

# Registered pharmacy inspection report

**Pharmacy Name:** 24-7 Pharmacy, 15 Stuart Road, Waterloo,  
Liverpool, Merseyside, L22 4QR

**Pharmacy reference:** 9012160

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 20/03/2024

## Pharmacy context

This is a community pharmacy located in a residential area of Crosby, in Merseyside. The pharmacy is not able to provide face-to-face NHS dispensing services. So, people collect their medicines from an external collection point, or have their medicines delivered. The pharmacy provides some face-to-face pharmacy services such as seasonal flu and COVID-19 vaccinations. It also supplies medicines in multi-compartment compliance packs 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy team follows written procedures, and this helps them to provide services in a safe and effective manner. The pharmacy records mistakes that are made by its team members. And it keeps the records it needs to by law. Members of the team understand the need to keep private information safe.

### Inspector's evidence

The pharmacy had written standard operating procedures (SOPs), and these had been recently issued by the superintendent pharmacist (SI). Members of the pharmacy team had signed them to say they had read and accepted the SOPs.

Electronic software was used to record any dispensing errors or near miss incidents. The software allowed the team to record mistakes and investigate them to identify any learning points. No records had been made and the team explained this was likely due to the low volume of dispensing they carried out, and the accuracy checking software which was built into their patient medication records (PMR) system.

The roles and responsibilities of team members were described in individual SOPs. A trainee dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display in the dispensary. The pharmacy had a complaints procedure which was available on the pharmacy's website. Any complaints were recorded and followed up. A current certificate of professional indemnity insurance was seen.

Records for the RP appeared to be in order. Electronic controlled drugs (CDs) registers were maintained. Running balances of CDs were recorded and checked frequently. A random balance was checked and found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) procedure was available. Members of the team had read the procedure and signed a confidentiality agreement. When questioned, the trainee dispenser was able to correctly describe how confidential information was separated and destroyed using the on-site shredder. Details about how the pharmacy handled and stored people's information was available on the pharmacy's website. Safeguarding procedures were included in the SOPs. All members of the team had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display in the dispensary. The trainee dispenser said they would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough team members to manage the workload safely and they are appropriately trained for the jobs they do. Members of the pharmacy team complete additional learning to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included a pharmacist manager, and a trainee dispenser who was on an accredited training program. The volume of work appeared to be manageable. Absences were covered by relief dispensers from nearby branches within the same company.

The trainee dispenser was completing their level 2 pharmacy dispensing assistant course. They had also completed some additional training, for example they had recently completed a training pack about the NHS Pharmacy First service. Training records were kept showing what training had been completed. When questioned, the trainee dispenser was able to describe the types of queries she would answer by telephone. And refer any medical or clinical queries to the pharmacist. The locum pharmacist felt able to exercise her professional judgement, and this was respected by members of the team and the pharmacist manager.

The trainee dispenser explained she received a good level of support from the pharmacist and felt able to ask for further help if she felt she needed it. An appraisal programme was in place and feedback was routinely discussed with the pharmacy team. Team members routinely discussed their ongoing work, including any queries which had arisen. The trainee dispenser was aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the superintendent pharmacist. There were no professional based targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

### Inspector's evidence

The pharmacy was located in a retail unit which had a counter and consultation room. However, NHS dispensing services were located in a room which was not open or available to members of the public. It was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled by the use of air conditioning units and lighting was sufficient. Team members had access to a kitchenette and WC facilities.

The consultation room was used to provide some face-to-face services, including vaccinations. It was clutter free with a desk, seating, adequate lighting, and a wash basin.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

### Inspector's evidence

Information about the pharmacy's services were available on its website. This included details about the services provided, opening hours and how to contact the pharmacy.

The pharmacy used a PMR system which had built-in accuracy checking software. Prescriptions were organised into different 'workflows' on the PMR system and assigned to different roles within the pharmacy team. The first workflow was for a pharmacist to perform the clinical check of each prescription upon receipt of a prescription. The prescription was then released to the dispensing team, who would pick the stock and scan each box of medication using the PMR system. If the medication matched the prescription, a dispensing label would print, and the dispenser would affix this to the box. If it did not match the dispenser had to amend the product or request assistance from the pharmacist. The pharmacist did not perform a further accuracy check unless the medicine fell within an exception category. For example, a CD, a split pack, or a medicine which required refrigeration. The PMR system kept an audit trail of who carried out each stage of the process.

During the clinical check, the pharmacist would telephone the patient to provide counselling about their medicines if necessary. This included people who were taking higher-risk medicines (such as warfarin, lithium, and methotrexate). But records of the counselling or any advice provided were not routinely kept. Which would help the team in providing people with continuity of care. The pharmacy team were aware of the risks associated with the use of valproate containing medicines during pregnancy and the need to supply it in its original packaging. The pharmacist would counsel patients who met the risk criteria, but the pharmacy did not currently have any patients who it applied to. Educational material was available to supply to people being supplied with these the medicines.

Some medicines were dispensed in multi-compartment compliance packs. Members of the pharmacy team asked questions before a person was started on a compliance pack to help assess whether it would be suitable. But records of this assessment were not kept which would be useful in the event of a query or a concern. A record sheet was kept for each patient, containing details about their current medication. Any changes to medicines were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought. Compliance packs were suitably labelled. But they did not always contain descriptions of what the medicines looked like, and patient information leaflets (PILs) were not routinely supplied. So, people may not always have important information about their medicines. Members of the team indicated they would begin to include these details in future compliance packs.

Dispensed medicines were supplied to patients using the pharmacy's own delivery service, and records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers. The expiry date of dispensary medicines was checked each month. And a record was kept of what had been checked. Short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge equipped with a thermometer. The minimum and maximum temperature was being recorded daily for the last three months and found to be within the required range. Patient returned medication was disposed of in designated bins. Drug alerts were received electronically. Details about the action taken, by whom and when was recorded on the computer.

## 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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures. But these did not appear to be standardised measures, which would be an expected for a healthcare setting. The team were arranging to replace these with standardised measures. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean.

Computers were password protected. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

### 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.