

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: 05/08/2020

Pharmacy context

This is a pharmacy in a large supermarket near the centre of a seaside town. 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. The inspection was undertaken during the Covid-19 pandemic and the pharmacy is not currently offering the blood pressure testing service.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	3.1	Good practice	The pharmacy has a professional appearance and team members keep it clean and tidy.
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 appropriately identifies and manages the risks associated with providing its services. When something goes wrong, team members take action to help prevent a recurrence. The pharmacy generally keeps the records it needs to by law, to show that medicines are supplied safely and legally. People who use the pharmacy can provide feedback and raise concerns. Team members protect people's personal information. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy recorded dispensing mistakes that were identified during the dispensing process (near misses) and those where the mistake had reached a person (dispensing errors). Near misses were recorded using a book in the dispensary. The pharmacy technician explained that a pattern of near misses had been found which involved medicines which looked similar or had similar names. As a result, stickers had been put on drawers containing these medicines and the stickers stressed the difference between the names. For example, 'amiTRIPTYline' and 'amLODipine'. Dispensing errors were recorded on the pharmacy computer. A recent error had occurred where the wrong medicine had been supplied, and this was found to be due to very similar packaging. The incident had been discussed in the team, and the technician showed how the stock for each medicine was kept separate and tidy.

As found on the previous inspection, a range of standard operating procedures (SOPs) was available, and some had been updated since the previous visit. Staff had signed to indicate that they had read and understood the relevant SOPs. The SOPs covered a range of topics such as taking in a prescription, dispensing, and handling controlled drugs (CDs). The technician was clear about her own role and responsibilities, and team member's responsibilities were defined in the SOPs. The technician confirmed that risk assessments had been undertaken for team members as part of the response to the Covid-19 pandemic. Disposable masks and other personal protective equipment (PPE) were provided for team members. But they explained that they usually only wore them if they were unable to maintain social distancing with people using the pharmacy, or if they had to go in front of the pharmacy counter. Staff were observed donning a protective mask if they had to leave the dispensary and counter areas.

Staff were seen asking people if they were happy for a team member to sign the declaration on the back of the prescription on their behalf. This was done to help prevent the sharing of pens, although the staff said that a clean pen would be provided to someone who wanted to sign the back of the prescription themselves.

The pharmacy usually undertook an annual patient survey, but the 2020 survey had been delayed due to the pandemic. The results from the 2019 survey were displayed, and 93.3% of the people who responded rated the pharmacy as very good or excellent overall. There was a sign in the public area which explained to people how they could make a complaint or provide feedback. Team members had read and signed the complaint procedure.

The pharmacy had a current indemnity insurance certificate displayed. The right responsible pharmacist (RP) notice was displayed, and the RP records seen had been filled in properly. Private prescription records and emergency supply records examined complied with requirements. There had been a

relatively large number of emergency supplies during the pandemic, and the technician explained that the supplies had been made to help people who had run out of their medicines. CD registers examined had been filled in correctly, and the CD running balances were checked regularly. The occasional balance check had been missed at the height of the pandemic, but they had largely continued regularly throughout that time. Records about unlicensed medicines supplied largely complied with requirements.

People's confidential information was not visible to other people using the pharmacy. Confidential waste was disposed of with a shredder, and staff were seen using it during the inspection. Team members had recently completed data security awareness training. Computer terminal screens were turned away from people using the pharmacy and the terminals were password protected.

The pharmacist and technician confirmed that they had completed level 2 safeguarding training. They could both describe what they would do if they had any concerns about a vulnerable person. The trainee medicines counter assistant (MCA) believed she had done safeguarding training but was unsure as she had done a lot of training recently. She said that she would refer any concerns she had to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely, and they do the right training for their roles. Team members do ongoing training to help keep their knowledge and skills up to date. They can take professional decisions to help keep people safe and they feel comfortable about raising any concerns.

Inspector's evidence

At the time of inspection there was one locum pharmacist, one pharmacy technician, and one trainee MCA. The MCA confirmed that she was undertaking an accredited course. The pharmacy also employed another trainee MCA, a trainee dispenser, a trained dispenser, and another pharmacy technician. The pharmacist and technician present confirmed that all team members were either undertaking relevant accredited training or had completed it.

Two local pharmacies had closed not long before the start of the pandemic, and staff said this had increased the number of people coming in. On the day of inspection, two team members were off sick. And after the trainee MCA left at the end of her shift, only the pharmacist and technician were present. However, the team was up to date with its workload and appeared to be managing it well. The pharmacy had been without a regular manager for almost two years, but the technician said that an area manager visited the store regularly and helped team members keep up to date with the paperwork. The area manager had also trained the team members on safeguarding and whistleblowing. Staff completed ongoing training packages on the computer. Although they did not get regular times set aside for training, the technician said that they did ongoing training and training for accredited courses when it was quieter.

