

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, 2 Macneish Way,
Stewartfield, EAST KILBRIDE, Lanarkshire, G74 4TT

Pharmacy reference: 1042247

Type of pharmacy: Community

Date of inspection: 28/01/2020

Pharmacy context

The pharmacy is in a Morrisons' store on the edge of East Kilbride. It has long opening hours. And it opens on a Saturday and a Sunday. The pharmacy dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. And it dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It offers a smoking cessation service and provides flu vaccinations.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	2.2	Good practice	The pharmacy team members complete regular training relevant to their roles. And the pharmacy provides time during the working day to support them to do so.
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 team members work to professional standards. And they keep records about mistakes when they happen. The team members discuss mistakes that happen. And they use this information to learn and reduce the risk of further errors. But they don't always collect enough information about the causes of mistakes to help inform the changes they make. So, they may miss opportunities to improve. The pharmacy keeps the records it needs to by law. And it provides regular training for the team to keep confidential information safe. The team members understand their role in protecting vulnerable people. People using the pharmacy can raise concerns. And the pharmacy team members know to follow the company's complaints handling procedure. They listen to people and put things right when they can. And make service changes to improve people's experiences.

Inspector's evidence

The pharmacy used working instructions to define the pharmacy processes and procedures. The team members signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The team members signed dispensing labels to show they had completed a dispensing task. And the pharmacists and the accuracy checking technician (ACT) provided feedback when dispensers failed to identify their own errors. The recorded the near-miss. And the dispensers were expected to reflect on their errors and record the reasons why they thought they happened. The pharmacy provided records to show a good level of reporting. But the team members mostly recorded 'busy and rushing' as the root cause. And this was reflected in the monthly near-miss review, and the area managers feedback at a regular professional standards audit visit in November 2019. The team members were able to provide a few examples of changes to manage near-misses, for example separating quinine and quetiapine to manage the risk of selection errors. The pharmacists managed the incident reporting process. And the pharmacy team members knew when incidents happened and what improvement action had been taken. For example, the pharmacists and the ACT always re-read the final accuracy checking SOP following an incident to reflect on their practice. The pharmacy used a complaints policy. And this ensured that team members handled complaints in a consistent manner. The pharmacy displayed information to advise people about how to complain or provide feedback. And the team members had displayed a notice to remind people to wait 48 hours after ordering their prescriptions. The notice had reduced the number of people arriving early to find their prescription was not ready. And it helped to manage people's expectations.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of the controlled drugs every week. This ensured they could identify discrepancies and investigate them in a timely manner. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. They kept private prescriptions up to date and met legal requirements. And specials records showed details of who had received each supply. The pharmacists had been accredited to use patient group directions to improve access to medicines and advice. But a sample trimethoprim patient group direction had expired in November 2019. The pharmacists referred to the Health Boards electronic version. And on checking showed the

PGD had been extended for use until April 2020.

The pharmacy displayed a notice to inform people about its data protection arrangements. The pharmacy trained team members on a regular basis to comply with its data protection arrangements. And they knew how to safeguard personal information. The pharmacy disposed of confidential information using a shredder. And it archived spent records for the standard retention period.

The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. The pharmacy provided the team members with the knowledge and skills to recognise vulnerable adults and children. And they knew how to safeguard vulnerable people. For example, they knew to ask people to sign for their multi-compartment compliance packs. And this provided assurance they were collecting them on time. And if not, they spoke to carers or the surgery to check on their well-being or if they needed extra assistance. The pharmacy providing training about whistleblowing. And the team members knew to speak up if they had safety concerns. It provided training about chaperones. And the pharmacy team knew to offer support if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And it ensures it has the right number of suitably qualified pharmacy team members throughout the week. The pharmacy provides a range of training resources. And it encourages the pharmacy team to learn and develop. The pharmacy provides protected time in the work-place. And this ensures the team members keep up to date in their roles. The pharmacy team members support each other in their day-to-day work. And they speak up at regular meetings so that services continue to improve.

Inspector's evidence

The pharmacy had experienced an increase in the number of NHS prescription items it dispensed. And the pharmacist manager carried out regular reviews to confirm it continued to have the capacity and capability to provide the services it offered. The pharmacy responded when it identified shortfalls. For example, it replaced a medicines counter assistance who left, and added extra hours to meet extra demands. The pharmacy encouraged its team members to submit holiday requests in advance. And this supported the pharmacist manager to maintain minimum levels. The pharmacy employed students who normally worked at the weekend and in the evenings. And they worked extra during the summer months when most people took their main holiday. The pharmacist referred to annual leave requests when producing the pharmacy team rotas. And they made the rotas a month in advance so they knew to arrange extra cover if necessary. The pharmacy opened long hours including Saturday and Sundays. And the team members worked weekdays and weekends to provide service continuity. The pharmacy knew when to expect peaks in service demands. And it ensured more team members were on duty to keep services safe. For example, it arranged for the regular pharmacists to start at 8.00am before the pharmacy opened at 8.30am. And it increased the number of team members on duty from 10.30am. And this was due to prescription bundles arriving at the pharmacy from the surgeries at this time.

