

# Registered pharmacy inspection report

**Pharmacy Name:** Morrisons Pharmacy, Queens Road, HASTINGS,  
East Sussex, TN34 1RN

**Pharmacy reference:** 1036234

**Type of pharmacy:** Community

**Date of inspection:** 21/08/2019

## Pharmacy context

This is a pharmacy in a large supermarket near the centre of a seaside town. It is closed for lunch on weekdays. It offers seasonal flu vaccinations and delivers medicines to some people in their own homes. It provides Medicines Use Reviews and New Medicine Service checks. And it supplies medication in multi-compartment compliance packs to some people who need help managing their medicines. People can ask to have their blood pressure checked.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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   |
|--|-----------------------|------------------------------|------------------|---|
| <b>1. Governance</b>                               | Standards met         | N/A                          | N/A              | N/A   |
| <b>2. Staff</b>                                    | Standards not all met | 2.2                          | Standard not met | Team members are not all undertaking the right accredited training for their roles. |
| <b>3. Premises</b>                                 | Standards met         | 3.1                          | Good practice    | The recent refit gives the pharmacy a professional and clinical appearance.         |
| <b>4. Services, including medicines management</b> | Standards met         | N/A                          | N/A              | N/A   |
| <b>5. Equipment and facilities</b>                 | Standards met         | N/A                          | N/A              | N/A   |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally identifies and manages the risks associated with its services. It records and reviews any mistakes that happen during the dispensing process. And this helps team members learn and make the services safer. The pharmacy clearly defines team member's roles and responsibilities. Team members protect people's personal information well. They know how to protect vulnerable people. The pharmacy asks for feedback from the people who use it. It keeps the records it needs to by law, to show that medicines are supplied safely and legally.

### Inspector's evidence

Near misses had been recorded in a log in the dispensary. The pharmacy technician said that although the log was used most of the time, some may not have been recorded. To help address this, she said she had spoken with the team members to remind them to fill the log in as any near misses occurred. Dispensing errors were recorded on the pharmacy computer with a copy of the information sent to head office. An error had occurred where a liquid had been dispensed and it contained a mixture of both the generic and branded versions. As a result of this, the two versions were now kept on separate shelves to help prevent a repetition. Dispensing incidents were reviewed monthly and the reviews were documented. A pattern of near misses had been identified when the pharmacy had been struggling with staffing levels. The technician said that they had managed to obtain more staffing hours to help address this. Another pattern identified was found to be caused by team members having to cover both the dispensary and the counter, and this had also been addressed by increasing the staffing hours.

A range of standard operating procedures (SOPs) was available, and team members had signed the ones relevant to their roles to indicate that they had read and understood them. The technician described how the team discussed new SOPs that arrived in, after which the team members read and signed them. A team member undertook a monthly audit on the pharmacy, and this included checking areas such as paperwork and record keeping. No issues had been found on the most recent audit. The technician was clear about her own role and responsibilities and described what she could and couldn't do if the pharmacist had not arrived for their shift. Team members' roles and responsibilities were defined in the SOPs.

The pharmacy undertook an annual survey of people who used the pharmacy and had recently sent the survey forms off for the latest one. The results from the survey prior to that were positive overall, with good ratings being given on the subject of the staff working in the pharmacy. Team members had read and signed the complaints procedure. They were not aware of any recent complaints from people who used the pharmacy. There was a sign in the public area to explain to people how they could provide feedback or make a complaint.

A current indemnity insurance certificate was displayed. The right responsible pharmacist (RP) notice was displayed, and the RP log had been completed correctly. Records examined for emergency supplies, private prescriptions and unlicensed specials complied with requirements. Entries had been made into the controlled drug (CD) registers correctly. The CD running balance was checked on a weekly basis. And a random check of a CD showed the balance matched the quantity in stock.

People's confidential information was not visible to the public. Confidential waste was disposed of with

a shredder. Team members completed annual information governance training and had signed confidentiality agreements. They said that they had completed training on the General Data Protection Regulation (GDPR), but the online training system could not be accessed during the inspection to check this. Computer terminal screens were turned away from people using the pharmacy and staff used individual smartcards to access the NHS electronic systems.

The pharmacist confirmed that she had done level 2 safeguarding training and could describe what she would do if she had any concerns. Not all team members recalled doing formal safeguarding training, but they could describe how they would respond to any concerns they had. The technician understood that all team members had done the safeguarding training but was unable to confirm this during the inspection.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has enough team members to provide its services safely, but they are not all undertaking the right accredited training for their roles. The pharmacy is running with locum pharmacists and this is causing increased pressure for the team members. But the team members are coping well with their workload and other tasks. They feel comfortable about raising any concerns. They do some ongoing training but rarely get time set aside to do this on a regular basis. This could make it harder for them to keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy did not have a regular pharmacist and had been running with locum pharmacists for around eight months. At the time of the inspection there was one pharmacist (locum), two pharmacy technicians (one was store based, the other was a locum), one trainee dispenser, and two medicines counter assistants (MCAs). As well as the staff present, the pharmacy occasionally employed locum pharmacy technicians. The trainee dispenser had initially been registered on a course and due to take the final exam but had not managed to take the exam. She said that her tutor was one of the regular locums and she was now registered on a dispenser course again. Both MCAs had not been registered on an accredited training course. The first MCA had worked at the pharmacy for around six months. The second MCA had been working on and off for seasonal work as an MCA for a few years. The second MCA was due to leave the pharmacy in three weeks and to start back at the pharmacy in December 2019.

