

# Registered pharmacy inspection report

**Pharmacy Name:** Murrays Healthcare, Cross Street Clinic, Cross Street, DUDLEY, West Midlands, DY1 1RN

**Pharmacy reference:** 1074813

**Type of pharmacy:** Community

**Date of inspection:** 19/10/2022

## Pharmacy context

This pharmacy is situated within Cross Street Clinic which is close to Dudley town centre. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them. The pharmacy changed ownership in March 2022.

## Overall inspection outcome

**Standards not all met**

**Required Action:** Improvement Action Plan

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 not all met	1.1	Standard not met	The risks associated with providing safe pharmacy services are not adequately identified and managed. Pharmacy team members do not always follow SOPs which means they may not always work safely.
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	Pharmacy staff do not receive appropriate training for the roles they undertake.
<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 not all met

### Summary findings

The pharmacy does not adequately manage the risks associated with its services. It has written procedures to help make sure the pharmacy team works safely, but staff members do not always follow them. Members of the team discuss their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. But errors are not recorded so additional learning opportunities may be missed. The pharmacy team members understand their role in supporting vulnerable people.

### Inspector's evidence

The pharmacy had been through a period of change in the months leading to the inspection. It had been owned by the same company since October 1999 when it merged with a larger pharmacy chain in March 2022. The pharmacy had adopted the systems and processes of the larger chain. But there had been a significant change to the pharmacy team, and the majority of the pharmacy team were new starters with varying levels of pharmacy experience.

A range of standard operating procedures (SOPs) were available on the company intranet, and these covered most of the procedures for the pharmacy and the services provided. The SOPs were tricky to access, and it took several members of the team to locate them. Some SOPs were not available despite being listed on the SOP log, and these included the Clinical Governance SOPs. The Responsible Pharmacist (RP) needed to report a dispensing error but could not find the SOP and he was unsure of the process for this as it was the first one that he had been required to report during his time at the pharmacy. One of the dispensing assistants tried to locate these SOPs using her smart phone device and explained that there had been an update to the intranet, and she could not locate them either. There was a signature sheet available with each SOP so that staff training could be recorded. But the SOPs had not been printed out and signed as evidence of training. Some members of the pharmacy team said they had read them, but others said they had not had time. There was evidence that the SOPs were not being followed in practice, for example, the backing sheets for multi-compartment compliance packs were not attached to the pack and did not always contain descriptions of medicines. Roles and responsibilities were highlighted within the SOPs. Members of the pharmacy team understood their roles and could explain their responsibilities.

A near miss log was available. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake. A newer member of the team explained some near misses that she had been told about and how she used this information to try not to make the same mistake again. There were some near misses recorded on the logs for two weeks in June 2022, but the logs were blank apart from these entries. The back of each near miss log contained a review form, but these hadn't been completed. This meant that opportunities to learn from patterns or trends were missed. There were some shelf edge warning labels which were a visual reminder to take care when selecting medicines. A change to the stock layout due to a minor refit had caused the stock to change location, and the warning labels had not moved with them. The RP was not aware of any other dispensing errors and said that he would telephone the superintendent's office after the inspection to ask for support in

investigating the error identified during the visit.

People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve the RP or area manager if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was clearly displayed, and the RP log was electronic and met requirements. Controlled drug (CD) registers were generally in order and two random balance checks matched the balances recorded in the register. Private prescription records complied with requirements.

Confidential waste was stored separately from general waste and destroyed securely. Most pharmacy team members had their own NHS Smartcards and confirmed that their passcodes were not shared. The pharmacists had completed level 2 training on safeguarding. The pharmacy team members understood what safeguarding was and a dispenser gave examples of hypothetical safeguarding concerns and how she would report them.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. But pharmacy staff do not receive appropriate training for their job role, so they might not develop the necessary skills and knowledge. The team members try to plan absences, so they always have sufficient cover to provide the services. They work well together in an environment where they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of a pharmacy technician, a dispensing assistant, a pharmacy student, a trainee medicine counter assistant and a home delivery driver. The pharmacy did not have a manager and a number of locum pharmacists covered the opening hours. The pharmacy technician could contact a pharmacist manager at a local pharmacy if there were any operational questions and an area manager could be contacted for support. Whilst the pharmacy team were working hard on the day-to-day running of the pharmacy, some tasks and processes had been overlooked, and there was a lack of accountability and continuity due to the absence of a manager, and the use of part-time locum pharmacists.

Holidays were requested in advance and co-ordinated by the pharmacy technician. Cover was requested from other pharmacies within the company and the pharmacy student worked part time and was available to work additional hours dependent on her studies.

The trainee medicine counter assistant was enrolled on an accredited training course and the pharmacy technician was her designated course supervisor. She received regular training time and did this in the consultation room so that she was not disturbed. There was evidence that she had been undertaking dispensing tasks which were outside of her role and training. Her supervisor confirmed that the course she was enrolled on was the medicine counter assistant course and not a combined medicine counter assistant and dispensing assistant course.

The pharmacy was due to start a 'hub and spoke' service for compliance pack dispensing and a dispensing assistant from the hub was visiting the pharmacy during the inspection to undertake staff training and explain how the service worked.

The team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. Members of the team discussed any pharmacy issues with their colleagues as they arose and held regular huddles within the dispensary during quieter times.

The pharmacy staff said that they could raise any concerns or suggestions with their colleagues, a manager from another pharmacy or with head office. The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office using an online form. The dispensary was an adequate size, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. The pharmacy had a minor refit earlier in the year to change the storage system and to open up a window so that there was natural light in the dispensary.

There was a private soundproof consultation room away from the pharmacy. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use to prevent unauthorised access. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter, so sales were supervised.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team on an ongoing basis. The sinks had hot and cold running water. Hand towels and hand soap were available. The pharmacy had a portable air conditioning unit for the warmer months, and portable oil filled radiators for the winter. The lighting was adequate for the services provided.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It generally manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and it stores them securely. People receive appropriate advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy was located within the health centre and there was step free access. A home delivery service was offered to people who could not easily access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and some counselling materials was available. The pharmacy did not have warning stickers to attach to plain boxes and agreed to order these. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given.

Multi-compartment compliance packs were used to supply medicines for some patients. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. The pharmacy ordered the medicines that went inside the packs, and people ordered their own external items when they needed them to reduce wastage. A sample of dispensed compliance packs checked did not always include descriptions of medication and patient information leaflets (PILs) were only sent with new medication rather than each month. This meant that people may not have all of the information that they need to take their medicines safely. The backing sheet that contained the dispensing labels was not affixed to the tray which increased the change of it being misplaced in people's homes. The dispensing assistant used a common-sense approach when talking to people about changes to compliance packs and did what was best for the patient. The pharmacy was not taking on additional compliance packs as they were in the process of transferring existing packs to the hub for assembly.

Date checking took place regularly and no out of date medication was seen during the inspection. Medicines were stored in an organised manner on the dispensary shelves. Some mixed batches of medicines were found stored within the same stock boxes. This meant that there was a risk that date expired or recalled stock may not be identified and could increase the risk of errors. Patient returned medicines were stored separately from stock medicines in designated bins. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from head office. The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records

showed that the pharmacy fridges were usually 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 its services safely. And the team uses equipment 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. Counting triangles were available and there was a separate triangle for cytotoxic medication. Computer screens were not visible to the public as members of the public could not access 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.