General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, Priory Bridge Road, TAUNTON, Somerset, TA1 1DX

Pharmacy reference: 1036360

Type of pharmacy: Community

Date of inspection: 02/04/2019

Pharmacy context

The pharmacy is in a supermarket close to a busy town centre. The pharmacy dispenses NHS and private prescriptions. It also supplies multi-compartment compliance aids for people to use in their own homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, emergency hormonal contraception and drug user services.

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	1.1	Good practice	The pharmacy identifies and manages risk well. It records all its mistakes and learns from these to stop them from happening again.
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	4.2	Good practice	The pharmacy gives additional advice to people receiving high-risk medicines. It ensures all its staff are well trained to do this.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy identifies and manages risks well. Team members record their errors and learn from these incidents to stop them from happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and makes appropriate changes to address the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy keeps all the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to manage and reduce risk. Near misses were routinely recorded on a paper log. Records contained details of the error, a brief reflection as to the cause and action taken to prevent a reoccurrence. Following near miss incidents, the pharmacy team had taken steps to reduce selection errors, such as separating valsartan and verapamil.

Dispensing incidents were reported on the company intranet system, MyHub PRS, and contained a more detailed analysis of the cause. Following a recent error which had occurred during a busy period in the evening, the pharmacy team now focused solely on walk-in prescriptions after 6pm. The responsible pharmacist (RP) reported that this had allowed them to take more time and no further errors had subsequently occurred in the evenings.

Near misses and dispensing incidents were reviewed monthly. Key learning points and actions to prevent reoccurrence were shared with the small team through individual briefings or huddles. A recent action had involved highlighting 'look alike, sound alike' (LASA) drugs in the drawers used to store stock. Index cards now separated LASAs, and included any additional information, such as if it was a schedule 4 controlled drug (CD) that was subject to a 28-day prescription expiry.

SOPs were held online, were up to date and had been read by all staff. The SOP relating to the RP activities was seen and a dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

A risk review was completed yearly by the RP and had most recently identified a potential issue with chloramphenicol ear and eye drops. Alerts had placed on the fridge and staff briefed on the potential for selection errors.

The RP stated that before commencing provision of a new service, she would carry out a risk assessment to ensure that the pharmacy had the appropriate facilities and equipment. She would also ensure that all relevant staff were appropriately trained and that any patient group directions (PGDs) were signed and submitted to the commissioner of the service.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey, the results of which were displayed in the retail area. The RP had completed a written action plan to address the areas identified as requiring improvement. Consequently, the pharmacy had undergone a

refit in August 2018 which had addressed the waiting area and availability of the consultation room. The layout of counter stock had been improved and was now laid out in sections with clear headings on the shelves.

The complaints procedure was available in the practice leaflet. A recent complaint about the refusal of a sale of co-codamol was dealt with appropriately.

Indemnity insurance was provided by the NPA and expired 30 April 2020. RP records were appropriately maintained and the correct RP certificate was conspicuously displayed. Records of emergency supplies and private prescriptions were held in a book and were in order. Records of specials were kept and were also in order.

Controlled drug (CD) records were maintained as required by law. Balance checks were completed weekly, and a random stock balance check was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and GDPR. Patient data and confidential waste was dealt with in a secure manner to protect privacy. Confidential information on prescriptions awaiting collection could not be seen by waiting customers. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated and disposed of appropriately. NHS Smart card use was appropriate. Verbal consent was obtained from patients prior to accessing their summary care record and records were made on PMRs.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. Local contacts for escalating concerns were available. Staff were aware of the signs that would require a referral.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles and they keep their skills and knowledge up to date. Team members suggest and make changes to improve their services. They communicate well and support each other.

Inspector's evidence

The staffing arrangements were adequate on the day of the inspection and comprised of the RP and a pharmacy technician. An NVQ2 trained dispenser arrived during the inspection. Team members worked set hours each week and rotas were completed one month in advance. Both planned and unplanned absences were covered by staff working additional hours or rearranging shifts.

