

Registered pharmacy inspection report

Pharmacy Name: Moreton Pharmacy, 205-207 Hoylake Road,
Moreton, WIRRAL, Merseyside, CH46 0SJ

Pharmacy reference: 1034777

Type of pharmacy: Community

Date of inspection: 30/01/2020

Pharmacy context

The pharmacy is situated amongst other retail shops in a residential area of Moreton, Wirral. The pharmacy premises are accessible for people, with adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids 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
1. Governance	Standards met	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
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 manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were recorded on incident report forms, which were sent to and reviewed by the superintendent (SI) pharmacist. Near miss incidents were discussed with the member of the pharmacy team at the time they occurred and were recorded in the near miss log. Near miss incidents and dispensing errors were reviewed by the pharmacist for trends and patterns, with the outcome of the review shared with the pharmacy team. Due to several near miss incidents with different strengths of citalopram medication, the stock had been separated on the dispensary shelves.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place and a practice leaflet was available in the retail area explaining the complaints process. The pharmacist said that she aimed to resolve complaints in the pharmacy at the time they arose. A customer satisfaction survey was carried out annually and the results of the last survey were displayed. A member of the pharmacy team explained that some people had provided negative feedback about the stock availability. She said the pharmacy had a good working relationship with the local GP practices and the GPs would change the medication prescribed when there were long-term manufacturing problems, and they were unable to obtain the medication from various wholesalers or other pharmacies.

Insurance arrangements were in place. And a current certificate of professional indemnity insurance was provided. The private prescription record, emergency supply record, unlicensed specials record and the CD register were in order. Records of CD running balances were kept and audited regularly. A balance check for a random CD was carried out. A discrepancy was identified with 28 capsules missing from the physical balance. This was found to be a recent prescription supplied that had not been written into the CD register and this was immediately entered by the pharmacist. Patient returned CDs were recorded and disposed of appropriately. The responsible pharmacist (RP) record was up-to-date but had the time the RP ceased their duty missing on some occasions.

Confidential waste was placed into a bag and collected by an authorised carrier. Confidential information was kept out of sight of patients and the public. An information governance policy was in place and all team members had read and signed confidentiality agreements. The computers were password protected, screens were positioned so that they were facing away from customers and assembled prescriptions awaiting collection were stored so that patient information was not visible. A privacy notice was displayed.

The pharmacist had completed level 2 safe guarding training and all team members had read the

safeguarding policy. There were no details of local safeguarding contacts present, which may make it more difficult for the team in the event of a concern arising.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are comfortable about providing information to the pharmacist and receive feedback on their own performance. But the lack of formal ongoing training could mean some of the team members skills and knowledge may not always be up to date.

Inspector's evidence

There was a pharmacist manager and two dispensers on duty. The dispensers had completed accredited training courses for their roles. The pharmacy team were busy providing pharmacy services. They appeared to work well together and manage the workload adequately.

Upon questioning, a member of the pharmacy team said the pharmacist was supportive and was more than happy to answer any questions they had. She explained that apart from reading updated SOPs, no ongoing training material was provided. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. Members of the pharmacy team had received an appraisal with a pharmacist in the last eighteen months. And they were also provided with information informally from the pharmacist.

A member of the pharmacy team covering the medicines counter was clear about her role. She knew what questions to ask when making a sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a person might be abusing medicines such as codeine linctus, which she would refer to the pharmacist for further advice and for the sale to be refused. The pharmacist explained that there were no formal targets for professional services provided, but there was an expectation for her to complete MURs and NMS.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. And It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team said that dispensary benches, sink and floors were cleaned regularly, but no record was kept. The temperature in the pharmacy was controlled by heating units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Pharmacy team facilities included a microwave, kettle, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. It sources medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. A mobile ramp was available for use up the single step at the entrance. There was a selection of healthcare leaflets. The pharmacy team were clear about what services were offered and where to signpost to services they did not provide. The opening hours were displayed near the entrance.

The work flow in the pharmacy was organised into separate areas, with a designated room for the multi-compartment compliance aid service, adequate dispensing bench space and a checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A member of the pharmacy team demonstrated that prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. She explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. Prescriptions containing schedule 3 or 4 CDs had the prescription highlighted, to act as a prompt for team members to check the date of the prescription when handing out. An example of this was present for a prescription awaiting collection for a schedule 3 CD.

A member of the pharmacy team explained that prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted prior to collection. The team was aware of the risks associated with the use of valproate during pregnancy. A pharmacist had carried out an audit of patients prescribed valproate and had identified one person who met the risk criteria. The pharmacy had patient information resources available to supply with valproate.

The pharmacy provided medicines in multi-compartment compliance aid packs to a number of people. A member of the pharmacy team provided a detailed explanation of how the service was managed. Details of any changes to medication were added to the computer patient medication record (PMR) and the printed list of medication for individual people was updated. Disposable equipment was used, and individual medicine descriptions were included. Patient information leaflets were not included with each supply. So, people may not be provided with the most up-to-date information about their treatment. The pharmacy produced medicine administration record (MAR) charts for the care home residents, which were cross checked for accuracy prior to being sent out with the medication.

The pharmacy provided a prescription collection and delivery service. People routinely signed for receipt of their prescription delivery, with a separate CD delivery record also kept. If a person was not at home when the delivery driver attempted to deliver their prescription, a note was left, and the

prescription medicines were returned to the pharmacy for safe keeping.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. Date checking was carried out approximately every three months and a record was kept. No out-of-date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean fridge used to store medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy had 2D barcode scanners but had no FMD software installed. Therefore, the pharmacy was not complying with legal requirements. Alerts and recalls were received via email from head office, NHS and MHRA. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. And It is used in a way that protects privacy.

Inspector's evidence

The pharmacy had copies of the up-to-date BNF and BNFc. The pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order and had been PAT tested in December 2016.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. The computer was password protected with the screen positioned so that it wasn't visible from the public areas of the pharmacy. A cordless telephone was used for private conversations with people.

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.