General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Kingsway Pharmacy, 4-5 Kingsway Parade, Liverpool, Merseyside, L36 2QA

Pharmacy reference: 9011618

Type of pharmacy: Community

Date of inspection: 30/11/2021

Pharmacy context

This is a community pharmacy situated on a parade of shops in Huyton, Knowsley. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services, such as seasonal flu vaccinations and a minor ailment service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.6	Standard not met	Pharmacy records do not always include all of the required information and are sometimes inaccurate.
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 not all met**

Summary findings

Members of the pharmacy team follow written procedures to help them work safely and effectively. But they do not always keep pharmacy records up-to-date or record all of the information that is needed by law. So the records do not always show whether services have been provided appropriately. And they do not always record and review things that go wrong. So some learning opportunities might be missed.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had an intended review date of January 2019, but there was no indication that a review had been completed. This meant some of the procedures may not be up to date. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

A paper log was available to record near miss incidents. But few incidents had been recorded, with the last record made in August 2021. Members of the pharmacy team said the pharmacist would highlight and discuss mistakes at the time they were identified. But as not all errors had been recorded, some learning opportunities may be missed. Dispensing errors were recorded on a standard template and submitted to the National Reporting and Learning System. Details of the possible reasons behind the error were recorded, but it was not clear what action had been taken to help prevent a similar mistake from happening again.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser was able to explain what her responsibilities were, and she understood which tasks could or could not be conducted during the absence of a pharmacist. The pharmacy had a complaints procedure. Any complaints were recorded to be followed up by the superintendent pharmacist (SP). A current certificate of professional indemnity insurance was seen.

Controlled drugs (CDs) registers were maintained with running balances recorded. Three random balances were checked, but they did not match the balances that had been recorded. No records of patient returned CDs were available and the pharmacy team did not know whether any records had been made. The responsible pharmacist (RP) record was incomplete, with no RP being recorded on 17 days in the past 4 months. And the RP notice displayed identified a different pharmacist than the one on duty. Records for private prescriptions appeared to be in order.

Information governance (IG) procedures were available. Members of the pharmacy team said they had completed IG training. When questioned, a trainee dispenser was able to describe how confidential information was destroyed using the on-site shredder.

Safeguarding procedures were included in the SOPs. The locum pharmacist said he had completed level 2 safeguarding training. But staff were unsure where to locate the contact details for the local safeguarding board, which may cause delays if a concern needed to be raised. A trainee dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team occasionally complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist – who was also the SP, and four dispensers – two of whom were in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and two to three dispensers. A locum pharmacist would work on a Monday, Tuesday and Wednesday. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team completed some additional training. For example, a trainee dispenser said she had completed a PSNC training module she had received by email. Training certificates were kept showing what training had been completed. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The locum pharmacist said he felt able to exercise his professional judgement, and this was respected by the SP. The trainee dispenser said she received a good level of support from the pharmacist and SP.

The staff held a weekly meeting about issues that had arisen, including when there were errors or complaints. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SP. There were no performance targets set by the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was generally clean and tidy. The size of the dispensary was sufficient for the workload. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

Perspex screens had been installed at the medicines counter to help prevent the spread of infection. Markings were used on the floor to help encourage social distancing. Staff were wearing masks and hand sanitiser was available.

A consultation room was available with access restricted by use of a lock and it was clean in appearance. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always check to confirm that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Window advertisement provided information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed. But there were no leaflets available to promote healthcare related services or public health campaigns, which may be a missed opportunity.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to record whether deliveries had been success or returned to the pharmacy.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Prescriptions awaiting collection which contained schedule 4 CDs were not routinely highlighted to remind staff to check prescription validity at the time of supply. So there may be a risk members of the team could hand out medicines after the prescription had expired. There were also no examples of high-risk medicines (such as warfarin, lithium and methotrexate) highlighted so that patients could be counselled about their medicines. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. The pharmacist said he would speak to patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were received electronically. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-month basis. A date checking matrix was available but had not been signed by staff since May 2021. Members of the team said the stock was checked during quiet times at the weekend, but the matrix had not been signed. A spot check did not find out of date medicines. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinets, with segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was generally being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. But there were no records to show what action the pharmacy had taken upon receipt.

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

The staff had access to the internet for general information. This included access to the 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. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets. Equipment appeared to be 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 the staff 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.