Most of the pharmacy team members had worked at the pharmacy for many years. And they were knowledgeable and experienced in their roles. The pharmacy kept most of the team's training qualifications on-site. And the following pharmacists were in post; two part-time pharmacists working 32 and 36 hours, with relief pharmacists providing regular cover. The pharmacists overlapped for a few two hours during weekdays. And this provided the necessary support to deliver personal services such as the flu vaccination service. The following team members were in post; one x 43 hours accuracy checking technician (ACT), one x 32 hours pharmacy technician, one x 38 hours dispenser, one x 34 hours dispenser, one x 30 hours medicines counter assistant (MCA), one x 20 hours trainee MCA and two pharmacy students and one other student working weekends and evenings and providing extra cover during the summer.

The company carried out individual performance reviews each year. And the team members and the manager completed the necessary forms to prepare for the review. The company provided training resources to ensure that team members were competent and developed in their roles. And the pharmacist manager identified a training topic each month depending on the needs of the team. For example, they had recently completed training about 'sepsis' and 'mental health'. The team members completed assessments at the end of the training. And this provided assurance that the learning had been effective, and learning needs had been met. The pharmacy kept electronic records of learning.

And a team member produced her training record which demonstrated regular ongoing learning.

The area manager shared information via e-mail once a week. And this included prompts to complete any company-wide mandatory training. For example, data protection and safe-guarding training. The pharmacy provided protected training for team members. And this supported team members to complete formal training course and shorter training modules. The company also provided home-access to learning. And some team members preferred to use this option.

The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, the new pharmacy technician had suggested changes to the way they managed multi-compartment compliance pack dispensing. And they had made the changes with the same number of packs being dispensed each week to better manage their time. The medicines counter assistants knew to refer to the pharmacist when they had concerns. For example, they had completed 'MethGuard' training to safeguard pseudoephedrine sales.

The team members did not feel undue pressure to achieve their performance targets. And they were focussed on the quality of their services and registering people for the chronic medication service (CMS) so they would benefit from extra support with their medicines if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises is clean and hygienic. It has consultation facilities to meet the needs of the services it provides. And it has an appropriate space for people to sit down and have a private conversation with pharmacy team members.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. The pharmacy provided seating. And it provided patient information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And the team members used a separate rear area to dispense and store multi-compartment compliance packs. The pharmacist supervised the medicines counter from the checking bench. And they could make interventions when necessary. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room which was out of sight of the main pharmacy. And it was unlocked at the time of the inspection even though it contained medicines and clinical waste.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information at the front of the pharmacy. And it lets people know what services are available to them. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy sources, stores and manages its medicines appropriately. And the pharmacist keeps the pharmacy team up-to-date about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had step free access. And it provided unrestricted access for people with mobility difficulties. The pharmacy displayed healthcare information leaflets in the waiting area. And it provided information about its long opening hours. The pharmacy team spoke to people to help them with their medicines. And the pharmacist provided extra support when needed. The pharmacy used labels to communicate safety messages. For example, the pharmacist attached a 'warfarin' sticker to prescription bags. And the team members knew to check that people were up-to-date with blood tests.

The pharmacy team members used dispensing baskets. And they always kept prescriptions and medicines contained throughout the dispensing process. The pharmacy dispensed multi-compartment compliance packs for around 50 people. And they had capped the service due to available resources. The team members had read and signed the company's working instructions to confirm that dispensing was safe and effective. And they used a separate rear bench to assemble and store the packs. The team members used supplementary records to support the dispensing process. And they updated them following prescription changes. The team members asked people to sign for receipt of the packs when they collected them. And this helped them to identify potential compliance issues which they referred to the pharmacist. The team members supplied patient information leaflets. And they provided descriptions of medicines.

The pharmacy purchased medicines and medical devices from recognised suppliers. The team members carried out regular stock management activities. And they highlighted short dated stock and split-packs during regular checks. The team members monitored and recorded the fridge temperature. And they demonstrated that the temperature had remained between two and eight degrees Celsius. The team members kept controlled drugs in two separate cabinets. And this managed the risk of selection errors, for example, they kept oxycodone and morphine products separate.

The team members acted on drug alerts and recalls. And they recorded the date they checked for affected stock and what the outcome had been. For example, they had checked for ranitidine in December 2019. The team members signed the alerts to confirm they had read them. And to confirm they were aware of the safety messages. The pharmacy team members had been trained about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards and when to issue them. The pharmacist monitored prescriptions for valproate. But they had not received any prescriptions for people that could be affected to. The pharmacy had provided training about the Falsified Medicines Directive (FMD). And it had implemented the necessary resources to meet the system's requirements. But it had not yet introduced the initiative. And the team members did not know when it was due to be implemented.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). It used crown-stamped measuring equipment counting triangles. And the team members kept them clean. The pharmacy used cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members used portable phones. And they took calls in private when necessary.

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.