

Registered pharmacy inspection report

Pharmacy Name: Wm Morrison Pharmacy, 280 Coventry Road, Small Heath, BIRMINGHAM, West Midlands, B10 0XA

Pharmacy reference: 1092632

Type of pharmacy: Community

Date of inspection: 27/09/2019

Pharmacy context

This community pharmacy is in a supermarket. It dispenses NHS prescriptions that it mainly receives from three local GP surgeries. It supplies some medicines in multi-compartment compliance packs. It provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to help people with their medicines.

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

The pharmacy generally manages its risks well. It keeps records about its mistakes to make improvements to its dispensing service. It keeps necessary legal records and makes sure that these are accurate. The pharmacy's team members manage people's personal information properly. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were kept up to date by the pharmacy's head office and were signed by the pharmacy's team members to show that they had read them. The responsible pharmacist's name and registration number were displayed on a notice in the retail area.

The pharmacy made records about dispensing errors. A recent error had been recorded about the supply of the wrong medicine. The record stated that an investigation had occurred, and similar packaging had contributed to the error. The record included actions which had been taken such as communications with the person who was supplied the wrong medicine.

The pharmacy kept records about near misses from its dispensing process. Team members recorded the near misses that they were involved in. Monthly reviews were usually completed by the pharmacy to investigate the causes of mistakes and to implement changes. The latest review had been recorded in May 2019, so there may have been some learning opportunities that were missed. The pharmacist said that she discussed near misses with team members to try and make improvements. Several similar-sounding or similar-looking medicines had been highlighted to reduce the chance of the medicines being mixed up.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were generally positive. The team had moved the seating area because of feedback from people. Team members also received verbal feedback. Complaints would be escalated to the pharmacist, area manager and head office. The pharmacy had a process to manage complaints. Information about the pharmacy's complaints process was in its practice leaflet.

The pharmacy team received annual training about safeguarding vulnerable children and adults. Some team members had received training from the Centre for Pharmacy Postgraduate Education (CPPE). Team members said that there were no previous concerns. The pharmacy had relevant guidance and contract details for local safeguarding organisations.

The pharmacy had processes about information governance and confidentiality. Confidential waste was separated from other waste so that it could be shredded. Team members had their own NHS smartcards to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet.

The pharmacy had certificates which showed that it had current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances and these were checked regularly to

make sure the entries were accurate. Two CDs were chosen at random and the physical stock matched the recorded running balances. The pharmacy kept appropriate records about CDs that had been returned by people. Other records about the responsible pharmacist and private prescriptions were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. It has appropriate arrangements to maintain its staffing level. The pharmacy's team members have the right qualifications for their roles, and they receive ongoing training to keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (pharmacy manager) and two dispensers present. This staffing level was adequate to manage the pharmacy's workload. The pharmacist used overtime to cover staff absences. There were trained team members who usually worked in the supermarket and could provide extra cover when needed. Messages were shared with team members through informal meetings, a communication book and a WhatsApp group.

The pharmacy's team members had appropriate pharmacy qualifications. A dispenser described the training that he received to achieve a pharmacy qualification. The pharmacy received monthly emails from its head office which provided updates and important information to share with the team. The pharmacy's team members used an E-learning platform to receive ongoing training about clinical modules. The completion of training was monitored. Team members completed the training during quieter periods. Team members also completed training about fire safety and information governance using the supermarket's E-learning platform. The completion of this training was monitored by the pharmacy manager and store manager.

Team members received annual appraisals from the store manager. The pharmacist said that the store manager was understanding about the pharmacy's targets and staffing requirements. The pharmacy had targets about services such as flu vaccinations and, MUR and NMS consultations. The pharmacist said that she only provided MURs where appropriate although this had meant that she had not met her recent MUR target. The pharmacist said that she was adequately supported by her area manager.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space to safely perform activities. And it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was a separate area for the pharmacist to check dispensed medicines. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitably-sized consultation room which was used for private consultations and conversations. The consultation room was adequately secured when it wasn't used. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. It sources its medicines from reputable suppliers and stores them appropriately. It takes the right action when it receives information about medicine recalls. The pharmacy's team members identify higher-risk medicines to provide people with appropriate advice.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services. The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every month. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records dated from September 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. The pharmacy had a list to identify hazardous or cytotoxic medicines, but it didn't have a separate bin to put them in. The pharmacist said that the pharmacy did not take back hazardous medicines from people because they didn't have a separate bin.

The pharmacy had equipment and software help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. Team members scanned medicines when they supplied dispensed medicines to people. The pharmacy received information about medicine recalls from its head office. It kept records about the recalls it had received and the actions that had been taken.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team. Team members printed labels so the interactions could be seen by the pharmacist. Prescriptions were kept with checked medicines awaiting collection. Team members checked prescription dates every three months to make sure medicines were supplied while prescriptions remained valid. Stickers were used to highlight prescriptions that were no longer valid after 28-days.

The pharmacy used stickers to highlight dispensed medicines that needed more counselling or eligibility for MURs. The pharmacist used this to provide information to a person receiving antibiotics. The pharmacy kept records about relevant blood tests when it supplied warfarin to people. The pharmacy

team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy had alert cards to provide to people who received insulin or long-term steroids. The pharmacy delivered some people's medicines. It kept appropriate records about these deliveries which included the signatures of people who received the medicines.

The pharmacy supplied medication in multi-compartment compliance packs to some people to help them organise their medicines. The frequency that the packs were supplied was decided by the prescriber. The pharmacy kept appropriate records about medicines included in the packs, their administration times and changes to medicines. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. The pharmacy kept appropriate records about prescription ordering and assembly of the packs. Assembled packs included descriptions which helped people to identify individual medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to report maintenance issues so they can be managed appropriately. And they use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members referred maintenance issues to the store manager. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy used appropriate measures to accurately measure liquids. It had separate measures that were used for CDs. The pharmacy had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

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.