General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, Unit 4, Fernbank Shopping Centre, High Street, CROWBOROUGH, East Sussex, TN6 2QB

Pharmacy reference: 1091324

Type of pharmacy: Community

Date of inspection: 10/12/2019

Pharmacy context

This pharmacy is on the outside of a large Morrison's supermarket in Crowborough. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy provides both NHS and private flu vaccinations in the autumn and winter seasons. It also offers Medicines Use Reviews (MURs) and the New Medicines Service (NMS) to some people who have their NHS prescriptions dispensed there. It dispenses some medicines in multicompartment compliance aids for people who may have difficulty managing their medicines. It also offers a home delivery service to those who can't get to the pharmacy themselves.

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	1.1	Good practice	There is evidence of learning from things that have gone wrong, including dispensing errors and near misses, and that action has been taken and shared with all members of the team. A business continuity plan is in place and members of the team know where to find it and what it is for
		1.2	Good practice	Records of errors, near misses and other patient safety incidents are regularly reviewed and records are kept showing what has been learned, what has been done, and how they have been used to improve the safety and quality of services provided. There are regular checks and audits to confirm that pharmacy procedures are being properly followed, and outcomes and action points are shared with the pharmacy team
2. Staff	Good practice	2.1	Good practice	Staff do not feel pressurized and are able to complete tasks properly and effectively in advance of deadlines
		2.2	Good practice	Planned learning and development is actively encouraged and relevant and useful learning and development is arranged for the staff to access. Staff complete regular ongoing training, relevant to their roles, to help keep their skills and knowledge up to date
		2.4	Good practice	Members of the pharmacy team demonstrate enthusiasm for their roles and can explain the importance of what they do.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	Information about medicines awaiting collection is effectively highlighted so that, when the medicines are supplied, appropriate checks can be made and patients can be suitably counselled. The pharmacy carries out audits of patients on high-risk medicines to assess the need for clinical interventions or counselling, and those interventions are carefully recorded.

Principle	Principle finding	Exception standard reference	Notable practice	Why
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy provides its services in line with clear, up-to-date processes and procedures which are being followed by its team members. The pharmacy carries out regular checks to make sure that everyone in the team is following its procedures properly. Team members are clear about their roles and responsibilities. And they work to professional standards, identifying and managing risks effectively. The pharmacy keeps good records of the mistakes it makes during the dispensing process. The pharmacist regularly reviews them with members of the team so that they can learn from them and avoid problems being repeated. The pharmacy manages and protects confidential information well and tells people how their private information will be used. Team members understand their role in helping to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards. There was an up-to-date master list of all the SOPs in the front of the folder. The second pharmacist explained that she checked online once a month to see if any had been updated since the previous month. Each SOP on the master list had been ticked to indicate that she had verified that each one was current and up to date. They were all due for review on various dates in 2020 and 2021. Some individual SOPs had been amended to reflect local practice, for example there was a comprehensive list of local hospitals, surgeries and other relevant contacts in the self-care and signposting SOP. All SOPs had been signed by staff to verify that they had read and understood them. The pharmacy had a detailed business continuity plan in place to maintain its services in the event of a power failure or other major problem.

Near misses were recorded in the near miss incident log, with a page for each week showing what the error was, the members of staff involved and the action taken. The possible causes were recorded and there was evidence of reflection and learning. These were reviewed at the end of each month with a learning and action cycle completed. These reviews were discussed with each member of staff who then signed the monthly review page. This helped to identify any patterns or trends which were then acted upon. The RP explained that the error figures were sent to their head office as part of their month-end procedures, and that their area manager reviewed them as part of a regular six-monthly audit. They had identified some items that were prone to error, such as rosuvastatin and rivaroxaban, which had been highlighted on their storage drawers. Other examples of ‘look alike sound alike’ (LASA) medicines highlighted included amitriptyline and amlodipine. The RP explained that another source of error was the dosage form such as tablets and capsules. To reduce the likelihood of this occurring they had added pop-up notes their patient medication record (PMR) computer to highlight the correct dosage form when labelling. Errors which had actually left the premises were recorded separately on the NHS National Learning and Reporting System (NRLS) and also on Morrison’s own online reporting tool for their area manager to review. All staff then signed the error report to indicate that they were aware of it and to help reduce the likelihood of similar errors happening again.

Roles and responsibilities of staff were set out in the role profiles documents, and those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP log held on the main dispensary computer was complete.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed online at www.nhs.uk and on a notice at the prescription reception counter for people to see. The results were very positive, and the pharmacy had acted upon the feedback received about improving stock availability. The pharmacy's complaints procedure was set out in the SOP file, and in the practice leaflet for people to take away. There was also a notice on display to let people know how to make a complaint.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until April 2020 was on display at the end of the medicines counter. Private prescription records were maintained in a book and were complete and correct. Dates of prescribing and of dispensing were all correctly recorded. There were a small number of emergency supply records which included all the necessary details.