Team members present felt able to raise any concerns and the pharmacist felt able to take any professional decisions as they arose. There were some targets in place for areas such as Medicines Use Reviews, but team members did not feel under any undue pressure to achieve them. The technician confirmed that services were only provided when they were clinically justified.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy has a professional appearance and team members keep it clean and tidy. It has taken additional steps to help protect staff and people using the pharmacy during the Covid-19 pandemic. The premises are kept secure from unauthorised access.

Inspector's evidence

The pharmacy was in a separate lockable area from the main supermarket. It had received a refit prior to the previous inspection around 11 months ago, and this had been done to a high standard. The team members had maintained the pharmacy well since then. It was clean, tidy, and organised, and it projected a professional appearance. Flooring was hard-wearing and clean, and there was a large amount of space in the dispensary. This helped the staff to socially distance from each other. Workspace was kept clear and lighting was good throughout. Since the start of the pandemic, plastic screens had been fitted on the pharmacy counter to help protect staff and people using the pharmacy. The room temperature was suitable for the storage of medicines and was maintained with air conditioning. The pharmacy's front doors were kept open to help the through-flow of air and the technician said that they had done this in response to the pandemic. Pharmacy surfaces were cleaned each lunchtime and the pharmacy was kept secure from unauthorised access.

The consultation room was clean and tidy. It allowed a conversation to take place inside which would not be overheard. Although the room had not been used much during the pandemic it was still available for people who needed to talk in a private area. The technician explained that if she needed to see someone in the consultation room, she wore a mask and a face visor, and cleaned the room before and after.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely, and people with a range of needs can access them. It gets its medicines from reputable sources and stores 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.

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 and a list of the opening times was in the window. The pharmacy offered supervised administrations before the pandemic, but currently the people who received this service were taking their medicines away instead.

Baskets were used during the dispensing process to isolate individual people's medicines. The dispensary was spacious and helped the team maintain a clear workflow. Dispensed multi-compartment compliance packs seen had been labelled with a description of the medicines inside to help people or their carers identify the medicines. Patient information leaflets were routinely supplied so that people had the additional information they needed to take their medicines safely. The pharmacy routinely documented changes to the medicines inside the packs, for example when someone had been discharged from hospital. But one of these records did not show the date that the changes took place, which could make it harder to find out this information if there was a query. The pharmacy retained hospital discharge notes when they had them. But the technician said that the hospitals did not routinely send them discharge notes, and people brought them in, or their GPs sent them.

Team members were aware of the additional guidance that needed to be provided with valproate medicines, but they were not aware of any people currently taking these medicines who fell in the 'at-risk' group. Prescriptions for CDs that had been dispensed were generally highlighted. So, the person handing it out was more aware that these prescriptions had a limited validity date. The technician thought that the pharmacy also highlighted prescriptions for higher-risk medicines. No dispensed bags of medicines containing these items could be found on the shelves so this could not be checked.

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 awaiting guidance from the pharmacy's head office before using the equipment.

The pharmacy kept an audit trail for deliveries of medicines to people's homes. But due to the pandemic the pharmacy only kept a record of when the medicine had left the pharmacy and was not obtaining signatures from recipients. The team members explained that this was to help minimise the risk of infection spread.

Medicines were obtained from licenced wholesale dealers and specials suppliers. The pharmacy kept its medicines in a tidy manner in the dispensary. Stock was regularly date checked and this was supported with records. No date-expired medicines were found in with stock. Liquids medicines with limited shelf lives were marked with the date of opening so that team members knew if they were suitable to use. CDs were stored securely. Temperature-sensitive medicines were stored appropriately, and the fridge

temperatures were monitored and recorded twice daily. Medicines that people had returned for destruction were kept separate from stock and placed into bags for offsite disposal. The technician explained that since the start of the pandemic they now asked people to put their medicines into the bags themselves. And said that a team member then went through the bag wearing gloves to remove any people's personal information.

The pharmacy received drug alerts and recalls, and then a team member went through the dispensary to see if they had any affected stock. A record was made that this action had been taken.

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

There was a range of clean calibrated glass measures, with separate marked measures used for certain liquids. Team members had access to up-to-date reference sources. The fax machine was away from the public area. Team members were aware that the use of faxes was being phased out in the NHS, but they had still received some during the pandemic. The cordless phone could be moved somewhere more private to help protect people's personal information.

Hand sanitising gel was available in the dispensary for team members and it was also available for people using the pharmacy. The dispensary had handwashing facilities with paper towels to help avoid cross-contamination.

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.