The team members were up to date with their dispensing and appeared to be managing their workload well. The store-based technician said that she was due to leave the pharmacy and was in the process of arranging the staffing rotas to ensure sufficient cover while she was away. She described how she had trained other team members up on how to do additional tasks such as date-checking stock. Team members were organised and were seen to work well together, although they did say that not having a regular pharmacist manager had put increased pressure on them. And as a result they had had to take on additional responsibilities such as organising the staffing rotas.

Team members completed some online training packages through the company and said they had done mandatory training packages such as health and safety and the GDPR. They were also aware of monthly training packages they could do from a different training provider, but the team members had not accessed it for some time and were unable to remember their passwords for the site. They said that they did the mandatory company training, but it was often hard to complete the monthly training due to how busy the pharmacy was. Team members said that they were meant to get an hour set aside for training each week. But in practice this rarely happened, even for team members doing accredited training courses.

Team members felt comfortable about raising concerns with the locum pharmacists and store management. And they were aware of who else in the company they could contact. The technician said that the area manager was easily contactable via email or the phone and was supportive. Staff had some targets set, for example for Medicines Use Reviews, but the locum pharmacist did not feel under any undue pressure and felt able to take professional decisions.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the pharmacy's services and are kept clean and secure. The recent refit gives the pharmacy a professional appearance. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was in a separate lockable area from the main supermarket. It had received a recent refit and this had been done to a high standard. The pharmacy was clean and tidy and projected a professional appearance. The amount of workspace available had been increased and there was good lighting throughout. Flooring was hard-wearing and clean. Team members said that it was a good environment to work in, and the amount of storage space they had had increased. The increased workspace allowed for a clearer workflow through the pharmacy, with designated areas used for specific tasks.

The consultation room was clean and tidy. It allowed a conversation to take place inside which would not be overheard. Handwashing facilities and cleaning products were available. The room temperature was suitable for the storage of medicines and was maintained with air conditioning. The pharmacy was secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely and effectively. Team members highlight prescriptions for higher-risk medicines so that people get the information they need to take them safely. The pharmacy gets its medicines from reputable sources and manages them properly. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. The pharmacy keeps an audit trail to show that its medicines are delivered safely to people. People with a range of needs can access the pharmacy's services.

### Inspector's evidence

There was step-free access into the pharmacy through automatic doors. Inside, there was a large space to help people with wheelchairs or pushchairs manoeuvre. A hearing loop was available for people with compatible hearing aids. A list of the opening times was in the window. There was a range of leaflets covering various services and medical conditions, but these were in the consultation room and harder for people to access. The technician said that they would see if they could be moved into the public area.

Baskets were used during the dispensing process to isolate individual people's medicines, and there was a clear workflow through the pharmacy. Only two set of four-week multi-compartment compliance packs were available to be examined. They were labelled with a description of the tablets and capsules to help people and their carers identify the contents. Team members initialled the labels on the packs to identify who had dispensed and checked them. Patient information leaflets were found with one set of packs but not with the other. The technician was surprised by this and said that they routinely supplied the leaflets. She said that this would be done consistently in the future. Records were made of when medicines were stopped or changed, but on one example seen the record brief. The record stated 'stopped' next to a medicine, but there was no note of when it had been stopped or who had authorised it. This could make it harder for the pharmacy to find out this information if there was a query. Team members said that they would ensure all the relevant information was recorded in the future.

Team members were aware of the additional guidance about pregnancy prevention to be given to people in the at-risk group who took valproate. The pharmacy provided valproate to one person in the at-risk group and the technician confirmed that they had been advised about the Pregnancy Prevention Programme. Team members were unable to find the supporting literature such as cards or leaflets, and the technician said that she would order more in if they could not locate them following the inspection. Team members knew which medicines were 'higher-risk', and there was a list of them on a cabinet door in the dispensary. The technician showed how they marked prescriptions and dispensed bags containing these medicines to highlight this to the team member handing them out. She said that they also highlighted prescriptions for CDs. This could not be confirmed as no Schedule 3 or 4 CDs were found on the shelves of dispensed medicines. She explained how team members asked people taking warfarin for their latest INR reading and recorded this on their record.

The pharmacy had the equipment to comply with the Falsified Medicines Directive (FMD) but this was not yet in use. Team members said that they were waiting for further guidance from head office about when the FMD equipment would start to be used.

Deliveries of medicines to people were done by team members. They showed how they obtained signatures from recipients to show that the medicines had been safely delivered. And the signatures were obtained in a way which protected other people's personal information. Separate individual sheets were used for obtaining signatures when delivering.

Medicines were obtained from licensed wholesale dealers and specials suppliers. The pharmacy kept its medicines in a tidy manner in the dispensary. Team members regularly date-checked the stock and this was supported with records. No date-expired medicines were found in with stock. Liquid medicines with limited shelf lives were marked with the date of opening so that staff knew if they were still suitable to use. Medicines for destruction were separated from stock and placed into designated waste medicines bins. CDs were stored securely. Medicines that needed cold storage were kept in a suitable fridge and the temperatures were recorded daily or twice daily. Temperature records examined were within the appropriate range.

The pharmacy received drug alerts and recalls via email. A record was made of the action taken, so that the pharmacy could show what it had done in response. A further form was filled in and sent to head office to confirm the action the pharmacy had taken in response to a particular safety alert.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. It uses its equipment to help protect people's personal information.

### Inspector's evidence

A range of clean calibrated glass cylinders was available. Triangles for counting tablets were clean and a separate one was marked for use with cytotoxic medicines; this helped avoid any cross-contamination. The technician described how she calibrated the electronic tablet counter before each use and said that she would record the calibration checks in the future. The blood pressure meter was less than a year old and team members said they received an email from head office when it was due for replacement.

Team members had access to up-to-date reference sources. The fax machine was away from the public area, and the cordless phone could be moved somewhere more private to help protect people's personal information.

### 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.  |