

# Registered pharmacy inspection report

**Pharmacy Name:** Morrisons Pharmacy, Unit 1 Morrisons  
Supermarket, Grange Farm Avenue, FELIXSTOWE, Suffolk, IP11 2XD

**Pharmacy reference:** 1100804

**Type of pharmacy:** Community

**Date of inspection:** 14/06/2024

## Pharmacy context

This pharmacy is located next to a large Morrisons supermarket in the town of Felixstowe. Its main activities are the sales of over the counter (OTC) medicines, dispensing of NHS prescriptions and the New Medicine Service (NMS). It also provides the Pharmacy First service under Patient Group Directions (PGDs).

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages the risks associated with its services well. And its team members record and regularly review any dispensing mistakes. The pharmacy has adequate procedures and policies in place which team have read by the team. The pharmacy keeps the records its needs to by law. And people can provide feedback about its services. The pharmacy handles people's confidential information appropriately.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was on display in the pharmacy. The RP was a locum who worked regularly at the pharmacy. There was a range of standard operating procedures (SOPs) that had been issued by the pharmacy's head office. These were available in a paper logbook kept in the dispensary and all team members had read and the SOPs relevant to their role. Team members had also signed each SOP to confirm that they had read them. Near misses (dispensing mistakes which were spotted before a medicine left the pharmacy) were recorded on paper sheets in the dispensary in good detail. The team explained that the pharmacy manager reviewed near misses every month for any patterns or trends and discussed these with the team. The team explained that dispensing errors (mistakes which had reached a person) would be recorded electronically and in more detail than near misses, these would then be sent to head office to be reviewed.

Complaints and feedback about the pharmacy could be submitted in a variety of ways, but the most common method was electronically. Team members said that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually resolved in store by the pharmacy manager but could be escalated to head office if necessary. Confidential material was shredded on site when no longer required and team members were observed doing this during the inspection. No confidential waste was found in the general waste bins, and person identifiable information was kept out of public view. The pharmacy also had a privacy notice on display in the shop floor area explaining how the pharmacy used people's personal information.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly for controlled drugs (CDs), and records seen in the CD register were made in accordance with the law. A random check of a CD showed that the quantity in stock matched the running balance in the register. Records seen about private prescriptions dispensed were generally complete, with only a couple of entries seen missing the name of the prescriber. The RP record was complete with all entries seen having a start and finish time as well as reasons for any absences being regularly recorded. Records about emergency supplies of medicines were completed with all entries seen documenting an appropriate reason for supply. Records about unlicensed specials were also completed with all records seen having the appropriate details recorded. The RP confirmed that she had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The team knew what to do if a vulnerable person presented in the pharmacy and the pharmacy had contact details of local safeguarding leads if they had a safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has just enough team members to manage its workload. And team members do the right training for their roles. Team members do some ongoing training to keep their knowledge and skills up to date. And they feel comfortable about raising any concerns.

### Inspector's evidence

On the day of the inspection, there was the RP who was a regular locum pharmacist, three dispensers and an accuracy checking technician (ACT). The pharmacy was quite busy with a regular queue of people, but team members worked well together to provide an efficient service. Team members said that they were a couple of days behind on some dispensing and could ideally do with another team member to assist with the workload, but that head office was trying recruit another team member. All team members had completed the appropriate training for their roles with an accredited training provider. Team members were provided with ongoing training from head office, and they had an informal review of their progress with the pharmacy manager quarterly. Team members knew what they could and could not do in the absence of an RP. And the team was observed asking the appropriate questions when selling Pharmacy only (P) medicines. The team had no concerns about raising any issues and would usually speak to the pharmacy manager about any concerns but could escalate to head office if necessary. The team was set some targets in the pharmacy relating to the Pharmacy First service, but a team member said that the targets did not affect the team's ability to provide a safe and efficient pharmacy service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for people to access its services. People can have a conversation with a team member in a private area. And the pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The front fascia of the pharmacy was in an adequate state of repair. The shop floor area of the pharmacy was clean and tidy. And it had chairs for people who wished to wait to access the pharmacy's services and speak to team members. There was a consultation room available for people to have a conversation in private. The room was a good size and was generally clean, although there was a lot of boxes piled up against the wall which did detract from the overall look of the pharmacy. Team members said they had spoken to head office about installing more cupboard space in the consultation room. The room allowed for a conversation to take place without being heard from the outside. And the room was kept locked when not in use. There was also a chaperone policy on display. There was a half-door preventing public access to the counter and dispensary area. And P medicines were stored securely behind the counter. The dispensary area was generally clean and bright and had enough space for team members to work in. Some larger prepared prescriptions were being stored together on the floor in the middle of the dispensary which presented a tripping hazard. Team members said that these would be moved and also stated they had asked head office for an island to be built in the centre of the dispensary for more space, but this had not been completed yet. The pharmacy had a sink to prepare liquid medicines which was clean. There was also air conditioning to adjust the temperature. The team had access to toilets and a break room in the supermarket next door. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely. And it gets its medicines from reputable sources and stores them appropriately. The pharmacy can cater to people with different needs. And it responds to safety alerts and recalls of medicines and medical devices appropriately. So, this helps make sure that it is providing people with medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy had step-free access via a semi-automatic door which was operated by buttons inside and outside. The pharmacy was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. It also had a hearing loop. There was enough space for people with wheelchairs and pushchairs to access the dispensary counter.

The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail. The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely and the pharmacy recorded the expiry dates of CD prescriptions to help reduce the chance of an expired prescription being handed out. Medicines requiring refrigeration were stored appropriately. Fridge temperatures were checked and recorded daily on a paper log kept in the dispensary, and records seen were all in the required range including the current temperatures seen during the inspection. Expiry date checks were completed regularly on a monthly basis with a different section being checked each time. A random check of medicines on the shelves revealed no expired medicines. Safety alerts and recalls were received by email, alerts were printed and actioned as appropriate before being archived in a folder which was stored in the dispensary.

Prepared multi-compartment compliance packs seen contained all the required dosage and safety information as well as a description of the medicines added to the packs. This included a description of the colour, shape, and any markings on the medicines to help people identify their medicines. Team members confirmed that patient information leaflets (PILs) were always included with each supply of the packs. Team members said that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented their prescription at the pharmacy. Team members knew where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. And the team was aware of the recent guidance changes regarding supplying sodium valproate in its original pack. The pharmacy had access to the appropriate PGDs for the Pharmacy First service in the consultation room.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment it needs to provide safe and effective services. And it uses its equipment to protect people's privacy.

### Inspector's evidence

The pharmacy's computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards. And there were cordless phones available for any private conversations. The team confirmed that the electrical equipment had been safety tested earlier in the year. The pharmacy had a blood pressure monitor in the consultation room. The team confirmed that it was relatively new and did not currently require replacement or recalibration. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines with a separate one marked for certain substances only. The pharmacy also had tablet triangles for counting medicines and a separate one for counting cytotoxic medicines such as methotrexate to prevent cross-contamination. There was an otoscope available in the consultation room for providing the Pharmacy First service.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.