

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, 716-718 Holderness Road,
HULL, North Humberside, HU9 3JA

Pharmacy reference: 1085375

Type of pharmacy: Community

Date of inspection: 04/07/2019

Pharmacy context

This is a community pharmacy which opens seven days a week. It is within a supermarket on the outskirts of the city centre. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also delivers medicines to people's homes.

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	1.2	Good practice	Pharmacy team members act openly and honestly by discussing any mistakes they make during the dispensing process. They engage in regular shared learning opportunities. And they can show how this shared learning is used to inform the safety and quality of the pharmacy's services.
2. Staff	Standards met	2.2	Good practice	The pharmacy encourages its team members to complete continual learning. It provides training time and it engages pharmacy team members in conversations about their learning and development.
		2.4	Good practice	Pharmacy team members contribute to regular safety reviews. This helps minimise risks during the dispensing process.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy reaches out to other healthcare organisations to increase the potential health and wellbeing benefits to people accessing its services.
		4.2	Good practice	The pharmacy uses information gathered from audits effectively to assess the need for interventions and to inform counselling prior to supplying medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has procedures and processes in place to manage the risks associated with the services it delivers. The pharmacy advertises how people can provide feedback about its services and it responds to this feedback appropriately. Pharmacy team members follow procedures and they have a good understanding of their roles and responsibilities. They know how to protect vulnerable people. And they keep people's information secure. Pharmacy team members act openly and honestly by discussing any mistakes they make during the dispensing process. They engage in regular shared learning opportunities. And they can show how they use this shared learning to inform the safety and quality of the pharmacy's services. It generally keeps all records it must by law. But some gaps in these records occasionally result in incomplete audit trails.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) in place which were accessible to its team. The pharmacy superintendent led the review process of SOPs and this was done at least two yearly. Pharmacy team members explained how their attention was drawn to SOP updates and they were given time to read these updates at work. Training records held with the SOPs confirmed pharmacy team members had read and understood the SOPs in place. SOPs highlighted the roles and responsibilities of staff and pharmacy team members were seen working in accordance with dispensing SOPs throughout the inspection. A member of the team explained what tasks she could and couldn't complete if the responsible pharmacist (RP) took absence from the premises. The RP on duty was a locum pharmacist. He explained how the company asked pharmacists to confirm their understanding of SOPs prior to accepting bookings for shifts.

The dispensary environment was busy. But the team demonstrated how they used workspace effectively to manage risks during the dispensing process. Separate areas of the dispensary were used for labelling, assembly and final accuracy checking. Different members of the team were assigned to acute and managed workload to help ensure both was completed in a timely manner. The pharmacy team engaged in daily, weekly and monthly audit processes to help inform a safe and effective working environment. These processes comprised of regular checks across the pharmacy environment, security and record keeping.

Pharmacy team members took ownership of their mistakes by discussing them with the pharmacist at the time they occurred and assisting in completion of near-miss records. The team demonstrated how they applied thorough self-checks of their work prior to submitting medicines for the final accuracy check and felt this contributed to low near-miss rates. This practice was observed to be consistent throughout the inspection. Near-miss records identified some details of mistakes. But they did not usually include details of contributory factors. A discussion took place about the advantages of recording contributory factors to help inform risk management processes in the pharmacy. The team did regularly review and discuss their near-misses and there was a good understanding of how shared learning between staff helped to reduce risk. The near-miss review process included a reflective learning cycle. And pharmacy team members were knowledgeable about the agreed actions of recent near-miss reviews and demonstrated how the pharmacy had implemented these actions. For example, the team double checked the quantities of medicines when not dispensing an original pack. The

pharmacy had adopted a process for recording this additional check to help reduce the risk of a quantity error occurring.

The pharmacy had an incident reporting procedure in place. And the team were knowledgeable about how incidents were managed and reported. Reporting was thorough with dual reporting through an internal system and anonymised reporting sent to the 'National Reporting and Learning System' (NRLS) to support shared learning nationally. The pharmacy team demonstrated actions taken to reduce risk following these types of mistakes. Actions included separating similar sounding medicines and different strengths and formulations of the same medicine in the dispensary drawers. And implementing more mental breaks across the dispensing process if one member of staff was both labelling and assembling a prescription.

The pharmacy had a complaints procedure in place. And it provided details of how people could leave feedback or raise a concern about the pharmacy through its practice leaflet. A member of the team explained how she would manage a complaint and understood how to escalate concerns if required. The pharmacy engaged people in feedback through an annual 'Community Pharmacy Patient Questionnaire' and it published the results of this survey for people using the pharmacy to see. Improvement areas identified from these surveys included the need for a larger waiting area and private consultation space. The team explained how they promoted the use of the pharmacy's consultation room to people who may not have known it was there.

The pharmacy had up to date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements. The sample of the controlled drug (CD) register examined was compliant with legal requirements. The pharmacy maintained running balances of CDs and these were checked weekly against physical stock. A physical balance check of MST Continus 30mg tablets complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. And the team entered returns in the register on the date of receipt. But two returns signed as denatured in June 2019 had not been counter-signed by a witness. The pharmacy kept records for private prescriptions and emergency supplies within its Prescription Only Medicine register, a recent private prescription record did not contain the full details of the prescriber. The pharmacy retained completed certificates of conformity for unlicensed medicines with full audit trails completed to show who unlicensed medicines had been supplied to.

