

Registered pharmacy inspection report

Pharmacy Name: Murrays Healthcare, 57 Queensway, The Cornbow Shopping Centre, HALESOWEN, West Midlands, B63 4AG

Pharmacy reference: 1038363

Type of pharmacy: Community

Date of inspection: 15/08/2019

Pharmacy context

This is a community pharmacy, located inside a small shopping centre in the heart of Halesowen town centre. The pharmacy dispenses NHS and private prescriptions and it sells a range of over-the-counter (OTC) medicines and assisted living aids. It provides multi-compartment compliance aid packs to help people take their medicines and the right time and delivers medicines to people who are housebound. The pharmacy offers several other NHS services including Medicines Use Reviews (MURs). It has a Wholesale Dealer's License (WDL) and is regulated by the Medicine and Healthcare products Regulatory Agency (MHRA).

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	2.4	Good practice	The pharmacy team members are comfortable discussing their mistakes and areas for improvement. They work together effectively to address any issues they identify.
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 suitably identifies and manages risks. It keeps people's private information safe and maintains the records it needs to by law. The pharmacy team members are clear on their roles, they record their mistakes and act to help prevent the same mistakes from happening again. And they understand how to raise concerns to help protect vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational tasks and activities. The procedures were available in an electronic format and they defined staff responsibilities, but some had not been updated in recent years and so may not always reflect current practice. Examples seen included procedures for the prescription collection and delivery service and the ordering and receipt of controlled drugs (CDs), which had last been updated in March 2014 and February 2015 respectively. Team members confirmed electronically that they had read, understood and agreed to the procedures, but some records were incomplete. So, the pharmacy may not always be able to demonstrate that team members are clear on their responsibilities. Through discussion, the team members present demonstrated a clear understanding of their roles. And a medicine counter assistant (MCA) was familiar with the activities which were permissible in the absence of the responsible pharmacist (RP). Pharmacy services were covered by professional indemnity insurance provided by the National Pharmacy Association (NPA).

Pharmacy team members recorded their near misses and a report was seen which captured several entries in the last few months. The team felt that all near misses were recorded and discussed some instances where medications had been separated in response to previous errors. Actions such as this were usually taken at the time the incident occurred and no long-term review took place to identify trends, which may mean that some underlying themes are not detected. The details of dispensing incidents were also captured electronically. The team were unable to recall any recent errors. All submitted near miss and error reports were reviewed at head office and where further action was required to help prevent errors, this was cascaded to team members via email alerts.

The pharmacy had a complaint procedure, but this was not clearly advertised so people may not always be aware of how a concern could be raised. The MCA said that she would provide the details of head office to any person who approached her wishing to make a complaint. Feedback could otherwise be provided verbally to team members and through an annual Community Pharmacy Patient Questionnaire (CPPQ). The results of a previous questionnaire were generally positive and team members were observed to have an open dialogue and good rapport with their regular patients.

The correct RP notice was conspicuously displayed near to the medicine counter at the main entrance to the pharmacy. The electronic log was compliant with requirements, as were samples of private prescription and emergency supply records. And specials procurement records provided an audit trail from source to supply. CD registers were in order and maintained a running balance. Patient returned CDs were recorded and previous destructions were signed and witnessed.

The pharmacy had several information governance procedures and a training workbook had been completed by team members. Further training had been provided following the introduction of the General Data Protection Regulation (GDPR) and the company was registered with the Information Commissioner's Office. The pharmacy team members demonstrated an understanding of how they would protect people's privacy. Confidential waste was segregated for appropriate disposal, prescriptions forms were kept out of view and the appropriate use of NHS smartcards was seen on the day.

The pharmacist and pharmacy technician had both completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). They discussed some of the types of concerns that they might identify and provided an example of a concern which had previously been raised to help protect a vulnerable patient. The contact details of local safeguarding agencies were available to support escalation. And the pharmacy's chaperone policy was displayed in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work closely together in an open culture to effectively deliver pharmacy services. They use their professional judgement to make decisions in the best interest of patients and they can raise concerns and provide feedback, to help improve pharmacy services. Team members hold the appropriate qualifications for their roles and complete some ongoing learning so that they can keep their knowledge up to date.

