

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, 666-718 Fishponds Road,
Fishponds, BRISTOL, Avon, BS16 3US

Pharmacy reference: 1028633

Type of pharmacy: Community

Date of inspection: 14/08/2019

Pharmacy context

This is a community pharmacy situated in a supermarket in the north east suburbs of the city of Bristol. A wide variety of people use the pharmacy. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy also also supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.1	Good practice	The working areas of the pharmacy are small but the team members manage this risk well. They are good at reducing the risk of mistakes with multi-compartment compliance aids.
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	4.2	Good practice	The pharmacy team manage the compliance aid services well. They also make sure that people have the information that they need to use their medicines safely and effectively. The team members intervene if they are worried that people may not be using their medicines as prescribed by their doctors.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The working area are small but the team members manage this risk well. They are good at reducing the risk of mistakes with multi-compartment compliance aids. The pharmacy is appropriately insured to protect people if things go wrong. It keeps the up-to-date records it must by law. The team keep people's private information safe and they know how to protect vulnerable people.

Inspector's evidence

The pharmacy team identified and managed risks. There had been no dispensing errors at the pharmacy for some time. But, any errors or incidents would be thoroughly investigated and a root cause analysis done. Near misses were recorded but more information would allow for more useful analysis. General trends were identified. The information was analysed each month using the electronic tool on PharmOutcomes. In July 2019, there had been several strength errors. It was recorded that a possible contributory factor was that the pharmacy had recently been short-staffed. The team were reminded to use the 'HELP' mnemonic (how much, expiry, label and product), which was displayed on the computer terminals, to reduce the likelihood of errors.

The dispensary appeared spacious but the actual bench space was limited. However, the staff managed this space well. There were clear labelling, assembly, waiting to be checked and checking areas. There was also a small bench dedicated to the assembly of multi-compartment compliance aids. A shelf above the checking area was used for prescriptions that were waiting to be checked. Because of the small space, some of these were stored on top of one another. The pharmacist was aware of this risk, and so, to mitigate this risk, he only placed one basket at a time in the checking area.

The pharmacy had good procedures to reduce the risk of errors with compliance aids. The prescriptions were initially clinically checked by the pharmacist. The stock was then picked and this was checked against the prescriptions prior to assembly, including a check of the quantities picked. The compliance aids were then assembled during quiet periods. The person doing this was not interrupted. The compliance aids were then finally accuracy checked by the pharmacist, early in the morning, when he was less likely to be interrupted.

Coloured baskets were used and distinguished the prescriptions that were for patients who were waiting, those who were calling back and those electronically transferred prescriptions. There was a clear audit trail of the dispensing process and all the 'dispensed by' and 'checked by' boxes on the labels examined had been initialled.

Up-to-date, signed and relevant standard operating procedures (SOPs), including SOPs for services provided under patient group directions were in place and these were reviewed every two years or sooner, if necessary, by the superintendent pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. There was no displayed sales protocol but the medicine counter assistant trainee reported that she would refer anything that she was uncertain of to the pharmacist. She was seen to refer a potential sale of Voltarol Gel to him. All the staff were aware of the NFA – VPS (non-food animal – veterinarian, pharmacist, suitably qualified person) classification of veterinary medicines and any potential sales of these were referred to the pharmacist. The staff knew

that fluconazole capsules should not be sold to women over 60 for the treatment of vaginal thrush.

The staff were clear about the complaints procedure and reported that feedback on all concerns was actively encouraged. The pharmacy did an annual customer satisfaction survey. In the 2018 survey, 98% of customers who completed the questionnaire rated the pharmacy as excellent or very good overall. The only negative feedback, 1%, had been about the comfort and convenience of the waiting areas. The staff said that there had been no change to the seating area as a result of the survey.

Public liability and indemnity insurance provided by the National Pharmacy Association (NPA) and valid until 30 April 2020 was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records, fridge temperature records and date checking records were all in order.