The pharmacy displayed a privacy notice. Pharmacy team members had completed additional learning following the introduction of the General Data Protection Regulation (GDPR). The pharmacy had submitted its annual NHS information governance toolkit. It disposed of confidential waste by using a cross-shredder and it held personal identifiable information in staff-only areas of the pharmacy.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Pharmacy team members had completed training on the subject and could explain how they would recognise and report a safeguarding concern. The delivery provider demonstrated a good understanding of how safeguarding requirements applied to his role. And explained what action he had taken to report concerns. The RP on duty had completed level 2 training through the Centre for Pharmacy Postgraduate Education. The team members had access to contact details for local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled and knowledgeable staff to provide its services. The pharmacy encourages its team members to complete continual learning. It provides training time during the working day. And it engages pharmacy team members in conversations about their learning and development. Pharmacy team members contribute to regular safety reviews. This helps minimise risks during the dispensing process. Staff understand how to feedback concerns about the pharmacy. And the pharmacy listens to their feedback and acts upon it appropriately.

Inspector's evidence

On duty at the time of the inspection was the RP (a locum pharmacist), four qualified dispensers and the pharmacy's delivery driver. The pharmacy also employed another two qualified dispensers, a pharmacy technician and two trainee medicine counter assistants. The pharmacy's manager had left the pharmacy the week prior to inspection. This meant that pharmacist cover was being provided by locum pharmacists whilst the pharmacy recruited for a new manager. Pharmacy team members on duty explained they were receiving regular support from another of the company's managers and the pharmacy's area manager. They were confident the level of support received to date would continue. The pharmacy managed annual leave and unplanned leave by allowing some back-fill of hours within the team.

The pharmacy kept training records for its team. Pharmacy team members reported receiving some time in work to complete ongoing learning relating to their roles. This training included e-learning modules, learning relating to health promotion events, services and reading newsletters and safety information received through the superintendent's team. A member of the team explained how she had put into practice some of the skills she had learnt to inform the structure of her conversations with people seeking advice from the pharmacy. Each member of the pharmacy team received an annual appraisal which focussed on reviewing their learning and development needs.

Pharmacy team members were enthusiastic when discussing their roles and the pharmacy's services. The pharmacy was busy throughout the inspection. Each member of staff worked within their assigned roles well and supported each other when required. For example, when queues built at the medicine counter, a member of staff working on putting the stock order away went to serve on the counter. Pharmacy team members were aware of targets in place for the services provided. They explained the area manager fed back details of progress towards targets during weekly area conference calls. The RP confirmed he felt supported by the team in applying his professional judgement when undertaking services. He was observed engaging with the team well throughout the inspection.

The pharmacy had a staff notice board in the dispensary. The board was regularly updated with information and each member of the team was encouraged to read the board prior to starting their shift. Team meetings took place weekly and staff were encouraged to actively participate in these meetings. Some notes from meetings such as near-miss reviews were retained. Pharmacy team members explained how they used information shared during these reviews to improve their own practice when dispensing medicines. The pharmacy team identified how learning from their head office helped inform discussions and risk reviews in the pharmacy. For example, information relating to the

risk of picking error for similar sounding medicines had led to the pharmacy team separating quinine and quetiapine preparations in the pharmacy's drawers. The pharmacy had a whistleblowing policy in place. The pharmacy team members were aware of how to raise concerns and escalate these if needed. The pharmacy had responded to feedback about the storage arrangements for cold chain medicines by providing a second refrigerator.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. It provides a professional environment for the delivery of its services. The pharmacy's consultation room is fully accessible to people wanting a private conversation with a member of the team. And the team promotes access to the room well.

Inspector's evidence

The pharmacy was clean and secure. Some work areas in the dispensary appeared cluttered, this was due to the volume of work the pharmacy received and staff could demonstrate how they used each area of the dispensary to manage different aspects of the dispensing service. For example, it used a designated work bench to hold part-assembled prescriptions waiting for stock. The pharmacy team reported maintenance and IT issues to its head office. There were no outstanding maintenance issues found during the inspection. Lighting and heating arrangements were sufficient. Antibacterial soap and paper towels were available close to designated hand washing sinks.

The public area was open plan and easily accessible to people. The pharmacy had a good size consultation room in the far corner of this area. Pharmacy team members used the room routinely with people who wanted a conversation with a member of the team in private. The room was professional in appearance and was clean, it was kept locked when not in use, this protected equipment inside from any risk of unauthorised access.

The dispensary was fitted with work benches on three sides and stock drawers on the fourth side. It was large enough to manage the level of activity taking place. The pharmacy had appropriately assessed its available workspace prior to a decision made to not undertake additional services such as dispensing medicines in multi-compartmental compliance packs.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes its services and makes them fully accessible to people. It reaches out to other healthcare organisations to increase the potential health and wellbeing benefits to people using its services. The pharmacy has good records and systems in place to make sure people get the right medicines at the right time. It uses information gathered from audits to assess the need for interventions and to inform counselling. The pharmacy obtains its medicines from reputable sources. And it stores and manages them appropriately to help make sure they are safe to use. It has some systems in place to provide assurance that its medicines are fit for purpose.

