

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, Alcester Road, STRATFORD-UPON-AVON, Warwickshire, CV37 9DA

Pharmacy reference: 1037835

Type of pharmacy: Community

Date of inspection: 26/02/2020

Pharmacy context

This is a community pharmacy located within a supermarket in the historic town of Stratford-Upon-Avon in Warwickshire. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), smoking cessation and sexual health services. The pharmacy also supplies multi-compartment compliance packs to people in their own homes if they find it difficult to manage their medicines.

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	Good practice	2.2	Good practice	The pharmacy's team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. They ensure that the pharmacy's routine tasks are completed in line with the company's expectations. This helps the pharmacy to operate in a safe and effective manner.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. Team members are provided with resources to ensure their knowledge is kept up to date. And some members of the team are proactive in delivering some of the pharmacy's services.
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 is operating safely. Members of the pharmacy team routinely work in line with the company's documented written instructions. They regularly monitor the safety of their services by recording their mistakes and learning from them. The team understands how to protect the welfare of vulnerable people. The pharmacy protects people's private information well. And it maintains its records in accordance with the law.

Inspector's evidence

The pharmacy was organised and clear of clutter. The team was up-to-date with the workload and there were enough members of staff present to safely support the pharmacy's services. The pharmacy held a range of documented standard operating procedures (SOPs) as guidance for the team. They were dated from 2020. Members of the pharmacy team had read and signed the SOPs. Their roles were defined within them. Staff were clear about their roles and responsibilities. They knew when to refer to the responsible pharmacist (RP) and which activities were permissible in the absence of the RP. The correct RP notice was on display and this provided details about the pharmacist in charge of operational activities on the day.

There were separate areas for staff to dispense and for the RP to accuracy-check prescriptions. To minimise risks, three accuracy-checks by different people were undertaken when prescriptions were dispensed for controlled drugs (CDs). The RP was observed asking team members to complete an accuracy-check for prescriptions that had been assembled by him and staff explained that they routinely double-checked relevant details during the assembly process. The team recorded their near misses. They were reviewed every month and annually to identify any trends or patterns and staff were informed about this. Team members explained that they had noticed errors happening with forms for some common medicines such as ramipril. Medicines involved in mistakes were separated and staff awareness was raised.

The team had been trained on data protection and described refreshing this training annually through the company. Staff explained that they either spoke in lowered tones when they worked on the front counter or they used the consultation room for sensitive conversations. Confidential waste was separated before it was shredded, and confidential material was locked away in the dispensary overnight. There was no confidential information present in areas that were accessible to the public. The team had ensured that sensitive details present on dispensed prescriptions awaiting collection, could not be seen from the front counter. The pharmacy had a notice on display to inform people about how it maintained their privacy. The RP had accessed Summary Care Records for emergency supplies and consent had been obtained from people verbally for this. Staff could identify signs of concern to safeguard vulnerable people and they referred to the RP in the first instance. The pharmacist was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy held details of the local safeguarding agencies so that referrals could be easily made if required.

The pharmacy's records were generally maintained in line with legal or best practice requirements. This included records of unlicensed medicines, private prescriptions, a selection of registers seen for CDs, records of emergency supplies and the RP record. The pharmacist had signed out on the day the

inspection had taken place before his shift had finished, there were occasional overwritten entries in the RP record and occasionally, generated labels had been used for records of emergency supplies. The latter had not faded or become detached. Balances for CDs were checked every week and on selecting a few CDs randomly from the cabinet, their quantities matched the balance in the corresponding registers. Records for the maximum and minimum temperatures of the pharmacy fridge had been kept every day to verify that medicines had been stored here appropriately. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and this was due for renewal after 30 April 2020.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy team is suitably trained or undertaking the appropriate accredited training. Team members work well together. They understand their roles and responsibilities. And they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

Staff at the inspection included the regular pharmacist, a pharmacy technician, medicines counter assistant (MCA) and a trained dispensing assistant. The pharmacy was observed to be sufficiently staffed to manage the volume of services provided. The team's certificates of qualifications obtained were seen. Staff present were wearing name badges. Contingency arrangements for absence or annual leave involved team members covering one another. The MCA asked relevant questions before selling over-the-counter (OTC) medicines, held enough knowledge of OTC medicines to sell them safely and referred to the RP when required. Team members understood their roles and responsibilities. They were observed to work well together with a positive rapport seen with people who used their services. Several of them were long-standing staff. Their competence was readily demonstrated, and a few had taken ownership for delivering some of the pharmacy's services (see Principle 4).

