

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, Greatfield Park, Caermaron Road, Up Hatherley, CHELTENHAM, Gloucestershire, GL51 3BW

Pharmacy reference: 1031508

Type of pharmacy: Community

Date of inspection: 11/06/2021

Pharmacy context

This is a community pharmacy in a supermarket on the outskirts of the town of Cheltenham. A wide variety of people visit the pharmacy. The pharmacy is open for extended hours and every day. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The inspection was carried out during the COVID-19 pandemic.

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's working practices are generally safe and effective. It is appropriately insured to protect people if things go wrong. The pharmacy keeps the required up-to-date records. The team members keep people's private information safe and they know how to protect vulnerable people. But they could learn more from mistakes to prevent them from happening again.

Inspector's evidence

This inspection took place during the COVID-19 pandemic. The pharmacy team members identified and managed most of the risks associated with providing its services. They had put several changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus (see further under principle 5). The pharmacy had updated some of its standard operating procedures (SOPs) as a result of the COVID-19 pandemic. All the team members had read and signed these SOPs. The other SOPs were up to date and appropriate for the business. The pharmacy had updated its business continuity plan to accommodate any potential issues as a result of the NHS 'test and trace' scheme. It would liaise with a nearby, independently owned pharmacy to ensure that there was no disruption in the supply of medicines to its patients if it had to close.

The pharmacy manager had conducted a risk assessment of the premises and occupational risk assessments of all the staff. The occupational risk assessment included any potentially vulnerable people in their households. The team members knew that they needed to report any COVID-19 positive test results. They had mainly received both doses of a COVID-19 vaccine and they performed COVID-19 lateral flow tests twice each week.

The pharmacy team members recorded near miss mistakes, that is, mistakes that were detected before they had left the premises. However, they did not document learning points or actions to prevent any future recurrences. The team reviewed and discussed the near miss log every month. Most of the recent near miss mistakes were strength errors. A recent error where the incorrect medicine left the pharmacy was also a strength error. The pharmacy team had not put any specific actions in place to reduce these mistakes. It did however highlight different forms of medicine such as ramipril tablets on prescriptions to reduce the likelihood of mistakes with these. Three independent people were involved in the dispensing process to reduce the likelihood of mistakes.

The dispensary was relatively spacious and mainly tidy and organised. The dispensers placed the prescriptions and their accompanying medicines into baskets to reduce the risk of errors. There were dedicated working areas, including a narrow central checking bench. But, some baskets on this bench were placed on top of one another which increased the likelihood of mistakes. There was a small separate area for the assembly of multi-compartment compliance packs. The whole space of a large bench was taken up with many baskets which were waiting for items that were owed to people.

The staff knew their roles and responsibilities. A medicine counter assistant (MCA) would refer any medicine sale requests that she was uncertain of, to the pharmacist. A NVQ2 trainee dispenser would refer any medicine sale requests for children under two, anyone with potential eye infections or women over 60 requesting Canesten. All the pharmacy team knew that codeine-containing medicines should

only be sold for three days use.

The pharmacy team members were clear about their complaints procedure. They had not received any complaints since the outbreak of the pandemic. All the recent feedback from people using the pharmacy had been positive. They were grateful for the hard work and dedication of the pharmacy team in the recent difficult circumstances.

The pharmacy had current public liability and indemnity insurance provided by the National Pharmacy Association (NPA). It kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. The pharmacy also had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

The staff understood the importance of keeping people's private information safe. They stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The pharmacy team members shredded all confidential wastepaper. The pharmacy offered some face-to-face services. These were done in the consultation room. People could not be overheard or seen in the consultation rooms.

The pharmacy team understood safeguarding issues. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults. It was registered under the national initiative for victims of domestic violence, 'Ask for ANI' (Action Needed Immediately). The pharmacy displayed a poster about the initiative and the staff had received the appropriate training. The team would also provide any help and support to anyone suffering with mental health issues as a result of the pandemic.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the company provides additional help when staff are ill or on holiday. The pharmacy team members are encouraged to keep their skills and knowledge up to date. The pharmacy uses a skills matrix to make sure the team members know how to do all tasks. And, they are kept informed about changes in advice regarding COVID-19.

Inspector's evidence

The pharmacy was located in a supermarket on the outskirts of the town of Cheltenham. It mainly dispensed electronically transferred NHS prescriptions. A few domiciliary patients received their medicines in multi-compartment compliance aids. The current staffing profile was two pharmacists on weekdays, one at the weekend, one full-time NVQ3 trainee technician, one full-time NVQ2 trained dispenser, two full-time NVQ2 trainee dispensers, five part-time medicine counter assistants (MCAs) and one full-time MCA trainee. The pharmacy had procedures to accommodate both planned and unplanned staff absences. A locum dispenser was working on the day of the inspection to cover someone who was on leave. The staff were also flexible and covered holidays or sickness.

The staff worked well together as a team. There was a skills matrix to ensure that no one became de-skilled and everyone was trained on all tasks. The team usually had an annual performance appraisal but, due to the pandemic, these were behind schedule. And the process was due to change soon. The team did not have formal staff meetings but they felt supported by their immediate manager and by the higher management and felt able to raise any issues.

