

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: 22/06/2023

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.

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	N/A	N/A	N/A
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

Overall, the pharmacy manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And the team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. Signature sheets were used to record when members of the team had read the SOPs. Roles and responsibilities were highlighted within the SOPs. The responsible pharmacist (RP) had only started working as the regular pharmacist at the pharmacy three days before the inspection so had not yet read all the SOPs or checked the pharmacy team's training and compliance with them. This was something she was planning to do once she had settled in.

A near miss log was available and near misses appeared to be routinely recorded. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake. A newer member of the team described some of the near misses that she had been told about and explained how she had used this information to try not to make the same mistakes again. The pharmacy had not had a regular pharmacist for a while and the team was unsure whether anyone had formally reviewed the near misses for patterns and trends. But a dispenser was able to explain why reviews would be important. And the RP confirmed that she intended to review the records on a monthly basis and would involve the team in that process.

There were shelf edge warning labels attached to medicines with similar names (LASA; look alike, sound alike medicines) which were a visual reminder to take care when selecting medicines. There were SOPs for managing pharmacy incidents. And the contact details for the area manager and pharmacy superintendent's office were available if the pharmacy team had any questions about how to report an error or required support. Weekly emails and newsletters were received from head office, and these contained company updates, and pharmacy related information.

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 in order and two random balance checks were found to match the balances recorded in the register. Private prescription records complied with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The RP had completed level three training on safeguarding. The pharmacy

team understood what safeguarding meant. A dispensing assistant gave examples of types of concerns that she may come across and described what action she would take.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team comprised of a pharmacist, a pharmacy technician, a dispensing assistant, a trainee dispensing assistant, a pharmacy student, and a home delivery driver. The pharmacy technician contacted a pharmacist manager at a local pharmacy if there were any operational questions and an area manager could also be contacted for support. The trainee dispensing assistant was enrolled on an accredited training course and was on track to complete the course within the time recommended by the course provider.

Holidays were requested in advance and co-ordinated by the pharmacy technician and area manager. Cover was requested from other pharmacies within the company, relief dispensers were sometimes used, and the pharmacy student worked part time so was available to work additional hours dependent on her studies. A relief dispenser was working at the pharmacy during the inspection to provide cover for absence.

The team appeared to work well together 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 as they arose and held regular huddles within the dispensary during quieter times. They were able to raise any concerns or suggestions with their colleagues, a manager from another pharmacy or with head office. The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare services. The pharmacy team has access to a consultation room so people can 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 last 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 which was located opposite the pharmacy entrance. 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 could be supervised.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was regularly cleaned by the pharmacy team. 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 manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use.

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 to alert the team when there was additional counselling required or extra items needed 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 were available. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given. The name and address label attached to the completed prescription bags contained a barcode that informed the pharmacy team where it was stored. When the barcode was scanned it automatically generated a text message to people if they had registered a mobile telephone number to inform them that their prescription was ready to collect.

Medicines were supplied in multi-compartment compliance packs for some patients, to help them take the doses at the right time. 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. Some of the compliance packs were dispensed at another of the company's pharmacies "the hub" and returned to the pharmacy "the spoke" for onward supply. The spoke pharmacy ordered the prescriptions, checked and queried any changes or missing items and transmitted the prescription information to the hub for assembly. Some people did not like the compliance packs that the hub supplied as they looked slightly different so the spoke pharmacy had continued to dispense these. The backing sheets attached to the compliance packs contained descriptions of the medicines so that people could identify which medicine was which.

Medicines were stored in an organised manner on the dispensary shelves. Date checking took place regularly and no out of date medication was seen to be present. 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 it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to 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. Computer 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.