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was shredded. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had completed e-Learning on the safeguarding of both children and vulnerable adults. The pharmacist had also completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And, the company provides locum help when necessary. The team are encouraged to keep their skills up to date and they do this in work time. But, it would be easier for them to complete this, if there was an additional computer for their use in the consultation room. Those team members who are in training are well supported by the manager. And, the whole team are comfortable about providing feedback to him.

Inspector's evidence

The pharmacy was in a supermarket and open for 75 hours each week. They dispensed approximately 7,500 NHS prescription items each month with the majority of these being repeats. 65 patients in their own homes received their medicines in multi-compartment compliance aids. Few private prescriptions were dispensed.

The current staffing profile was one full-time pharmacist, the manager, with part-time double cover on two days (14 hours) and cross-over cover also on two days each week (nine hours), one full-time NVQ3 qualified technician (not seen, on her day off), one part-time locum NVQ3 qualified technician (not seen), two full-time NVQ2 qualified dispensers, one part-time NVQ2 qualified dispenser and one full-time medicine counter assistant trainee. An accuracy checking technician (ACT) was currently on maternity leave, hence the use of a locum technician. The locum was not ACT accredited, so the pharmacist was currently checking all the compliance aids. In order to cope with this work, he checked the compliance aids first thing in the morning when it was quiet. A new member of staff, a qualified NVQ2 dispenser was due to start work at the pharmacy the week following the visit.

The staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix. The pharmacy used the 'Venlock' system, well in advance, to identify any gaps in pharmacist cover and locum pharmacists were engaged to fill these.

The staff were well qualified and clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal where any learning needs could be identified. Review dates would be set to achieve this.

The staff were encouraged with learning and development and completed 'MyMorri' e-Learning, such as recently on the new data protection regulations and the Falsified Medicines Directive (FMD). The staff reported that they spent about 30 minutes each month of protected time learning. However, they said that they usually had to complete this when the pharmacist was at lunch because there was no computer in the consultation room for them to use. They had to use one of the dispensary computers and this was not possible when they were busy dispensing prescriptions. The staff enrolled on accredited courses, such as the MCA course, were allocated further time for learning, usually during quiet periods. The MCA trainee said that she was well supported by the pharmacist with her course. All the dispensary staff reported that they were supported to learn from errors. The pharmacist said that all learning was documented on his continuing professional development (CPD) record.

The staff seen said that they felt able to raise any issues with their manager. The manager said that it

was difficult to arrange formal staff meetings because of the extended hours that the pharmacy was open and consequently, the work shifts. The team did however meet regularly out of work.

The pharmacist reported that he was set overall targets, such as 400 annual Medicines Use Reviews (MURs). He said that he only did clinically appropriate reviews and did not feel unduly pressured by the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional. The work areas are small but tidy and organised. There is good signposting to the consultation room so it is clear that there is somewhere private to talk. The general medicine aisle is not close pharmacy. So, people selecting 'general sales list' medicines may not seek the advice of the pharmacy team and so may be missing out on valuable information.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. The dispensing space was limited but well utilised and the benches were uncluttered and the floors were clear. The shelf used for prescriptions that were waiting to be checked did have some baskets stored on top of one another. The pharmacist was aware of this risk. The premises were clean and well maintained. But, all the chairs were covered in fabric and some of these needed cleaning.

The consultation room was spacious and well signposted. It contained a contained a sink but no computer. Conversations in the consultation room could not be overheard. The computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout. The general medicines aisle was located some distance from the pharmacy. This did not encourage people selecting 'general sales medicines' to seek the advice of the pharmacy team.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a good range of services and all people can access them. The services are effectively managed to make sure that they are provided safely. The team manage the compliance aid services well. They also make sure that people have the information that they need to use their medicines safely and effectively. The team members intervene if they are worried that people may not be using their medicines as prescribed by their doctors. The pharmacy obtains its medicines from appropriate sources. The medicines are stored and disposed of safely. The team makes sure that people only get medicines or devices that are safe.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room with automatic opening front door to the supermarket. There was access to Google translate on the pharmacy computers but there was no computer on the till or in the consultation room making use by non-English speaking customers, difficult. The staff spoke Chinese, Urdu and Punjabi. The pharmacy could print large labels for sight-impaired patients. A hearing loop was available for people with hearing impairment.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), the New Medicine Service (NMS), palliative care scheme, smoking cessation (nicotine replacement, two trained advisors), supervised consumption substance misuse treatments (25 clients), emergency supplies (recorded on PharmOutcomes) and seasonal flu vaccinations. The latter was also provided under a private scheme. The services were well displayed and the staff were aware of the services offered.

