

# Registered pharmacy inspection report

**Pharmacy Name:** Morrisons Pharmacy, c/o W.M. Morrisons  
Supermarket, Festival Way, Festival Park, STOKE-ON-TRENT,  
Staffordshire, ST1 5NY

**Pharmacy reference:** 1037020

**Type of pharmacy:** Community

**Date of inspection:** 14/09/2022

## Pharmacy context

This pharmacy is located near to the front entrance of a Morrisons supermarket in a retail park. It is open over extended hours. The pharmacy dispenses NHS and private prescriptions, and it sells a range of over-the-counter medicines. It also supplies some prescription only medicines for minor ailments following a consultation with a pharmacist.

## 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy team records and analyses adverse dispensing incidents to identify learning points which it incorporates into day-to-day practice to help manage future risks. And the pharmacy completes regular checks and audits to make sure it is operating safely.
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy team members have the appropriate skills, qualifications and competence for their roles, and there is a structured approach to training and development.
		2.4	Good practice	The pharmacy team works well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<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 manages risks to make sure its services are safe. Pharmacy team members work to professional standards, and they are clear about their roles and responsibilities. They record their mistakes so that they can learn from them, and they act to help stop the same sort of error from happening again. Team members have a clear understanding of how to protect vulnerable people and they follow written procedures to make sure they keep people's private information safe. The pharmacy asks customers for their feedback and it completes all the records that it needs to by law.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that all members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms and name badges. The pharmacist's name badge indicated that he was the pharmacist, and the name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded dispensing incidents electronically and the area manager had access to these reports and provided support when necessary. Root cause analyses and learning points were included in the reports. Following an incident when amlodipine 10mg was confused with amitriptyline 10mg. It was noted that they were look-alike and sound-alike drugs (LASAs), and this was highlighted to the team. And they were clearly separated in the dispensary drawers, so extra care would be taken when selecting these in future. The pharmacy team reported near misses on a weekly log which was reviewed monthly, and an error improvement tool was completed by the pharmacy manager. This was discussed within the pharmacy team who added their initials to the tool, to show they had read it. Quantity errors were the main mistake, especially if members of the team were unfamiliar with the medicine and its pack size. So, one of the actions was to increase the awareness of some of the more unusual and newer medicines.

The pharmacy manager completed regular self-audits of the pharmacy's systems and processes, and the area manager completed a comprehensive pharmacy practice audit every six months. The latest one had been completed in July and it assessed compliance with the pharmacy's SOPs and professional standards. An action plan had been completed by the pharmacy manager to address the areas of non-compliance. For example, he had ordered stickers which could be used to highlight higher-risk medicines, and the team had been reminded to initial and date the date checking matrix when a section had been completed.

A notice was on display encouraging people to leave feedback with a member of the pharmacy team. The details of who to complain to and the complaint procedure was outlined in 'Our services' leaflets. The pharmacy manager described how he dealt with a customer complaint which arose when he refused to sell a pharmacy medicine, because he felt it was not clinically appropriate. It was escalated to the area manager, who liaised with the pharmacy manager and asked for their input before contacting the person raising the concern. A current certificate of professional indemnity insurance was on display in the pharmacy.

Private prescription records and the controlled drug (CD) registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately. The RP record was generally in order although the RP had entered the time he intended to cease his duties that day, risking the accuracy of the record. Some patient details were not recorded when medicines were ordered from 'Specials', which might cause a delay resolving a problem or query. The pharmacy had recently issued medication on a private prescription without completing any additional checks to make sure it was valid. The pharmacy manager agreed to resolve the matter and make sure the team were reminded to complete all the necessary checks in future.

All members of the pharmacy team had read and signed confidentiality agreements and any visitors to the pharmacy, who entered the dispensary were asked to complete a visitor's confidentiality agreement. Confidential waste was collected in a designated place and shredded. The pharmacy technician (PT) correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. No confidential information was stored outside the pharmacy. A statement that the pharmacy complied with the General Data Protection Regulation (GDPR) and the NHS Code of Confidentiality was given in the 'Health Records and Privacy' leaflet. A privacy statement was on display, in line with the GDPR.

The pharmacy manager and PT had completed level two training on safeguarding and the dispenser had completed level one. Team members would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time and the PT knew where the safeguarding guidance and contact numbers of who to report concerns to in the local area were. The pharmacy had a chaperone policy and team members had completed training on this. There was a notice advertising the policy, but the notice was not clearly visible, so people might not realise this was an option. The pharmacy was registered to provide a 'Safe Space' for victims of domestic abuse, and there was a notice advertising this. But this was displayed inside the consultation room, so people at the counter could not see it.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy's team members are well trained, and they work effectively together. The pharmacy encourages them to keep their skills up to date and supports their development. They are enthusiastic and knowledgeable. They are comfortable providing feedback to their manager and they receive feedback about their own performance. The pharmacy has enough team members to manage its workload safely. Its staffing rotas enable it to have good handover arrangements and effective communication. It allows the team members to act on their own initiative and use their professional judgement to benefit people who use the pharmacy's services.