The team members completed regular on-going e-learning, such as recently on summer health. The team members spent at least 30 minutes a month, in worktime, on learning. A NVQ2 trainee dispenser was supported with her learning but mainly completed this at home. The pharmacist recorded any learning on her continuing professional development (CPD) records. The company sent updates regarding the COVID-19 pandemic. It also set targets for the New Medicine Service (NMS). Whilst these were largely outside the control of the team members, the pharmacy easily achieved the targets and did not feel pressurised by them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean and generally tidy. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus. The pharmacy signposts its consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The premises presented a professional image. It was generally tidy and organised. There were dedicated work areas but some baskets were stored on top of one another on the narrow checking bench. This increased the risk of errors. And one large bench was used for baskets where items were owed to people.

The premises was clean. As a result of COVID, the pharmacy was cleaned every day. Frequent touch points were cleaned throughout the day. The pharmacy team members used alcohol gel after each interaction with people. They washed their hands regularly throughout the day.

The pharmacy had a signposted consultation room. The room had a sink and a computer. People could not be seen or overheard in the consultation room. The staff cleaned the consultation room thoroughly after each use to reduce the spread of COVID-19.

The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius and it was well lit.

Principle 4 - Services ✓ Standards met

Summary findings

Everyone can access the services the pharmacy offers. It manages its services effectively to make sure that they are delivered safely. The pharmacy team members make sure that people have the information they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources and stores them safely. The team members make sure that people only get medicines that are safe.

Inspector's evidence

Everyone could access the pharmacy and the consultation room. The team members had access to an electronic translation application for any non-English speakers. The pharmacy could print large labels for sight-impaired patients. The pharmacy offered several services in addition to the essential NHS services: the New Medicine Service (NMS), the Discharge Medicine Service, emergency hormonal contraception (EHC), the Community Pharmacy Consultation Service (CPCS), the Gloucestershire Urgent Repeat Medicine Service (URMS) and seasonal flu vaccinations. The pharmacy also supplied boxes of COVID-19 lateral flow tests under the current NHS initiative. It supplied about 50 boxes each week to people.

The staff were aware of the services the pharmacy 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. She had also completed suitable training for the provision of the EHC service, DMS and CPCS. The pharmacy had received some referrals under the newly rolled-out General Practitioner (GP) CPCS scheme. It also received referrals from 111. It had received a few DMS referrals from the local acute hospital.

The pharmacy had no substance-misuse clients who had their medicines supervised. It also did not deliver medicines to people. But, due to the pandemic, the team members took medicines to vulnerable or shielding people who were parked in the supermarket carpark.

The dispensary team members assembled medicines into multi-compartment compliance packs for some domiciliary people. The compliance packs were assembled in a small separate area on a four-week rolling basis and evenly distributed throughout the week to manage the workload. The staff recorded any changes and so the pharmacist had a clear clinical history of the patient at the final checking stage. The changes were also recorded electronically on the patients prescription medication record.

There was a good audit trail for all items dispensed by the pharmacy. The pharmacist counselled most walk-in patients. She gave advice to those prescribed high-risk items, antibiotics, new items, oral steroids, anti-coagulants and complex doses. The staff were aware of the sodium valproate guidance relating to the pregnancy protection program. The pharmacy currently had no 'at risk' patients. All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. The pharmacy used 'see the pharmacist' stickers for anyone needing counselling, such as one seen for phenoxymethylpenicillin.

The pharmacy obtained its medicines and medical devices from AAH and Alliance Healthcare. Its controlled drugs (CDs) were stored tidily in accordance with the regulations and staff access to the cabinet was appropriate. The pharmacy had no patient-returned CDs or out-of-date CDs. It had appropriate CD destruction kits in stock. A team member called people prescribed a CD to ensure that they came to collect their medicines before the prescription expired. The staff checked the dates of all the stock in the pharmacy. And they completed records showing it had been done. The pharmacy used designated bins for medicine waste. And it separated any cytotoxic and cytostatic waste substances.

The pharmacy team members dealt with any concerns about medicines and medical devices. They received drug alerts electronically, printed them off and checked the stock. A folder was used to store the alerts. The team member who checked the medicines signed and dated the alert and included any required actions. The pharmacy had received an alert on 20 May 2021 about carbimazole 10mg. It had none of the affected batches in stock and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has taken action to reduce the spread of coronavirus with changes to its flow of people and the use of protective screens and equipment. It has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose.

Inspector's evidence

As a result of the pandemic, the pharmacy had placed foot marks on the floor, two metres apart, indicating where people should stand. Robust glass screens had been erected across the medicine counter to reduce the likelihood of transmission of COVID-19. Most of the staff were wearing Type 2R fluid resistant face masks.

The pharmacy used British Standard crown-stamped conical measures (10 - 500ml). It had tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 80 and the 2020/2021 Children's BNF. The pharmacy team could access to the internet.

The fridge was 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. The staff shredded all confidential waste information. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.