The pharmacist had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. Two team members had completed the necessary training for the smoking cessation service. One of them was usually on duty to provide this service. 25 substance misuse patients had their medicines supervised. These medicines were assembled first thing in the morning when it was quiet. Any concerns about these patients were recorded on their prescription medication records. The pharmacy did not have the contact telephone numbers of the client's key workers. The pharmacy was open when the office of the substance misuse provider was closed. The pharmacist said that he would get these numbers. Supervision took place in the consultation room and the pharmacist engaged the clients in conversation to reduce the likelihood of diversion. Because of the relatively large numbers of substance misuse clients, the register for one (sugar-free) CD was re-balanced every day to reduce the likelihood of discrepancies and to identify any potential issues.

65 patients living in their own homes received their medicines in multi-compartment compliance aids. The compliance aids were assembled on a four week rolling basis and evenly distributed throughout the week to manage the workload. Good procedures were in place for the assembly of these (see under principle 1). There were dedicated folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. There was a clear, concise audit trail of changes or other issues which were referred to at the checking stage. This gave the checking pharmacist a clear clinical history of the patient. The assembled compliance aids were stored tidily. All of these were collected. The pharmacy did not deliver any medicines.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Interventions were seen to be recorded on the patient's prescription medication record. 'See the pharmacist' stickers were used for patients who should be counselled. The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were recorded. He also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out. All the staff were aware of the new sodium valproate guidance but the pharmacy currently had no patients in the at-risk group prescribed this. The guidance leaflets and cards were available.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Owing slips were used for any items owed to patients. Potential non-adherence or other issues were identified at labelling, ordering and counselling. Any patients giving rise to concerns were targeted for counselling. The pharmacist reported that he frequently identified during MURs that patients did not know what they were taking their medicines for. He gave them advice about this and also encouraged them to read the patient information leaflets (PILs).

Medicines and medical devices were obtained from AAH and Alliance Healthcare. Specials were obtained from Quantum Specials. Invoices for all these suppliers were available. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were no patient-returned or out-of-date CDs. Appropriate destruction kits were on the premises. The staff had received training on the Falsified Medicines Directive. They had an appropriate scanner but were currently not using it. Fridge lines were correctly stored with signed records. Date checking procedures were in place with signatures recording who had undertaken the task. Bins were available for waste medicines and used. There was a list of cytotoxic and cytostatic substances that should be treated as hazardous for waste purposes. There was no dedicated bin for these but the staff said that they would separate any such substances prior to collection for appropriate disposal.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts received electronically, printed off and the stock checked. Any actions were recorded electronically with the details of the person who checked the alert. The pharmacy had received an alert on 30 July 2019 about aripiprazole 1mg/ml liquid. The pharmacy had none in stock and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy largely has the appropriate equipment and facilities for the services it provides. But, a computer in the consultation room would make it easier for the pharmacist to do medicine reviews and also easier for the rest of the team to do their electronic learning modules.

Inspector's evidence

The pharmacy used several British Standard crown-stamped conical measures (10ml to 100ml). There were three tablet-counting triangles, one of which was kept specifically for cytotoxic substances and one capsule counter. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 77 and the 2018/2019 Children's BNF. There was access to the internet.

The fridges were in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential information was shredded. The door was always closed when the consultation room was in use and no conversations could be overheard. There was no computer in the consultation room for use by the staff for e-Learning, or, by the pharmacist during MURs.

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.