present. Any problems with equipment were reported to the pharmacy manager. All electrical equipment appeared to be in working order and it had been PAT tested in the last year.

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. A cordless telephone was present, and it was used to hold private conversations with people 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. |