### Inspector's evidence

The pharmacy manager was working as the RP. There was a PT and an NVQ2 qualified dispenser (or equivalent) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. Planned absences were organised so that not more than one full time or two part-time members of the team were away at a time. Absences were covered by re-arranging the staff rota, which was planned well in advance. There was a support pharmacist who shared the pharmacist duties with the pharmacy manager on weekdays and they had between eight and twelve hours of overlap time each week. Regular locum pharmacist worked at weekends.

Members of the pharmacy team carrying out the services had completed appropriate training and used various online resources to ensure their knowledge was up to date. Team members had regular protected training time and kept a record of the training they had completed on an electronic learning platform. Training had been completed on adult and childhood obesity, high risk medicines, infection prevention and control and antimicrobial stewardship. Training required to be completed was highlighted on a notice in the dispensary and the pharmacy manager was sent an email if any training was outstanding. The PT confirmed that she had carried out the GPhC revalidation requirements this year. The pharmacy team were given formal appraisals where performance and development were discussed. The pharmacy received action lists and bulletins from the central pharmacy team. Information in these were cascaded to the team members and other issues were discussed within the team as they arose. The PT said she felt there was an open and honest culture in the pharmacy and said she was comfortable admitting and reporting her errors. There was a whistleblowing policy and staff had completed training on this.

The PT and pharmacy manager felt empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. They described an issue when a group of people started to repeatedly request pseudoephedrine tablets. They refused to supply the medicine and warned other pharmacies in the area of the problem. They said the store manager or area manager would always respect their professional judgement and never override professional decisions. Targets set for New Medicine Service (NMS) and advanced services, but the pharmacy manager felt the targets were manageable and the area manager provided support if they weren't being met. The pharmacy manager said he didn't feel that targets ever compromised patient safety.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally provides a professional environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

### Inspector's evidence

The pharmacy premises were clean, spacious, well maintained and in a good state of repair. The counter area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled. The pharmacy had a refit around six months ago. It had been fitted out to a high standard, and the fixtures and fittings were in good order. Maintenance problems were reported to the store manager and the response time was appropriate to the nature of the issue. Staff used the supermarket's facilities which included WCs with wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as flu vaccinations and when customers needed a private area to talk.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. Services are generally well managed, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

The consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. There was an automatic door into the supermarket. Services provided by the pharmacy were advertised in the pharmacy, along with the opening hours, and more details were in the 'Our services' leaflets. The pharmacy team was clear what services were provided and where to signpost people to a service not offered. A folder was available where interventions and signposting was recorded. For example, when a person requested hydrocortisone cream for use on their face, they were refused and signposted to their GP. There was a range of healthcare leaflets on a variety of subjects including managing asthma, hay fever and allergies, stroke awareness and quitting smoking. The pharmacy supplied antibiotics for infected eczema, infected insect bites and urinary tract infections (UTIs), and chloramphenicol eye drops for children under two year old. These were supplied under patient group directions (PGDs) by the pharmacy manager who has completed appropriate training. The consultation notes were recorded on an electronic platform and the patient's GP was automatically informed about the supply if the person consented to this. If a GP was not signed up to receive the details automatically then the pharmacy manager would print off the required information and send it by post. This was to ensure that the patient's usual GP practice was aware of the consultation and could add the details to the person's medical notes.

Space was adequate in the dispensary and the workflow was organised into separate areas with a designated checking area. The dispensary shelves and drawers were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Speak to Pharmacist' stickers were used to highlight when counselling was required. For example, the pharmacy manager was observed counselling a person, who he had highlighted, as he had been changed from simvastatin to atorvastatin. High-risk medicines such as warfarin, lithium and methotrexate were targeted for extra checks and counselling. This was outlined in the core dispensing SOP. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and one person in the at-risk group had been identified. The pharmacist had discussions with this person and there was a note on their patient medication record (PMR) confirming this. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were generally well managed. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these and the

date the changes had been made, which could cause confusion when assembling packs. There was a form to record this information and the pharmacy manager confirmed that he would remind the team to use the form. A dispensing audit trail was completed, and medicine descriptions were included on the labels to enable identification of the individual medicines. Packaging leaflets were included so people were able to easily access additional information about their medicines. Disposable equipment was used. There was a template to be completed for new people requesting a compliance aid pack. An assessment was made by the pharmacist as to the appropriateness of a pack or if other adjustments might be more appropriate to their needs. The pharmacy manager explained that one patient was recently given medication sheets rather than compliance aid packs, following a discussion with their daughter, and this was found to be sufficient to meet their needs,

The PT explained what questions she asked when making a medicine sale. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. CDs were stored in a CD cabinet which was securely fixed to the floor. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received via email messages from the NHS and head office. These were read and acted on by a member of the pharmacy team and then filed. A confirmation message was sent back to head office confirming the action taken. A copy was retained in the pharmacy so the team were able to respond to queries and provide assurance that the appropriate action had been taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

### Inspector's evidence

Copies of Martindale and Stockleys were available for reference and the pharmacist could access the internet for the most up-to-date information. For example, the electronic version of the British National Formulary (BNF) and BNF for children. There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. There was a Perspex screen at the counter to help reduce the spread of infection between the pharmacy team and people visiting the pharmacy.

There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could 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.