The team clearly had a good rapport and felt they could currently comfortably manage the workload with no undue stress and pressure. The team supported each other well for both work and personal issues. Team members had clearly defined roles and accountabilities which were detailed in standard operating procedures, and tasks and responsibilities were allocated to individuals daily.

Pharmacy staff received training time during working hours as needed. Training included reading updated SOPs or completing required packs from CPPE. The pharmacy technician described some recent learning she had completed, all of which was relevant to her role and had been prompted by issues faced in the pharmacy.

The pharmacy team were observed giving appropriate advice to people when selling medicines. A dispenser was seen to refer to the pharmacist to clarify if a medicine was appropriate for the symptoms described.

The staff felt empowered to raise concerns and give feedback to the RP, who they found to be receptive to ideas and suggestions. They were aware of the internal escalation process for concerns and a whistleblowing policy was available in the staff handbook.

All staff had a yearly appraisal of their performance and received ad hoc feedback. The RP spoke regularly to her manager and to pharmacists working in other branches.

The RP said that the targets set were challenging but manageable and that she was supported to meet them. She said that all services provided were clinically appropriate.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was located at the front of a supermarket. It had recently moved from a different location so it had recently been refitted. There was plenty of bench space which was clear from clutter. Stock was stored in pull out drawers, all of which were fully operational. Paperwork was neatly stored in cupboards.

A consultation room was available which could be accessed from both the dispensary and the retail area. It was locked when not in use and no sensitive information was stored in it. The room was soundproof and no conversations could be heard from outside.

The waiting area had three chairs for the public to use. The pharmacy was light and bright and the temperature was appropriate for the provision of healthcare. Cleaning was undertaken by pharmacy staff and the pharmacy was very clean on the day of the inspection.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. It supplies medicines safely. The pharmacy gives additional advice to people receiving high-risk medicines. It makes a record of this to show that this advice has been given. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. The pharmacy deals with medicines that people return to it appropriately.

Inspector's evidence

The pharmacy and consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels and a hearing loop was available. Services provided by the pharmacy were advertised on the outside of the pharmacy and the RP was accredited to provide all promoted services.

A range of health-related posters and leaflets were displayed, and advertised details of services offered both in store and locally. A dispenser described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and compliance packs. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedule 2 and 3 including tramadol. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. The pharmacy technician had identified that a trainee medicines counter assistant would benefit from additional support when handing out prescriptions with high-risk medicines. She had consequently created a clearly labelled folder which gave clear instructions as to the advice to be given for each high-risk medicine, and what questions should be asked. The medicines included insulin, methotrexate, warfarin, lithium and corticosteroids. The folder also contained all the relevant monitoring booklets and advice sheets. The RP demonstrated how records of results were made on the patient medication record (PMR), along with details of significant interventions.

The RP had completed an audit of patients who may become preganant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. Three patients had been identified who met the eligibility criteria for the pregnancy prevention programme. The RP had given appropriate counselling to each person and had made a record of the advice given on their PMR. Stickers were available for staff to apply to the boxes of valproate products for any people who may become pregnant, and information cards present to be given to eligible patients at each dispensing.

Compliance aids for 10 people based in the community were prepared by the pharmacy. Each compliance aid had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets were supplied at each dispensing, or

with the first compliance aid of four in the case of weekly supply. ‘When required’ medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in compliance aids. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected.

Stock was obtained from reputable sources including Alliance and AHH. Specials were obtained from Quantum Specials. Invoices were seen to this effect.

The pharmacy had the required hardware, software and scanners to be compliant with the European Falsified Medicines Directive (FMD), although the system was not fully implemented. The pharmacy was due to start scanning products as required by law in the coming months.

The dispensary drawers used to store stock were very organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every three months. Any stock with an expiry date within the next 12 months was highlighted. Spot checks revealed no date expired stock or mixed batches.

Patient returned medication was dealt with appropriately. A hazardous waste bin was available along with a list of medicines which required disposal in it. Confidential patient information was removed or obliterated from patient returned medication.

Records of recalls and alerts were seen and were annotated with the outcome, the date and who had actioned it.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible and were in date. The dispensary sink was clean and in good working order.

Dispensed prescriptions were stored alphabetically on shelves, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.