The CD register was seen to be correctly maintained, with running balances checked at regular weekly intervals. All pages had the headers completed in full, and the wholesaler's addresses were either complete or included the postcode together with the invoice number. Running balances of two randomly selected CDs were checked and both found to be correct. Alterations made in the CD register were asterisked with a note made at the bottom of the page, and they were initialled with the pharmacist's registration number and date. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. The RP explained that they always aimed to denature and dispose of returned CDs within three days. Records of unlicensed 'specials' had been completed with all of the required details including the prescriber details. There was also a summary sheet in the folder confirming the dates on which anonymised copies had been sent to the local NHS England team.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were out of public view in the dispensary cupboards. Confidential waste was kept separate from general waste and regularly shredded onsite.

There were safeguarding procedures in place and contact details of local referring agencies were seen on a notice in the consultation room. The RP and second pharmacist had both completed level 2 safeguarding training, and the rest of the team had completed level 1. All staff were dementia friends.

There was a pharmacy practice audit carried out every month. The RP and the second pharmacist took turns to carry out the audit on alternate months. The area manager then carried out a second audit once every six months to validate those carried out by the pharmacy team themselves. The audit checked their compliance with their SOPs, their adherence to professional standards and risk management procedures, and their compliance with pharmacy service and contractual requirements. The results were rated red, amber or green against 27 separate indicators, and then summarized with an overall rating, which was seen to be positive.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate

Inspector's evidence

There was one medicine counter assistant (MCA), three dispensing assistants, a second pharmacist and the RP on duty during the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, other part-time members of staff would come in to help if necessary.

Training records were seen on the company intranet (My Learning) confirming that all staff had either completed or were currently undertaking the required training. The RP explained that all staff had completed LASA and sepsis training and the records were also available on the 'My Learning' portal. There were certificates on display in the dispensary to show staff qualifications. The RP pointed out that staff members who carried out deliveries had completed the appropriate accredited training modules from the NPA. Staff were able to demonstrate an awareness of potential medicines of abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary.

All staff were seen to serve customers when the MCA was busy, and all asking appropriate questions when responding to requests or selling medicines. There were targets in place which were managed sensibly and did not impact upon the pharmacist's professional decision making. Staff appeared to have open discussions about all aspects of the pharmacy, and team members were involved in discussions about their mistakes and learning from them. There was a whistleblowing policy in place, and those staff questioned appeared confident about raising concerns if necessary.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a safe, secure and professional environment for people to receive its services. The premises include a private room which the team uses for some of its services and for private conversations.

Inspector's evidence

The registered pharmacy premises were located on the outside of the supermarket with access from its basement car park as well from the High Street. The pharmacy had its own automatic, step-free entrance onto the town centre shopping precinct. They were very clean, tidy and well maintained. There was a spacious dispensary, with a separate work area at the rear for booking in stock deliveries and for the assembly of multicompartment compliance aids. This provided plenty of space to work safely and effectively, and the layout was suitable for the activities undertaken. There was a clear workflow in the dispensary. The dispensary sink had hot and cold running water, and handwash was available.

There was a consultation room available for confidential conversations, consultations and the provision of services, with seating near its entrance door. The door from the shop floor was kept locked when the room was not in use and there was no confidential information visible. There was a password protected PMR terminal in the room, and flow charts on the noticeboard to help the pharmacist when providing services.

Staff have their own staffroom and toilet facilities, which were clean and tidy. Room temperatures were appropriately maintained by the air-conditioning system, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It thoroughly checks the expiry dates of its medicines and responds well to drug alerts or product recalls so that people only get medicines or devices which are safe for them to take. The pharmacy team identifies people supplied with high-risk medicines and records the checks that it makes so that they can be given extra information they may need to take their medicines safely.

Inspector's evidence

There was a range of health information leaflets at the prescription reception counter and on a display by the consultation room. The pharmacy also prominently displayed posters highlighting the current local public health priorities in accordance with the requirements of its Healthy Living Pharmacy (HLP) accreditation. The pharmacy provided a limited range of services including seasonal flu vaccinations during the autumn and winter.

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were being used for electronic prescriptions and the prescription was kept in the owings file until the stock arrived. For all other prescriptions, they did not create an owing on the PMR system but split the label to reflect the quantity available and then provided the patients with a 'walk in' slip for the outstanding balance. The owings file was checked several times a day to ensure that they were completed as soon as stock arrived. In the event of being unable to obtain any items, the RP contacted the patient's GP for an alternative.