Inspector's evidence

On the day of the inspection the regular pharmacist was working alongside a registered pharmacy technician and a qualified MCA. A delivery driver was also present for a short period of time. The pharmacy also employed an additional part-time dispenser and MCA, neither of whom were present, and it was confirmed that this was the usual staffing level for the day. Leave was managed through head office, with restrictions in place to help maintain sufficient staffing levels. Relief staff were available to provide cover when necessary. This had not been available to assist with unplanned sickness the day prior to the inspection. But the MCA had increased her hours to provide some additional support. The team were up-to-date with the current dispensing workload and repeat prescriptions and compliance aid packs were being supplied on time. But the environment could be busy, which made some other tasks such as date checking more difficult to complete and the pharmacy technician reported that there were some compliance aid packs which were required for the next day, which still needed to be dispensed.

Several appropriate sales and referrals were heard during the inspection. Suitable questions were asked to help make sure that medicines sold were safe and appropriate. The MCA discussed some medicines which might be susceptible to abuse and explained that concerns were referred to the pharmacist. She also demonstrated an understanding of restrictions on the sale of certain OTC medicines, such as pseudoephedrine-based products.

The pharmacy team members were appropriately trained for their roles and their certificates were displayed in the consultation room. They completed ongoing training through an e-Learning platform, with modules being released every few months. The most recent topics covered included information security and women's health. Training modules were completed during work hours and any further updates were provided through head office. The pharmacist said that development needs were reviewed and addressed on an ongoing basis. For example, if he felt a consultation or sale could be managed more effectively he would intervene, and then have a one-to-one discussion with the team member immediately after the event, to identify any areas for improvement. But there was no formal appraisal process, so further learning needs may not always be identified and addressed.

An open dialogue was observed amongst the pharmacy team. They worked together closely and had regular team huddles to discuss and identify areas in which they could improve. The team discussed a new cleaning rota which had recently been implemented, as they had identified that there were areas of the pharmacy which were previously being missed. Team members were comfortable in approaching one another and the regular pharmacist with any feedback or concerns. They were also happy to

contact team members based at the company's head office, including the superintendent pharmacist. The company had a whistleblowing policy to help staff raise concerns anonymously if the need occurred. The pharmacist said that there were no formal targets in place for professional services. He said the company encouraged staff to complete services such as MURS, but explained that he did not feel any pressure relating to this and used to the pharmacy patient medication record (PMR) system to ensure that services were only carried out when appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a clean and professional environment which is suitable for the provision of pharmacy services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was well maintained and portrayed a professional appearance. It was clean and tidy on the day, with team members using a cleaning rota to effectively manage daily house keeping duties. Maintenance concerns were discussed with the company health and safety manager who arranged for any necessary repair work to be carried out. The ambient temperature was appropriate for the storage of medicines and there was adequate lighting throughout the premises.

The pharmacy had a spacious retail area. Pharmacy and OTC medicines were all located at one end of the premises, with pharmacy medicines appropriately secured from self-selection. The second half of the retail area stocked a range of assisted living aids. The area was tidy, with no obstructions on the floor and there were seating areas available for people who were less able to stand. The pharmacy also had various health promotion displays with healthy living literature available for reference.

An enclosed consultation room was located off the retail area. The room was well maintained and had a desk and seating to facilitate private and confidential discussions. A blind was fitted to the window of the room to afford additional privacy.

The dispensary was narrow but had an adequate amount of space. There was a small service desk for people to use when dropping off or collecting prescriptions, and within the dispensary, there was one large work bench which had a dispensing terminal at each end. One side was used for dispensing and the other for checking. And a sink was also available for the preparation of medicines and was equipped with appropriate hand sanitiser. There was a good use of shelving to create additional storage space and minimal obstructions on the floor. The pharmacy used an upstairs storage area to create additional space and this area also provided access to a staff tearoom and WC facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. They are well managed and delivered safely so that people receive appropriate care. The pharmacy sources medicines from reputable suppliers and it carries out some checks to help make sure they are suitable for supply.

