

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, Morrisons Superstore,
Coronation Road, TOTNES, Devon, TQ9 5DF

Pharmacy reference: 1099423

Type of pharmacy: Community

Date of inspection: 09/07/2024

Pharmacy context

The pharmacy is at a supermarket in Totnes. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers a range of services including flu vaccinations, the NHS New Medicine Service (NMS), the NHS Hypertension Case Finding Service and the Pharmacy First Service. The pharmacy provides medication and advice to drug users. The pharmacy provides medicines in multi-compartment compliance packs to a small number of people to help them remember to take them 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	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 provides its services safely and effectively. It has suitable systems in place to identify and manage the risks associated with its services. Team members record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. And these procedures are reviewed and updated regularly. The pharmacy asks people for their feedback on its services and responds appropriately. It has the required insurance in place to cover its services. And it keeps all the records required by law. The pharmacy keeps people's private information safe. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to identify, manage and reduce its risks. The pharmacy had standard operating procedures (SOPs) which reflected the way the team worked. Team members had read the SOPs and signed to say that they understood them. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had risk assessments in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on a paper log. They were recorded promptly by the person who had made the mistake. Dispensing errors that reached the patient were reported in a more detailed way using an online reporting tool. When errors occurred, team members considered why the mistake had happened and learned from their mistakes. A formal review of all errors to identify common themes was completed by the accuracy checking technician (ACT) every three months. They discussed the review with the wider team to improve safety. The pharmacy team took appropriate action to prevent the reoccurrence of errors including separating medicines that looked or sounded alike. The pharmacy placed alert stickers on the drawer fronts where medicines that had been the subject of errors.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were dealt with promptly by the pharmacy team. Public liability and professional indemnity insurance was in place.

The pharmacy kept a record of who had acted as the RP each day. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly.

The pharmacy kept adequate records of private prescriptions in a book. The pharmacy kept appropriate records of any emergency supplies it made either the locally commissioned service or through the Pharmacy First service. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members completed yearly training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. The pharmacy had a privacy policy which was available to people on request. Team members used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) safeguarding training to the required level. And all other members of the pharmacy team had completed appropriate training on safeguarding. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation and knew what action to take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members are trained to deliver their roles and keep their skills up to date by completing regular learning activities. They are confident to suggest and make changes to the way they work to improve their services. Team members communicate effectively. And they work well together to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, the RP was a locum pharmacist who worked in the pharmacy periodically. There was currently no manager but managerial tasks were completed by a full-time ACT. There were also two dispensers and a trainee medicines counter assistant (MCA) working that day. A further two ACTs, one dispenser and two MCAs were not working that day. The pharmacy team covered holidays and absences themselves by adjusting their working patterns.

The pharmacy team were currently coping with the workload well and dispensing was up to date. It was clear that the team worked well together and supported each other. They had a good rapport. The team were encouraged to discuss concerns and give feedback to the area manager. Team members were confident to make suggestions for changes which would improve how the pharmacy operated. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

Team members were seen to give appropriate advice to people in the pharmacy. And they referred to the pharmacist for further clarification when needed. When questioned, one of the dispensers knew what tasks could not be completed if the RP was not in the pharmacy.

Team members were given time during working hours to learn. They each kept copies of certificates of courses they had completed. Two team members were completed an approved training course and were supported well by the rest of the team. Each team member had regular appraisals where they could discuss their progress.

The pharmacy was set some targets by its head office. The pharmacy team felt that the targets were reasonable and generally achievable. The RP used their clinical judgement and ensured all services provided by the pharmacy were appropriate for the person requesting them.

Principle 3 - Premises ✓ Standards met

Summary findings

Whilst the pharmacy is compact, it is adequate for the services it provides. It is clean and presents a professional image. The pharmacy has appropriate facilities to provide services to people and maintain their privacy and confidentiality. The pharmacy is appropriately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was on the site of a supermarket in Totnes. But it had a separate entrance so people did not need to enter the supermarket to access the pharmacy. The supermarket had a reasonably sized carpark.

A small retail area led to the healthcare counter. There were seats available for people who needed to wait for prescriptions or services. The dispensary was small but well organised. Most of the stock was neatly stored in a shelving unit. Bench space was limited and was a little cluttered. The pharmacy had been told that it was scheduled to have a refit in the coming months which should improve the layout.

The pharmacy had an adequately-sized consultation room. It was also used as an office and a staff room. The pharmacy team said that it was tidied regularly and before people were taken into it for a consultation. No conversations could be heard from outside the consultation room.

Cleaning was undertaken regularly and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy supplies medicines to people safely. And it ensures it gives appropriate advice to people to make sure they use medicines correctly. The pharmacy team make sure that people with different needs can access its various services. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. Parking was available outside. The pharmacy provided additional support for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload.

Coloured alert stickers were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. And they usually made records of this advice on the PMR.

The pharmacy offered a range of additional services including flu vaccinations. The signed patient group direction for the upcoming flu vaccination service was yet to be released by the NHS. The RP had completed the required training on injection technique, anaphylaxis and resuscitation. The pharmacy supplied opioid replacement medicines to people, some of whom were supervised taking their medication. The pharmacy team liaised with the drug and alcohol team and the person's key worker in the event of any concerns or issues.

The pharmacy offered the NHS New Medicines Service. The RP contacted people prescribed new medicines to check how they were getting on and to offer any advice needed. The pharmacy was actively providing the new NHS Pharmacy First service. The team had supportive information available to support the safe delivery of this service, including current versions of the national patient group directions. And there were checklists available to support team members in triaging people attending for the service.

Multi-compartment compliance aids were supplied by the pharmacy to a very small number of people living in their own homes. Each person requesting compliance aids was assessed for suitability. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled and contained a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. 'When

required' medicines were dispensed in boxes and team members were aware of what could and could not be placed in trays. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the clinical checking process.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate and topiramate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. They were aware of the new requirement to only dispense valproate in original packs to ensure people receiving it could see the warning about the risks of becoming pregnant whilst taking it.

The dispensary stock was generally arranged alphabetically in drawers. It was well organised. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock.

CDs were stored in accordance with legal requirements in approved cabinet. A denaturing kit was available so that any CDs awaiting destruction could be processed. Expired and patient-returned CDs were clearly marked and segregated in the cabinet. The pharmacy had a separate register for patient-returned CDs and they would be destroyed promptly in the presence of a witness. The dispensary fridges were clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services. It keeps these clean, tidy and well-maintained. The pharmacy uses its equipment in a way that protects people's confidential information.

Inspector's evidence

The pharmacy had up-to-date reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination.

A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order.

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.