The pharmacy dispensed some medicines in multicompartment compliance aids for a number of people who have difficulty managing their medicines. There was a file containing details of each patient, together with their medication, the dosage times and other relevant information such as any additional items to be supplied outside of the compliance aids. Each week of the four-week cycle was colour coded, and there was a wall chart for each week to track each step of the process. This helped ensure that the compliance aids were ready at the appropriate time. The compliance aids included brief product descriptions, and patient information leaflets (PILs) were always provided.

There were valid patient group directions (PGDs) in place to enable the pharmacist to provide both the NHS and the private seasonal influenza vaccination service. There were separate copies of both PGDs and declarations of competence for each individual pharmacist (currently three) who provided the service. They were all valid until 31 March 2020 and had all been signed as required. Completed patient consent forms and other paperwork relating to supplies covered by the PGDs were seen and were stored in the PGD file. There were adrenaline ampoules kept in the consultation room for use in case of a severe allergic reaction to the vaccines.

Prescriptions for schedule 2 CDs were labelled but not assembled until the patients called in to collect them. If there were other items for that person, the bag was highlighted with a CD sticker and stored in

a separate cupboard until the patient arrived. Schedule 3 CDs were highlighted with a CD sticker to remind staff of the need to obtain a signature and of the prescription's 28-day validity. Schedule 4 CDs were not currently highlighted, but the RP explained that all staff knew that they could not be handed out after 28 days. The RP also explained that their area manager had emphasized the need to start highlighting schedule 4 CDs during a recent weekly conference call, so she implemented it during the course of the inspection. The RP explained that the retrieval shelves were checked in the last week of every month, and that any expired Schedule 3 or 4 CDs still awaiting collection were removed. Fridge lines in retrieval awaiting collection were also highlighted with a sticker so that staff would know that there were items to be collected from the fridge.

Staff were aware of the risks involved in dispensing valproates to people in the at-risk group, but their recent audit did not identify any such patients. If any did present to the pharmacy, the RP knew to ensure that they were appropriately counselled and provided with leaflets or cards highlighting the importance of having effective contraception. Patients on warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. If they didn't have their results with them the pharmacist would ask them to phone the pharmacy with their results as soon as they could. Patients taking methotrexate and lithium were also asked about blood tests. These interventions were all recorded on their PMR system in addition to being part of an audit for the pharmacy quality scheme (PQS). There were steroid cards, lithium record cards and methotrexate record cards available to offer patients who needed them. The RP had recently ordered a set of stickers to highlight the need for these interventions, as requested by their head office.

Medicines were obtained from licensed wholesalers including AAH and Alliance. Unlicensed 'specials' were obtained from Quantum Specials. The pharmacy did have the scanners and software necessary to comply with the Falsified Medicines Directive (FMD) but was not yet using them to decommission stock. The RP explained that they were waiting for further instructions from their head office.

Routine date checks were seen to be in place, record sheets were seen to have been completed, and no out-of-date stock was found. The date checking was completed on a twelve-week cycle and countersigned by the supermarket duty manager once a month at the same time as the monthly audit. Any stock with a shelf life of less than twelve months was recorded on a list and the carton highlighted with a prominently dated sticker. Anything remaining in stock at the beginning of the month prior to expiry was disposed of. Opened bottles of liquid medicine were annotated with the date of opening. There were no plain cartons of stock seen on the shelves and no boxes were found to contain mixed batches of tablets or capsules.

Fridge temperatures were recorded twice daily, and all seen to be within the 2 to 8 Celsius range. Staff explained how they would note any variation from this and check the temperature again until it was back within the required range. An alarm would also go off in the supermarket admin office, even when the pharmacy was closed, to ensure that staff took the necessary action, which might include calling the maintenance team. A copy of the fridge temperature records were also provided to the supermarket management for their internal audit purposes. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines during the normal opening hours of the pharmacy.

Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients with sharps were appropriately signposted for disposal. There was a list of hazardous medicines present in the SOP file and a separate container designated for the disposal of hazardous waste medicines. There were denaturing kits available for the safe disposal of CDs. The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be

kept in a file. Each alert was annotated with any actions taken, the date and initials of those involved. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy takes reasonable steps to ensure that people's private information is kept safe and secure.

Inspector's evidence

The pharmacy had the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment and counting triangles (including separate triangles for cytotoxics and for aspirin products). All were washed once a week. Reference sources included the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

The Blood Pressure monitor was replaced every year. It was dated December 2018 and was due for replacement imminently. The pharmacy used electronic tablet counting scales which they checked for accuracy every week. The records were maintained for their internal audit.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were not usually left on the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area

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.