

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, Seaview Road/Bay View Road, COLWYN BAY, Clwyd, LL29 8DG

Pharmacy reference: 1043102

Type of pharmacy: Community

Date of inspection: 27/08/2019

Pharmacy context

The pharmacy is located in a supermarket, in the coastal resort town of Colwyn Bay, North Wales. The pharmacy premises are easily accessible for people, with adequate space in the consultation room and at the medicines counter. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. The pharmacy supplies some people's medicines in multi-compartment compliance aids.

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	1.7	Good practice	All members of staff receive Information Governance training when their employment begins, then get regular refresher training and assessment to provide assurance that they understand their responsibilities.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have protected time to learn while they are at work.
		2.4	Good practice	The pharmacy manager supports the pharmacy team to identify and address their learning and development needs.
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 manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again. The team members complete training so they know how to protect vulnerable people.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was able to clearly describe her duties.

Dispensing incidents were reported online and learning points were included. A dispenser said near miss errors were reported on a near miss log and were reviewed for trends and patterns by a pharmacist each month. It was evident that near miss errors had not been reviewed since April 2019. The near misses were discussed with the pharmacy team member at the time they occurred. A dispenser demonstrated that because she had made a dispensing error on two occasions with rivaroxaban and rosuvastatin, the medicines stock had been highlighted and separated in the dispensary, the error had been reported to the superintendent and the National Reporting and Learning System (NRLS), the patient medication record (PMR) had been highlighted and the locum pharmacist and other members of the pharmacy team had been spoken to, to reflect and learn from the error. She said she was being supported by the pharmacist manager to ensure that she dispensed prescriptions methodically, in accordance with the SOP.

A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose, but he would refer the customer to the pharmacy manager if they felt it was unresolved. A customer satisfaction survey was carried out annually. A dispenser explained that because of some patients asking for somewhere to have a private conversation, the pharmacy team were actively signposting patients to the consultation room.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. The company had appropriate insurance in place. The private prescription record, emergency supply record, CD register, RP record and unlicensed specials record were in order. Records of CD running balances were kept and audited regularly. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was shredded. Patient information was kept out of sight of people who accessed pharmacy services. An information governance SOP was in place and all staff had read and signed confidentiality agreements during their employment. The computers were password protected, facing away from the customer and assembled prescriptions awaiting collection were stored in the dispensary in a manner that protected patient information from being visible. Information governance (IG) training was completed when staff commenced their roles, with an annual IG refresher course completed online by all staff. A privacy notice was displayed in the retail area.

The pharmacist had completed level 2 safeguarding training. And all other staff had completed level 1

safeguarding training online. The local NHS contact details for seeking advice or raising a concern were displayed for staff to refer to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are well trained and work effectively together. They are comfortable about providing feedback to their manager and receive feedback about their own performance. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was a regular pharmacist and a dispenser on duty. Both the pharmacist and dispenser were kept busy providing pharmacy services throughout the inspection. They appeared to work well together and manage the workload adequately. Shortly before the inspection concluded, a trainee counter assistant and a second dispenser commenced work.

A dispenser said the pharmacist manager was very supportive and was more than happy to answer any questions she had. She logged into her e-learning account and demonstrated that she had completed a "dispensing methadone" module recently. It was evident that a comprehensive history of previous training modules had been completed by the dispenser. She said training was completed on an ongoing basis and dedicated time was allocated for pharmacy team members to undertake it.

A dispenser was aware of a process for whistleblowing and knew how to report concerns about a member of staff if needed. For example, she would speak to the pharmacist in the first instance. The staff were regularly given feedback informally from the pharmacist manager, for example about near miss errors or any outstanding training to be completed. All staff had received a performance appraisal with the pharmacist manager in the last 12 months. The dispenser said it was a useful way of identifying how she wanted to develop in her role.

A dispenser was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol, which she would refer to the pharmacist for advice.

The pharmacist explained that there were some professional service targets set in the pharmacy but said he had not felt under any pressure to achieve these. He said there was no compromise to patient safety or the quality of services provided because of the targets and he was not aware of any consequences to not hitting professional service targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. Dispensary benches, the sink and floors were cleaned regularly, and a daily cleaning matrix was in place. The temperature in the pharmacy was controlled by air conditioning. Lighting was good. The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported on a log and dealt with.

Staff facilities included a kettle. A staff room and separate ladies and gent's WCs with wash hand basins and antibacterial hand wash were available in the staff area of the supermarket. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are effectively managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some medicines which may be higher risk. It sources and stores medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. A hearing loop was available. There was a selection of healthcare leaflets. Staff were clear about which services were offered and where to signpost to a service if this was not provided. For example, opticians. The opening hours were displayed.

The work flow in the pharmacy was organised into separate areas, with adequate dispensing bench space and a checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A dispenser explained that prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. She explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. She said schedule 3 and 4 CDs were highlighted in the same manner and had the expiry date added. An example of this was seen for a pregabalin prescription awaiting collection.

Prescriptions containing warfarin, methotrexate or lithium were observed to be routinely highlighted prior to collection. And the pharmacist said this was to prompt counselling with the patient to take place. A pharmacist had carried out a clinical audit for patients prescribed valproate and had identified three patients who met the risk criteria. Each patient had been counselled by a pharmacist, provided with appropriate information and referred to their GP for a review. A drug safety bulletin for valproate was displayed for staff and the pharmacy had the necessary patient information resources for the supply of valproate.

A dispenser provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for changes to medication added to a handwritten list of medicines for each patient and the computer patient medication record (PMR) being updated. Assembled compliance aid packs awaiting collection had patient information leaflets included for each medicine supplied and individual medicine descriptions on each pack.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily in the pharmacy. Date checking was carried out and documented. Short dated medicines were highlighted. No out of date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using a denaturing kit. A balance check for a random CD was carried out and found to be correct. There was a clean fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy staff present were aware of the Falsified Medicines Directive (FMD) and a briefing pack on FMD had been sent out from head office. The pharmacy had 2D barcode scanners and the applicable SOPs had been updated. The pharmacy was awaiting further instruction from head office on the full roll out of FMD. Therefore, the pharmacy was not meeting legal requirements. Alerts and recalls were received electronically from head office. These were actioned by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is appropriately maintained and it is used in a way that protects privacy.

Inspector's evidence

The staff used the internet to access websites for up to date information, for example BNF, BNFC and medicines complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order and was PAT tested in August 2018.

There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for CDs. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles and an electric tablet counter that was in working order. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy.

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.