General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Wm Morrison Pharmacy, Wellington Road, BURTON-ON-TRENT, Staffordshire, DE14 2AR

Pharmacy reference: 1087473

Type of pharmacy: Community

Date of inspection: 05/11/2019

Pharmacy context

This is a community pharmacy located within a large Morrisons supermarket on the outskirts of Burton-on-Trent. The pharmacy is open extended hours over seven days. The pharmacy dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. It offers several additional services when the regular pharmacy manager is present. These include Medicines Use Reviews (MURs), Extended Care Service for Ear, Nose and Throat and seasonal 'flu vaccinations.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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

The pharmacy effectively manages the risks associated with the services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of up-to-date standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were periodically reviewed on a cyclical basis and SOPs were marked with the date they were due for their next review. All pharmacy staff had read and signed the SOPs relevant to their job role. Roles and responsibilities of staff members were highlighted within the SOPs. SOPs were uploaded onto the online portal that the locum dispenser used to book her shifts and she could only book a shift if she was up-to-date with SOP training. The pharmacy manager had created a branch specific SOP for the use of dockets to support additional counselling.

Near miss logs were in place and the dispenser involved was responsible for correcting their own error to support ongoing learning. The error was discussed with the dispenser at the time of the incident to see if there were any learning points and this was recorded on the log to aid the review process. A monthly review of the near miss log was carried out by the pharmacy manager and documented on a review form. Any patterns or trends were shared with the pharmacy team. Various LASA (look alike, sound alike) medicines were highlighted or separated to reduce the risk of them being selected in error. Dispensing incidents were investigated and recorded on a PRS (pharmacy reporting system) form online and shared with the team in order to prevent a reoccurrence. There were multiple examples of stock being highlighted or separated to reduce the risk of picking errors during dispensing. The pharmacy manager attached various reminder messages throughout the dispensary to support the dispensing and stock management process, such as, ‘mark split bottles with date of opening’ or ‘check with the pharmacist before making up a liquid antibiotic’.

The pharmacy manager co-ordinated a monthly pharmacy practice audit and the outcome was reported to head office. Various checks were completed, and the pharmacy rated themselves either red, amber or green (RAG). Improvements were required for red or amber ratings and these were recorded and monitored. The pharmacy manager allocated a section of the audit to each team member so that the entire team was involved.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to responsible pharmacist (RP) absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role. The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions.

A complaints procedure was in place. The RP explained the process for handling a complaint or concern. He identified that he would speak to the person first and would try to resolve the issue and would refer to the pharmacy manager, duty manager or provide contact details for head office if the complaint was unresolved. A customer leaflet was available which explained the complaints process. The pharmacy gathered customer feedback by completing an annual customer survey.

The pharmacy had up-to-date professional insurance arrangements in place. The Responsible Pharmacist (RP) notice was clearly displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balances recorded in the register. The balance check for methadone was done every week and the manufacturer's overage was added to the running balance. A patient returned CD register was in place. Private prescription and emergency supplies were recorded in a record book and records were in order. Specials records were maintained with an audit trail from source to supply. MUR consent forms were signed by the patient.

The branch had an Information Governance (IG) policy and various training and policy documents had been read and signed by pharmacy staff. Confidential waste was stored separately from general waste and shredded. Visitors were asked to sign a confidentiality policy when working in the pharmacy. The pharmacy had a safeguarding policy and a list of local safeguarding contacts was available in the dispensary. The pharmacy professionals had completed level 2 training on safeguarding children and vulnerable adults and the team completed an e-Learning package.

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 they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (pharmacist), a second pharmacist, three dispensing assistants and two medicine counter assistants. Holidays were planned in advance with the pharmacy manager and cover was provided by other staff members as required. Locum dispensers and locum pharmacists could be booked through head office to provide additional cover. Staff rotas were planned in advance and the pharmacy manager had done rotas for the next eight weeks and filled any gaps in the schedule. This meant that the busy Christmas period had been planned for and the team knew what they were working. The pharmacy manager checked the staffing budget as part of the monthly pharmacy practice audit to ensure the pharmacy had enough staff to meet the workload. Two of the dispensers (full-time) were on maternity leave and were being covered by locum dispensers. A dispenser job vacancy was advertised. The RP explained that they were finding it difficult to fill the vacancy and several suitable candidates had been offered the job but had not taken the position. The pharmacy team appeared to be able to manage the current workload and there was not a backlog with dispensing.

On-going staff training was provided by head office on an e-Learning system (Mediapharm) and covered a number of topics. A training matrix was displayed, and this included e-Learning and other reading, such as, drug recalls. Weekly bulletins were sent from head office. Staff initialled training and briefing documents as evidence that they had read it. The current process for appraisals was unclear as team members had not had appraisals in 2018 and they were not sure why.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. As the pharmacy team worked closely together on a daily basis they discussed any near misses, incidents and pharmacy issues on a regular basis within the dispensary rather than at a formal meeting. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacy manager, pharmacist, HR, union representative or head office. Staff were aware of the company whistleblowing policy.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the pharmacy manager or to head office. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was large, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a large consultation room available and it was professional in appearance. The door to the consultation room remained locked when not in use. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff and the shop area was cleaned by the supermarket cleaners. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had step-free access from a large car park. Any people requesting a regular home delivery service were referred to other pharmacies in the area. The pharmacy opened for longer hours than many other pharmacies which included evenings, and Saturday and Sunday. The range of services provided was displayed and pharmacy leaflets explaining each of the services were available for customers. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer.

Prescriptions were dispensed in baskets with different colours used for different prescription types e.g. blue baskets for waiting prescriptions. Dispensing baskets were also used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions.

A prescription collection service was offered, and various options were available dependent on what the person preferred. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

Stickers were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. A docket was attached to prescriptions where the person required specific counselling or was eligible for certain services. The pharmacy manager changed the docket dependent on the seasonal priorities or when there was a particular audit being carried out. The current docket contained a tick box to show that the person may require an asthma review, lithium counselling, diabetes audit, sodium valproate counselling, NSAID counselling or be eligible for a Medicines Use Review.

Seasonal ‘flu vaccinations were available and administered under Patient Group Directions (PGD’s). PGD documents naming the authorised pharmacists were kept in the pharmacy. An out-of-date Emerade auto-injector pen was in the anaphylaxis kit in the consultation room; the RP had just returned from an extended period of absence so was unsure whether there had been any alerts about extending the expiry date and agreed to check this with the pharmacy manager. No ‘flu vaccinations were administered during the inspection and other adrenaline injections were available in the kit.

Date checking was carried out in accordance with a plan issued by head office and there was evidence of regular date checking. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. Split liquid medicines were marked with the date of opening.

Barcode scanners for the Falsified Medicines Directive (FMD) had been installed but were not being used. The company were in the process of trialling their use before rolling FMD out. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug recalls via emails from head office. A record of recalls was seen and recalls were annotated and signed as evidence.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys were in place. Substance misuse prescriptions were dispensed in advance of the person coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the person came to collect their prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridge was 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 services safely. The pharmacy team uses it 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. Separate measures were available for preparation of methadone. Counting triangles were available. 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.