To assist with ongoing training needs, the pharmacy team used modules on Mediapharm and CPPE. Staff were up-to-date with the company's mandatory training and records of the training that had been completed with certificates were also seen. The team's progress was monitored via formal annual appraisals but also through the RP. As they were a small team, discussions were held verbally, via the pharmacy's WhatsApp group, through a communication diary and through the two noticeboards in the dispensary. In addition, the RP used visual aids such as strategically placed clipboards containing various information (from memo's or drug alerts for example). This helped keep the team informed. The pharmacist explained that although there were some key performance indicators in place and what he termed as 'soft targets' to complete services, they were described as manageable with no pressure felt or applied to achieve them. This included achieving the maximum number of Medicines Use Reviews (MURs) in the current year. According to the RP, this would be managed within the next month.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a professional environment to deliver its services. The pharmacy has enough space to provide its services safely. And it is clean.

Inspector's evidence

The pharmacy was situated by the check outs in the supermarket and on the same side as the entrance. Its fixtures and fitting were modern. The pharmacy was professional in its appearance and clean. There was also enough light and the premises were suitably ventilated. The pharmacy consisted of a medium-sized retail space and spacious dispensary located to one side. Pharmacy only (P) medicines were stored behind the medicines counter and there was gated access with key coded entry here. This restricted unauthorised access into this area or into the dispensary. There was enough work space for dispensing activities to be carried out safely and lockable cabinets to store confidential information safely. A signposted consultation room was available for services or private conversations. It was located on one side of the front counter and there were two entrances. The door from the retail space was kept locked which restricted access to any confidential information. The size of the room was suitable for its intended purpose.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services safely. Its services are easily accessible. Team members deliver them in an appropriate manner. The pharmacy sources, stores and manages its medicines well. And the team takes extra care for people prescribed higher-risk medicines. This helps ensure that people can take their medicines safely.

Inspector's evidence

The pharmacy was open for long hours and its opening hours were on display. There were plenty of car parking spaces outside and a bench available for people waiting for prescriptions. People could enter the supermarket at street level from the wide front doors. The pharmacy was situated on the same side of the entrance and access to it consisted of a wide aisle. The pharmacy's retail area was made up of clear, open space. These factors helped people with wheelchairs to easily use the pharmacy's services. Staff described facing people who were partially deaf and speaking clearly as well as slowly so that they could lip read. They used representatives and gestures to assist people whose first language was not English. The latter also brought in pictures or used details on their phones to help communicate. The team could signpost people from the documented details that were on display.

Staff were aware of the risks associated with valproates and these medicines were stored inside a separate drawer. If prescriptions were seen for people at risk, they were counselled, and educational material was available to provide upon supply. An audit had been completed in the past about this. The pharmacy routinely identified prescriptions for people prescribed higher-risk medicines and staff ensured that relevant parameters were checked. There were details seen documented to verify that this had happened, and this included asking about as well as recording the International Normalised Ratio (INR) level for people receiving warfarin. In addition, the team ensured that people were provided with relevant booklets, passports and steroid cards when people were prescribed these medicines. The pharmacy had completed an audit to check whether people prescribed lithium were being appropriately monitored and whether people with diabetes had received any checks for their feet and eyes. For the latter, a few people had been picked up that had not had this and were counselled accordingly.

The pharmacist explained that MURs had been a beneficial service as they enabled a discussion to take place with people about their medicines. This had helped identify issues, that according to him some people had not been aware of before they participated in the service. This included people not always understanding why they were taking their medicine(s), or some continuing to take them when they were no longer required. The RP described referring people with multiple, long-term conditions who were frail and where concerns had been identified to their GP.

