

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, 16 Walpole Road, GOSPORT, Hampshire, PO12 1NQ

Pharmacy reference: 1031742

Type of pharmacy: Community

Date of inspection: 24/08/2022

Pharmacy context

This is a pharmacy located inside a supermarket in Gosport. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and they provide the flu vaccines. The pharmacy provides a local delivery service.

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 has suitable procedures to identify and manage risks. It has written procedures in place to help ensure that its team members work safely. And it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it understands its role in protecting the safety of vulnerable people. But its team members don't include enough detail in the records they keep of their near misses.

Inspector's evidence

A near miss log was available in the dispensary and was seen to be used regularly by the team. The locum pharmacist explained that the near misses were discussed with each team member and then recorded in the near miss log. However, the near miss log did not contain enough detailed information about the incidents to allow for an in-depth analysis of the mistakes. The pharmacy team submitted the near misses at the end of each month to the area manager. The dispenser described instances where they had identified medicines which had similar packaging or similar sounding names and then informed the whole team and highlighted the medicines in the drawers. There was a workflow in the pharmacy where labelling, dispensing, checking and the preparation of multi-compartment compliance aids were all carried out at different areas of the pharmacy.

Standard Operating Procedures (SOPs) were in place for the dispensing tasks and had recently been updated by the superintendent's office. The team members were in the process of re-reading the new SOPs and signing them. SOPs were reviewed regularly by the superintendent to ensure they were up to date and relevant. Staff roles and responsibilities were described in the SOPs. There was a complaints procedure in place within the SOPs and staff were clear on the processes they should follow if they received a complaint. The company's complaints procedure was detailed in the practice leaflet and included the contact details for the Patient Advice and Liaison Service (PALS). A certificate of valid public liability and professional indemnity insurance was available.

The Controlled Drug (CD) balance check was carried out every week and records of this were complete. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy. The maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range. The private prescription records, emergency supply and Community Pharmacy Consultation Service (CPCS) records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to people. Confidential information was stored away from people and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential wastepaper was shredded regularly. The locum pharmacist and the accredited checking technician (ACT) had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module as part of their pharmacy training. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy and could access the contact details for the local safeguarding authorities if and when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy adequately trains its team members for the tasks they carry out. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with providing feedback to one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one regular locum pharmacist and two dispensers, one of whom was completing the NPA NVQ Level 2 dispensing course. Certificates of completed training were on display in the dispensary. The staff were seen to be working well together and supporting one another.

The pharmacist explained that staff had meetings on an ad-hoc basis to discuss anything which could be learned from incidents or highlight any safety concerns. Staff explained that they completed training regularly set by the company and that they would check their email every day to ensure that any messages from the company's head office were passed on.

Staff reported that they felt comfortable raising anything with the pharmacist or each other and that they were supported in doing so. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable for the provision of healthcare services. The pharmacy has made some sensible adjustments to help keep people safe from airborne viruses. It also protects the privacy of people receiving its services and prevents unauthorised access to its premises when it is closed. So it keeps its stock and people's information safe.

Inspector's evidence

The pharmacy was located in a busy supermarket in Gosport. The pharmacy had a small retail area, medicines counter, consultation room and large dispensary. The pharmacy looked professional and was clearly defined from the rest of the supermarket. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. There was enough space for the staff to socially distance if required.

The pharmacy was clean, professional in appearance and tidy. Team members explained that they cleaned the pharmacy between themselves every day and they had also increased the frequency of cleaning since the COVID-19 outbreak and cleaned touch points more regularly. The shelves were clean, and the dispenser explained that they clean the shelves when they put stock away.

The consultation room was set away from the pharmacy and was locked when not in use. Conversations in the consultation room could not be overheard and the consultation room included seating, a table and computer, sharps bins and lockable storage cupboards. The ambient temperature was suitable for the storage of medicines and lighting throughout the pharmacy was appropriate for the delivery of services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. It displays information on its website so people with different needs can access the pharmacy's services. It obtains its medicines from reputable sources. And it stores and manages them so it can be sure they are fit for purpose and safe to supply. Members of the pharmacy team make sure people have all the information they need to use their medicines in the right way. And they know what to do if any medicines or devices need to be returned to the suppliers.

Inspector's evidence

Pharmacy services were detailed in posters and leaflets around the pharmacy. There was a range of leaflets available for people to read about health promotion in the retail area of the pharmacy and in the consultation room. There was an interesting health promotion area with eye catching promotional materials. The current materials included information about safety in the sun. There was a step-free access into the supermarket and the team offered a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should anyone require it when waiting for services. Alcohol hand gel was available for use in the pharmacy which the team were observed using.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The team explained that they use valproate information cards and leaflets every time they dispense valproates. The dispenser demonstrated how the team would place the dispensing label away from the warning card on the valproate packs. The pharmacy also had warning cards for other high-risk medicines which the team members explained they used regularly.

The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. Every month, the team supplied each patient with the relevant Patient Information Leaflets.

The pharmacy obtained medicinal stock from licensed suppliers and invoices were seen to verify this. Date checking was completed regularly, and the team marked items due to expire. There were denaturing kits available for the destruction of controlled drugs. Dedicated bins for the disposal of waste medicines were also available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team via the superintendent's office, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to store its medicines securely at the right temperature.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available as well as pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations inside the consultation could not be overheard. Electrical equipment appeared to be in good working order and was PAT tested annually and the fridge could be locked and was kept in the correct temperature range.

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. |