

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, Park Road/Aughton Street,
ORMSKIRK, Lancashire, L39 3RB

Pharmacy reference: 1033793

Type of pharmacy: Community

Date of inspection: 05/07/2023

Pharmacy context

This is a community pharmacy situated inside a supermarket. It is located in the town centre of Ormskirk, in Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take their 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
1. Governance	Standards met	1.2	Good practice	Members of the team record things that go wrong and complete a monthly patient safety review. This helps to identify learning and reduce the chances of similar mistakes happening again.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team complete regular training to help them keep their knowledge up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	Additional checks are carried out by members of the team when higher-risk medicines are supplied to ensure they are being used appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures and the pharmacist regularly checks that the team are following them. This helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team record things that go wrong and complete a monthly patient safety review. And they take action to avoid similar mistakes happening again. They keep the records required by law. And they complete training so that they know how to keep private information safe.

Inspector's evidence

There was a set of standard operating procedures (SOPs). Members of the pharmacy team had signed to say they had read and accepted the SOPs. An audit was conducted by the store manager each month to check compliance against the company's procedures. A previous audit from March 2023 was reviewed, in which the pharmacist had identified a shortcoming due to the longstanding presence of out-of-date controlled drug (CD) stock. The CD stock was then appropriately destroyed.

The pharmacy had systems in place to identify and manage risk, including records of dispensing errors and their learning outcomes. Near miss incidents were recorded on a paper log. The pharmacist reviewed the records at the end of the month as part of a patient safety review. And they discussed any learning points with members of the team and took action to manage risks they identified. For example, the team was asked to make sure that the dispensing benches were kept clear, to help reduce the risk of mixing medicines up whilst dispensing. The team had also highlighted medicines with different pack sizes, such as apixaban which was available in 7, 28 or 56 tablet boxes, to help prevent picking errors.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A pharmacy technician 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 responsible pharmacist (RP) had their notice on display. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. A current certificate of professional indemnity insurance was available.

Records for the RP and private prescriptions appeared to be in order. Controlled drugs (CDs) registers were maintained and running balances were recorded and checked weekly. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the pharmacy team had completed IG training and had signed confidentiality agreements. When questioned, the pharmacy technician was able to describe how confidential waste was destroyed using the on-site shredder. A notice was on display in the retail area to explain how the pharmacy handled people's information. Safeguarding procedures were included in the SOPs and all members of the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. The pharmacy technician said they 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 complete regular training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacists, one of whom was the pharmacy manager, a pharmacy technician, three dispensers, four medicines counter assistants (MCA), and a new starter. All members of the pharmacy team were appropriately trained or on accredited training programmes. The usual staffing arrangement was a pharmacist, one or two dispensers, and one MCA. The volume of work appeared to be manageable. Staffing levels were maintained by locum dispensers and a staggered holiday system.

The pharmacy provided the team with regular e-learning training packages. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing what training had been completed. Team members were allowed learning time to complete training.

A pharmacy technician gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said they felt able to exercise their professional judgement and this was respected by the pharmacy team. The pharmacy technician said they felt a good level of support from the pharmacist. Appraisals were conducted annually by the pharmacist manager. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. Targets were set for some of the professional services they provided, but the pharmacist did not feel under pressure to meet them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was generally clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. People were not able to view any confidential information. The temperature was controlled using air conditioning. Lighting was sufficient. The staff had access to a kettle, canteen, and WC facilities.

A consultation room was available and kept locked when not in use. The space was clutter free with a desk, computer, adequate lighting, and a wash basin. 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. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy provides services safely, and additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level via a supermarket and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Information was available in the in the retail area about the services offered and information was also available on the website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

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. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium, and methotrexate) were also highlighted to remind team members to refer people to the pharmacist. The pharmacist routinely provided counselling to people about their medicines, and details of this were recorded on their patient medication record (PMR). Members of the team were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when valproate was supplied. Team members confirmed that the pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid, a member of the team completed an assessment of their suitability. But this was not recorded, so the pharmacy could not demonstrate whether the assessments were appropriate. 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 information was sought, and previous records were retained for future reference. The compliance aids were labelled with descriptions so that patients could identify the individual medicines. 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 once every three months. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on so the team could

check it was still safe to use.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were 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. Drug alerts were received by email from the head office or MHRA. A record was kept of any action taken, by whom and when.

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 team 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. According to the stickers attached, electrical equipment had last been PAT tested in November 2022. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept 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 members of the team 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.