

# Registered pharmacy inspection report

**Pharmacy Name:** Morrisons Pharmacy, Lichfield Street, WALSALL,  
West Midlands, WS1 1SY

**Pharmacy reference:** 1038505

**Type of pharmacy:** Community

**Date of inspection:** 29/08/2019

## Pharmacy context

This is a community pharmacy located within a Morrisons supermarket close to the centre of Walsall. The pharmacy is open extended hours over seven days. It dispenses NHS prescriptions and provides NHS funded services. The pharmacy team offers a managed prescription collection service and dispenses some medicines into weekly multi-compartment compliance packs for people that can sometimes forget to take their medicines.

## 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	1.4	Good practice	Feedback and concerns about the pharmacy can be raised by individuals in a number of different ways and these are used to improve the pharmacy service.
<b>2. Staff</b>	Standards met	2.4	Good practice	Pharmacy staff demonstrate enthusiasm for their role and understand the importance of what they do. Staff have feedback about their personal and team performance and share feedback with each other.
<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 effectively manages the risks associated with the services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

### Inspector's evidence

A range of up-to-date standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were periodically reviewed on a cyclical basis and SOPs were marked with the date they were due for their next review. All pharmacy staff had read and signed the SOPs relevant to their job role. Roles and responsibilities of staff were highlighted within the SOPs.

Near miss logs were in place and the dispenser involved was responsible for correcting and recording their own error to support ongoing learning. The error was discussed with the dispenser at the time of the incident to see if there were any learning points and this was recorded on the log to aid the review process. A regular review of the near miss log was carried out by the pharmacists and documented on a review form. Any patterns or trends were shared with the pharmacy team. Various LASA (look alike, sound alike) medicines were highlighted or separated to reduce the risk of them being selected in error. Pharmacy professionals had either completed, or were working through, the Centre for Pharmacy Postgraduate Education (CPPE) training on risk management and LASA medicines. Dispensing incidents were investigated and recorded on a PRS (pharmacy reporting system) form online and a printed copy was stored in branch for easy reference. Every dispensing incident triggered a peer-review or 'critical analysis', a personal reflection and an action plan in order to prevent a reoccurrence.

The pharmacy manager carried out internal audits every month and the outcome was reported to head office. Various checks were completed, and the pharmacy rated themselves either red, amber or green (RAG). Improvements were required for red or amber ratings and these were recorded and monitored. Additional pharmacy audits were carried out every six months by the area manager.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to medicine sales and responsible pharmacist (RP) absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role.

A complaints procedure was in place. The RP explained the process for handling a complaint or concern. She identified that she would speak to the person first and would try to resolve the issue and would refer to the pharmacy manager or provide contact details for head office if the complaint was unresolved. A customer leaflet was available which explained the complaints process. The pharmacy gathered customer feedback by completing an annual customer survey and the results of the previous survey were on display to customers. A 'Morrisons Listening Hard' feedback survey was available, and the details were available on the front counter for customers to take. The team had been given

feedback since the refit and whilst most of the feedback was positive, some had highlighted areas requiring improvement which the team had acted upon. For example, being discreet when taking people into the consultation room. And the top of the pharmacy counter was due to be replaced so that GSL medicines could be stocked rather than having to signpost people to the medicine aisle in the supermarket.

The pharmacy had up-to-date professional insurance arrangements in place. The Responsible Pharmacist (RP) notice was prominently displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balances recorded in the register. The balance check for methadone was done every few weeks and the manufacturer's overage was added to the running balance. A patient returned CD register was in place. Private prescription and emergency supplies were recorded in a record book and records were in order. Specials records were maintained with an audit trail from source to supply. MUR consent forms were signed by the patient.

The branch had an Information Governance (IG) policy and various training and policy documents had been read and signed by pharmacy staff. Confidential waste was stored separately from general waste and shredded. Contractors were asked to sign a confidentiality policy when working in the pharmacy. The pharmacy had a safeguarding policy and a list of local safeguarding contacts was available in the dispensary. The pharmacy professionals had completed a CPPE training package on safeguarding children and vulnerable adults. The RP gave an example of a safeguarding concern that she had referred to the local safeguarding team.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members plan absences in advance, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the pharmacy manager (pharmacist), a second pharmacist, a pharmacy technician and three dispensing assistants. Holidays were planned in advance with the pharmacy manager and cover provided was provided by other staff members as required. Locum dispensers and locum pharmacists could be booked through head office to provide additional cover. The pharmacy manager had reviewed the core rotas and the salary budget was based on a 'right hours, right place' model with the area manager. Staffing budget was checked on the monthly pharmacy audit to ensure the pharmacy had enough staff to meet the workload.

On-going staff training was provided by head office on an e-Learning system (Mediapharm) and covered a number of topics. The current process for appraisals was unclear as the team had not had appraisals in 2018 and had not been updated on why. Annual appraisals, in the month that the employee had joined the company had occurred prior to 2018.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. As the pharmacy team worked closely together on a daily basis they discussed any near misses, incidents and pharmacy issues on a regular basis within the dispensary rather than at a formal meeting. Weekly bulletins were sent from head office and the pharmacy manager dialled into a weekly conference call and shared information with the team after the call. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacy manager, pharmacist, HR or head office. Staff were aware of the company whistleblowing policy.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services and the RP explained that she would use her professional judgement to offer services, such as MURs, when she felt that they were appropriate for the person.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

### Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the in-store admin team or to head office. There had been a major refit in June 2019 and the pharmacy department had moved from towards the back of the supermarket to next to the front door. There were some snagging works in process, but these did not impact on the service to people. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was large, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a large private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap was available. The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions. And the pharmacy team supports members of the public that may forget to take their medicines by placing them into weekly multi-compartment compliance packs.

### Inspector's evidence

The pharmacy had step-free access from a large car park and was within easy walking distance of the main town centre. A hearing loop was available. Any people requesting a regular home delivery service were referred to other pharmacies in the town. The pharmacy opened for longer hours than many other pharmacies which included late nights, and Saturday and Sunday. Pharmacy staff could communicate with people in English, Punjabi, Hindi and Gujarati. The range of services provided was displayed and pharmacy leaflets explaining each of the services were available for customers. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer.

Prescriptions were dispensed in baskets with different colours used for different prescription types e.g. red baskets for waiting prescriptions. Dispensing baskets were also used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions.

Multi-compartmental compliance packs were supplied and the process was overseen by the pharmacy technician. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. A wall chart was used to track the progress of each prescription and the notes for each person were very thorough. Each person had a record sheet to log where they wanted each medicine packed and which external items they required. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were included with each monthly supply.

A prescription collection service was offered and various options were available dependent on what the person preferred. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription. The notes kept for each person were very thorough so that they could be passed on during the hand-out process.

Stickers were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The team were aware of additional counselling for people prescribed valproate and there were leaflets and stickers available to support this.

Date checking was carried out in accordance with a plan issued by head office and there was evidence of regular date checking. Short dated medicines were marked and listed so they were removed from

the shelves prior to expiry. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. Split liquid medicines were marked with the date of opening. Barcode scanners for Falsified Medicines Directive (FMD) had been installed but were not being used. The company were in the process of trialling their use before rolling FMD out. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug recalls via emails by head office. A record of recalls was seen and recalls were annotated and signed as evidence.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day were in place. Substance misuse prescriptions were dispensed in advance of the patient coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. And the pharmacy team uses it in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available and there was a separate, marked triangle used for cytotoxic medicines. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

### 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.