The pharmacy was Healthy Living accredited; one member of staff was the champion for this with another due to be trained. A dedicated noticeboard in the retail space highlighted information for people about healthier living. Staff explained that campaigns in line with the national ones for Public Health were held. This involved displaying posters and leaflets and the team had kept evidence of this. According to the Healthy Living champion, some of the campaigns, such as the one for oral health had been quite engaging as people and children had noticed the display and asked questions.

Some of the team managed the smoking cessation service. They had been trained by initially attending a two-day training course, completing online training and every few years carrying out face to face refresher training. Staff described a few successes being seen and explained that they tried to link in the service for people if they came in and asked for nicotine replacement therapy or advice.

The pharmacy supplied multi-compartment compliance packs after the RP assessed their suitability for this. The pharmacy ordered prescriptions on behalf of people and staff cross-referenced details on prescriptions against individual records for people. This helped them to identify any changes and records were maintained to verify this. The compliance packs were not left unsealed overnight. All medicines were de-blistered into them with none supplied within their outer packaging. Mid-cycle changes involved retrieving the old compliance packs and supplying new ones.

However, at the point of inspection staff described dispensing sodium valproate inside the compliance packs for four weeks supply at a time. They were unaware of the potential issues associated with this medicine's stability. There were no details seen documented to confirm whether any relevant checks had been made with the manufacturers or if reference sources had been checked or if the person receiving this medicine had been counselled on the potential issues. Nor was there any evidence that the pharmacy had carried out any risk assessment or discussed the situation with the prescriber. As soon as this was highlighted, the RP immediately checked the appropriate resources and confirmed that they would move to a weekly supply. Staff changed the person's individual record and confirmation was received following the inspection, that this had since been discussed with the appropriate individuals involved. The pharmacy therefore managed the situation at the time.

During the dispensing process, staff used baskets to hold prescriptions and associated medicines. They were colour co-ordinated which highlighted priority and their use helped to prevent any inadvertent transfer. The team used a dispensing audit trail through a facility on generated labels. This identified their involvement in processes. Dispensed medicines were stored with prescriptions attached. The team could identify fridge items and CDs (Schedules 2 to 4) when handing out prescriptions as they were highlighted. Staff described checking uncollected items every month and removing them every few months.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Unlicensed medicines were obtained through Quantum Specials. Staff were informed about the process required under the European Falsified Medicines Directive (FMD). They had seen emails and updates about this, and relevant equipment had been implemented. The pharmacy was not yet currently complying with the decommissioning process.

The pharmacy's stock holding was organised. The team date-checked medicines for expiry every week and used a schedule to help verify this. The latter was counter-signed by the management team when completed. There were no mixed batches or date-expired medicines seen. Short-dated medicines were identified using stickers. CDs were stored under safe custody and the key to the cabinet was maintained in a manner that prevented unauthorised access during the day as well as overnight. There were audit trails in place to verify the latter. Medicines returned for disposal were accepted and stored in designated containers. Staff checked for CDs and sharps. They could accept the latter provided they were in sealed bins. Returned CDs were brought to the attention of the RP and relevant details were noted. Drug alerts and product recalls were received by email, staff checked stock and acted as necessary. They also maintained a complete audit trail to help verify the process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities. This helps to ensure its services can be provided safely. The pharmacy's equipment is clean and enables people's privacy to be maintained.

Inspector's evidence

The pharmacy was equipped with suitable facilities and equipment. This included current versions of reference sources, the team could use online resources and the NPA's information services department. The CD cabinet was secured in accordance with statutory requirements and the medical fridge was operating at appropriate temperatures. There was a range of clean, standardised conical measures available for liquid medicines with counting triangles and a capsule counter. The sink in the dispensary for reconstituting medicines was clean with hot and cold running water as well as hand wash present. The pharmacy's computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff used their own individual NHS smart cards when accessing electronic prescriptions and stored them securely overnight. A shredder was present to dispose of confidential waste and cordless phones were available to help conversations to take place in private.

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.