Inspector's evidence

The pharmacy was located on the first-floor of the shopping centre. There were lifts and escalators to assist people with mobility issues and the entrance to the pharmacy premises from the shopping mall was step-free. Additional adjustments could be made for people with different needs. The pharmacy had a hearing loop device in the consultation room, which was advertised and large print labels could be generated from the PMR system and were currently being provided to two patients. There was limited advertisement of the pharmacy's services and a copy of the practice leaflet was not available on the day, but the pharmacist said that he would obtain further copies of this. Near to the main entrance of the pharmacy was a health promotion zone, which displayed a range of healthy living literature, and other posters, some of which promoted services in the local area. The pharmacy signposted people to other healthcare providers, as necessary but did not routinely keep a record of this.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Audit trails for dispensing were kept using 'dispensed' and 'checked' boxes on the dispensing labels. The pharmacist said that where any prescription interventions were made, this would be added as a note to the PMR record. But records were not routinely kept for general monitoring parameters of people on high-risk medications, such as warfarin. The team had a general awareness of the risks of valproate-based medicines in people who may become pregnant. They had access to the necessary safety literature and discarded some outdated materials on the day to avoid any unnecessary confusion. The pharmacy did not currently have any patients who fell within the age criteria of the guidance. Examples were seen where the pharmacy highlighted some prescriptions for additional checks, this included prescriptions for CDs, to help make sure that supplies were made within the valid 28-day expiry date.

The pharmacy offered a repeat prescription collection service. But some of the surgeries in the local area had moved to a Patient Ordering Direct (POD) service, which meant patients from those surgeries ordered medicines themselves. The team kept a record of any repeat requests that they had sent to local surgeries and followed-up on any unreturned prescriptions. They automatically ordered medicines for people using multi-compartment compliance aid packs but took care to only request medicines which were placed into the packs, to help prevent overordering. Additional 'when required' medicines were ordered upon patient request. They sent requests directly to the POD using a designated cover sheet as part of this process and kept an audit trail to ensure all requests were returned. The pharmacy held a master record of medications for all compliance aid pack patients. The records were updated in response to any changes. No high-risk medicines were placed into compliance aid packs and the team explained that where a medicine may not be suitable for a pack, this was communicated to the GP, so a decision could be made in the best interest of the patient. Completed packs had patient identifying details and descriptions of individual medicines. An audit trail for dispensing was maintained using a

separate record sheet, so it may not always be possible to identify those involved in dispensing and checking from the compliance pack.

The delivery driver obtained signatures to confirm the delivery of medicines. A cool bag was available to maintain the cold chain of fridge medications and additional signatures were obtained for the delivery of CDs. In the event of a failed delivery medicines were returned to the pharmacy and a card was left for the patient.

The pharmacist discussed the provision of some of the other services available in the pharmacy. A copy of the patient group directive (PGD) for the supply of the emergency hormonal contraceptive (EHC) was available and the pharmacist had completed appropriate training modules. He explained some circumstances which might raise a concern and how these would be managed. The pharmacist also discussed the planned reimplementation of a Champix smoking cessation PGD in collaboration with a local service provider. The service agreement and PGD were with head office for review.

Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock was stored in an organised manner and within the original packaging provided by the manufacturer. The team discussed the date checking procedures and a stock exchange system which the company operated. Date checking records indicated that checks were a few weeks behind schedule, this was confirmed by staff who cited lack of time as a factor. No out of date medicines were identified from random samples. Returned and expired medicines were placed in appropriate waste bins, and a cytotoxic bin with appropriate waste guidance was available. Several blister strips of gabapentin were identified in a standard medicine waste bin. These were removed and given to the pharmacist for denaturing prior to disposal and the requirements for schedule 3 and 4 CDs to be denatured were reinforced to team members. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). They had received a new scanner but were awaiting instructions from head office regarding the planned roll-out across the company. They received alerts for the recall of faulty medicines and medical devices electronically. The system kept an audit trail to record the details of actions taken and a paper record was also retained by the pharmacy.

CDs were stored appropriately with expired and returned CDs separated from stock medicines. Random balance checks were found to be correct and CD denaturing kits were available. Substance misuse prescriptions were dispensed on the day and were double checked prior to supply. The consultation room was used to afford patient privacy. The pharmacy fridge had a maximum and minimum thermometer and the temperature was checked and recorded daily. The fridge was within the recommended temperature range on the day.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services safely.

Inspector's evidence

The pharmacy team had access to several pharmaceutical reference textbooks and internet access supported additional research. Glass conical measures were crown-stamped and were marked to clearly indicate their use. The pharmacy had counting triangles for loose tablets, with a separate triangle reserved for use with cytotoxic medicines.

Electrical equipment was in working order and the layout of the pharmacy meant that screens were positioned out of public view. Systems were password protected and concerns were referred to the company IT department. Cordless phones allowed conversations to take place in private, if required.

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.