Inspector's evidence

The pharmacy was in a retail unit, in the foyer of the supermarket. It was clearly signposted from the main road and it advertised details of its opening times and services. The pharmacy had a flat entrance, this meant that people using wheelchairs and pushchairs could access it with ease. Seating was provided for people wishing to wait for prescriptions or services. The pharmacy had sign-posting arrangements in place, in the event it was unable to provide a service. Pharmacy team members explained how they could arrange for another branch to dispense medicines to people in multi-compartmental compliance devices if it was indicated that a person would benefit from this service.

The pharmacy took part in health campaigns designed to promote healthy living and the awareness of chronic diseases. Pharmacy team members explained some campaigns were more popular than others. For example, a recent children's oral health campaign had engaged children visiting the pharmacy through interactive teeth cleaning charts. And 'Stoptober' was a popular campaign with increases to the smoking cessation service noted because of the campaign.

The pharmacy worked closely with other healthcare organisations to maximise the benefits people received from its services. For example, it was taking part in a pilot project which involved loaning a blood pressure machine to a person who presented with high blood pressure. A pharmacy team member explained the inclusion and exclusion criteria for the service. She discussed how the service planned to reduce acutely elevated readings caused by nerves when in a clinical environment. The person provided consent for the service and they were referred to their GP to discuss their results if required. Pharmacy team members had completed training ahead of providing the service. People wanting help to give up smoking could access three different levels of help. The services provided included over-the-counter advice, using a 'quit buddy' scheme where people were offered brief intervention advice and attended for regular carbon monoxide readings. Or having one-to-one sessions with a counsellor from the local smoking cessation service. These appointments took place in the pharmacy's consultation room. The pharmacy demonstrated positive outcomes from the service through successful quit attempts.

There was evidence of regular completion of practice-based audits. Pharmacy team members demonstrated a sound understanding of how audits supported counselling when handing out medicines. A pharmacy team member was competent in explaining how people taking high-risk medicines were supported through regular monitoring checks of these medicines. High-risk medicines were identified clearly through stickers attached to bags of assembled medicines and reference charts

at work stations. The team recorded monitoring checks for medicines such as warfarin, when results were available. Pharmacy team members discussed the steps required to comply with the valproate pregnancy prevention programme (VPPP) and demonstrated new packaging of these medicines, which included attached high-risk warning cards. Pharmacy team members demonstrated how the pharmacy's clinical software programme was used to help identify people who would benefit from services such as Medicine Use reviews (MURs).

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service and people signed to confirm they had received their medicine. The pharmacy maintained an audit trail of people it ordered prescriptions for. And it kept details of what was ordered. This meant the team could manage queries and chase missing prescriptions prior to the person attending to collect their medicine.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members demonstrated some awareness of the aims of the Falsified Medicines Directive (FMD). A scanner was installed, and the team could explain details of training which they had received. Pharmacy team members understood some pharmacies were piloting the system prior to full roll-out across the company.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored medicines in the dispensary in an organised manner. The team followed a date checking rota to help manage stock. Short dated medicines were identified. The team annotated details of opening dates on bottles of liquid medicines. No out-of-date medicines were found during random checks of dispensary stock.

The pharmacy held CDs in a secure cabinet. The cabinet was nearing capacity, but storage of medicines held inside was orderly. There was designated space for storing patient returns, and out-of-date CDs. Assembled CDs were held in clear bags with details of the prescription's expiry date annotated on the attached prescription. Pharmacy team members could explain the validity requirements of a CD prescription. The pharmacy had two fridges, these were clean and stock inside each fridge was organised. Temperature records confirmed that the fridges were operating between two and eight degrees Celsius.

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy received drug alerts through email. The pharmacy team checked alerts and put them on the notice board for a period before filing them for reference purposes.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has access to all the equipment it needs, for providing its services. It monitors this equipment to ensure it is safe to use and fit for purpose.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The company intranet and the internet provided the team with further information. Computers were password protected and faced into the dispensary. These arrangements protected information on monitors from unauthorised access. Pharmacy team members on duty had working NHS smart cards. The pharmacy team stored most assembled bags of medicines in cupboards to the side of the dispensary and medicine counter. Some larger bags of assembled items were stored with their prescriptions attached, next to the cupboards and behind the medicine counter. A discussion took place about appropriate placement of these prescription forms on the bags to avoid any risk of sharing people's confidential information with other people using the pharmacy.

Clean, crown stamped measuring cylinders were in place. The pharmacy had counting equipment for tablets and capsules. Staff washed this equipment between use. The pharmacy had two blood pressure machines. A member of staff demonstrated how the team checked and cleaned the loan machine each time it was returned. Staff from the smoking cessation service calibrated the carbon monoxide machine and the pharmacy had single use mouth pieces available for people using the machine. The pharmacy's electrical equipment was labelled to show it was subject to regular safety checks.

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.