

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, Pool Road, NEWTOWN,
Powys, SY16 3AH

Pharmacy reference: 1087790

Type of pharmacy: Community

Date of inspection: 18/02/2020

Pharmacy context

The pharmacy is located inside a supermarket in Newtown, Powys. 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. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

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	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	All members of the pharmacy team receive regular training and assessment to make sure they know how to protect confidential information.
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	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
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 it 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.

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 member of the pharmacy team was able to clearly describe her duties. Dispensing errors were reported online and learning points were included. Near miss incidents were reported on a near miss log and were reviewed periodically for trends and patterns by the area pharmacy manager. Near misses were also discussed with the pharmacy team member at the time they occurred. A member of the pharmacy team gave an example thatesomeprazole capsules andesomeprazole tablets had been highlighted and separated, because several near miss incidents had occurred. Other examples of stock medicines being separated because of near miss incidents were provided by the team.

A complaints procedure was in place. Copies of a practice leaflet were available in the retail area and included details on the complaints process. The responsible pharmacist (RP) explained that he aimed to resolve complaints in the pharmacy at the time they arose, but he would refer people to the area pharmacy manager if they felt it was unresolved. A customer satisfaction survey was carried out annually. The RP explained that because of some people providing negative feedback about stock availability, he had contacted other local pharmacies to enquire whether they had the stock needed, or if necessary, he had asked the GP to consider prescribing an alternative when there were long term manufacturing problems.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. The company had professional indemnity 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 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 team members had read and signed confidentiality agreements. 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 team members commenced their role, with an annual IG refresher course completed online by the team. A privacy notice was displayed in the retail area.

The two pharmacists present had completed level 2 safeguarding training. And all other team members had completed level 1 safeguarding training online. The local NHS contact details for seeking advice or raising a concern were not present, which may make it more difficult for the team in the event of a concern arising.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members receive feedback about their performance to help them improve. And they feel able to act on their own initiative and use their professional judgement. Team members complete appropriate training for their roles and get some extra training to help them keep up to date.

Inspector's evidence

The pharmacy employed one full-time dispenser and two part-time dispensers. It also had a regular locum pharmacist. There was a regular locum pharmacist who was signed in as responsible pharmacist (RP), a second pharmacist who was a locum and a dispenser on duty. The team were kept busy providing pharmacy services. They appeared to work well together and manage the workload adequately.

The dispenser said the regular locum pharmacist was approachable 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 "challenge 25" module in 2019. She said training was completed on an ongoing basis when the workload permitted. Training records for the pharmacy team members were kept.

The 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 team were regularly provided with information informally by a pharmacist, for example about near miss incidents or any outstanding training to be completed. All team members had received a performance appraisal with the personnel manager in the last 12 months. The dispenser said it was a useful way of identifying how they wanted to develop in their role.

The dispenser was covering the medicines counter and 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 second pharmacist said there were no formal targets or incentives set in his role as a locum.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. And 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, but no record was kept. The temperature in the pharmacy was controlled by air conditioning. Lighting was adequate. The pharmacy premises were maintained in an adequate state of repair. Any maintenance problems were reported to the store management team.

A designated 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. Patient returned medicines were stored in an open cardboard container inside the consultation room. This meant there was a possibility of unauthorised access to medicines if a person receiving pharmacy services was left unattended in this room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. 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. There was a selection of healthcare leaflets. The pharmacy team 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.

Prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. The dispenser explained that this was to act as a prompt for team members 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 also highlighted with a CD sticker added to the assembled prescription bag. And an example of this was present for a prescription containing pregabalin that was awaiting collection.

Prescriptions containing warfarin, methotrexate or lithium were observed to be highlighted prior to collection. The RP said this was to prompt counselling when handing out. People prescribed warfarin were asked to provide their latest warfarin dose and INR readings, which were added to the computer patient medication record (PMR). The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. It had carried out an audit for people prescribed valproate and had not identified anyone who met the risk criteria. Drug safety bulletins for valproate were displayed in the dispensary and the retail area and patient information resources were available for supply.

The dispenser provided a detailed explanation of how the multi-compartment compliance aid service was provided. There was an audit trail for changes to medication, with notes 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 unlicensed medicines from a special's 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.

The pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy was awaiting

further instruction from head office on the roll out of FMD procedures. Therefore, the pharmacy was not yet meeting legal requirements. Alerts and recalls were received online 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. And It is used in a way that protects privacy.

Inspector's evidence

The pharmacy team 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 April 2019.

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.